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## Form **990**

### Change of Accounting Period

**Return of Organization Exempt From Income Tax** 

OMB No 1545-0047 2016

Open to Public

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

Inter	nal Revenu	ie Service	► Information about Form 990 and its instructions is at www.irs.gov/form99	<b>0</b> .		Inspection	7
A	For the	2016 calend	lar year, or tax year beginning $1/01$ , 2016, and ending $6/6$	/30		, 2016	
В	Check if ap	pplicable	C	D Employ	er ident	ification number	
	Addre	ess change	Living Water International	76-0	0324	875	
	Name	e change	4001 Ğreenbriar Dr.	E Telepho	ne numl	ber	
	Initial	l return	Stafford, TX 77477	281	-207	-7800	
	Final re	eturn/terminated					
	Amen	nded return		G Gross re	eceipts	\$ 9,710	910
	$\vdash$	cation pending	F Name and address of principal officer Michael Mantel H(a) is this	s a group return			1991
	<b>□</b> ,		Same As C Above	all subordinates o,' attach a list	include		
ī	Tax-exe		X   501(c)(3)	, attach a list	(see ins	tructions)	_
<del>`</del>	Websi		<del></del>	p exemption nu	mher D	•	
ĸ		****	X Corporation   Trust   Association   Other ►   L Year of formation   199			egal domicile TX	
Pa		Summary		<u>/0   1 0</u>	tate or in	12	<u> </u>
<u> </u>	1 Br		be the organization's mission or most significant activities:Living Water In	nternat	iona	1 (Living	<del></del>
.^			xists to demonstrate the love of God by helping com				
့ ည			ng countries acquire desperately needed clean water				
Пa			water" - the gospel of Jesus Christ.				
∑ĕ	2 C	neck this box	if the organization discontinued its operations or disposed of more than	25% of its i	net as	sets.	
့တွ			ting members of the governing body (Part VI, line 1a)		3 ]		12
S. So			lependent voting members of the governing body (Part VI, line 1b)		4		12
¦ii⊨			of individuals employed in calendar year 2016 (Part V, line 2a)		5		0
ुंई।			of volunteers (estimate if necessary) d business revenue from Part VIII, column (C), line 12	ļ	6		1,025
Ž			business taxable income from Form 990-T, line 34		7a 7b	<del></del>	<u>0.</u>
3,		ot uniciated		Prior Year	<del>- / 5</del>	Current Y	
Revenue Activities & Governance	8 Co	ontributions		4,189,8	51		,951.
e	1			1,091,6			, 754.
e le			come (Part VIII, column (A), lines 3, 4, and 7d)	39,8			,072.
Pe			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-34,0			<u>, 0 , 2 .</u>
				5,287,2		9,696	,777.
				1,149,9			,207.
	<b>14</b> Be	enefits paid	to or for members (Part IX, column (A), Ine(4)		<del></del> +		<u></u>
			11 11 11 11 11 11 11 11 11 11 11 11 11	6,300,3	63.	3.349	,520.
Expenses			undraising fees (Part IX, column (A), line 11e)	-1			,174.
ě				-			<u>, = , = .</u>
ă				7 261 0	1.0	- 2 000	000
				7,361,8			<u>,928.</u>
		•	expenses. Subtract line 18 from line 12	4,812,0		13,787	
- 6		evenue less		475,1		-4,091 -4,091	
Net Assets or Fund Balances	<b>20</b> To	ntal accete (		ing of Current		End of Ye	
Bala	21 To			9,867,2 1,063,2			,156. ,740.
to E	21 10						<del></del>
				8,804,0	58.	4, /45	<u>,416.</u>
		Signature	<del></del>	<del></del>	<del></del>		
comp	r penaities dete Decla	ration of prepare	clare that I have examined this ret <del>urn; incl</del> uding accompanying schedules and statements, and to the best of er (other than officer) is based on all information of which preparer has any knowledge	my knowledge	and beli	et, it is true, correc	t, and
Sic	ın	Signature	e of officer	Date		<del></del>	
Sig He	re	Jame	es Malliet CFO	Treasur	car		
			orint name and title	TICASUI	<u>-C1</u>		
		Print/Type pr	eparer's name Preparer's signature Date	Check X	₹ if	PTIN	
Pai	id	Jody B	lazek 277777 CPA 3.23. 19	self-employe	- 1	P00072674	
	eparer	Firm's name	Blazek & Vetterling //	3	لــــــــــــــــــــــــــــــــــــــ	100012014	_
	e Only			Firm's EIN	<b>&gt;</b> 76.	-0269860	
		5 ddure.	Houston, TX 77027-5132	Phone no	(713		30
Mav	the IRS	discuss this	s return with the preparer shown above? (see instructions)	1	(/1,	X Yes	No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

	990 (2016) Living Water International	76-0324875	_ Page <b>2</b>
Part			
	Check if Schedule O contains a response or note to any line in this Part III	<del>_</del>	<u> </u>
	Briefly describe the organization's mission.		
	Living Water International (Living Water) exists to demonstrate		
	helping communities in over 20 developing countries acquire des		ed_clean
<u>v</u>	water and to experience "living water" - the gospel of Jesus Ch	<u>rist.</u>	
		<del></del>	<del></del>
	Did the organization undertake any significant program services during the year which were not listed on the	` — —	
	Form 990 or 990-EZ?	. <u> </u>	s X No
	f 'Yes,' describe these new services on Schedule O.	2	[ <del>]</del>
	Did the organization cease conducting, or make significant changes in how it conducts, any program f 'Yes,' describe these changes on Schedule O	services!	es XI No
		ervices as measured b	N eynenses
S	Describe the organization's program service accomplishments for each of its three largest program s Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocal and revenue, if any, for each program service reported.	ions to others, the total	expenses,
а	and revenue, it any, for each program service reported.		
A = (/	Code: \/Evpanses \$ 10 20E 102 including grants of \$	(Davague &	100 000 \
-			120,820.)
	WATER PROJECTS - WASH ACTIVITIES: Living Water trains and equip		
	and volunteers to help developing communities gain access to sa through the construction of new bore holes, filtration systems,		
	as well as the rehabilitation of existing systems that have fal		
	Living Water introduces health, hygiene, and sanitation education		
1	shared directly and through partnerships with local churches ar	on. The yospe	:
	using various methods including training in oral Bible story to		
	empowers local individuals and communities and seeks to use the		
	technology and socially responsible interventions. Living Wate		
	regardless of religion, race, ethnicity or gender.	1 261 A62 GIT I	Seobre
4	regardless of religion, race, echnicity of dender.		
-			
4 h ((	Code: ) (Expenses \$ 694,771. including grants of \$	(Revenue \$	22,934.)
	TRAINING: Living Water trains hundreds of volunteers, missionar		
	professionals each year to drill wells, repair pumps, teach goo		
	and use culturally appropriate storying techniques for Christia		
	Water uses training techniques that equip participants to train		
	knowledge and experience gained can be easily transferred.		
-			
ī	MISSION OUTREACH: Living Water leads hundreds of volunteers int	o the field ea	ich year
t	to assist in drilling wells, teaching health and hygiene, and s	haring their f	aith.
_			
<u>C</u>	Other programs include health, sanitation, and community engage	<u>ement</u>	
_			
		· · · · · · · · · · · · · · · · · · ·	<del></del>
4 c ((	Code:) (Expenses \$ including grants of \$)		
_			
_			
-			
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_			
_			
-			
-			
-			
-			
-			
4 d C	Other program services (Describe in Schedule O.)	<del></del>	
		\$	)
4 e T	Expenses \$ including grants of \$ ) (Revenue Fotal program service expenses • 11,079,963.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>x</u> _
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
â	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule  D, Part VI	11 a	Х	
t	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		X
(	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u> </u>
12a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
k	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If 'Yes,' complete Schedule E.	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
Ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G, Part III	19		Х
BAA	TEEA0103L 11/16/16	Form	990	(2016)

Form 990 (2016) Living Water International

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	163	X
Į	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a	24a		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	* * *	,	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	Х	
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31		31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197  Note. All Form 990 filers are required to complete Schedule O	38	Х	
BA/	A Company of the Comp	Form	990 (	(2016)

Forn	n 990 (2016) Living Water International	76-0324875		Р	age <b>5</b>
Pai	t 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				
•			$\Box$	Yes	No
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	oГ			
Ł	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	0	Í		i
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable game	ina	- 1		
	(gambling) winnings to prize winners?	. [	1 c		Ĺ <u></u>
2 a	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	0			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2 b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Γ			
3 a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	. [	3 a		X
t	of 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		3 Ь		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over financial account in a foreign country (such as a bank account, securities account, or other financial account	er, a unt)?	4a	Х	
ŧ	If 'Yes,' enter the name of the foreign country: Various	<u> </u>	$\neg \uparrow$		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).		ĺ	l
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	12	5 b		X
	of 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	·	5 c		<del></del>
	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations that were not tax deductible as charitable contributions?	ganization			Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we	<del>-</del>	6 a		
	not tax deductible?	L-	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	ľ	- 1		ł
ā	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor? .	s and			-
			7 a		X
	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	·	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	file	7 c		X
	d if 'Yes,' indicate the number of Forms 8282 filed during the year	_	<del>- '</del> \		<del>  ^</del>
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act?	7 e		<u> X</u>
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	L	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	·  -	<del>- '  </del>		<u> </u>
9	as required?		7 g		ł
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsor	oring .	<del>- " </del>		
	organization have excess business holdings at any time during the year?	. [	8		
9	Sponsoring organizations maintaining donor advised funds.				Γ
	a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	F	9 b		
	Section 501(c)(7) organizations. Enter:	-			
	a Initiation fees and capital contributions included on Part VIII, line 12	İ	- 1		ĺ
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		}		l
	Section 501(c)(12) organizations. Enter:				1
	a Gross income from members or shareholders	ĺ	Ì		
i	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			ı	
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		<del></del>
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	·			<del>                                     </del>
	Section 501(c)(29) qualified nonprofit health insurance issuers.				l
	a Is the organization licensed to issue qualified health plans in more than one state?	\- <u>-</u>	13a		
	Note. See the instructions for additional information the organization must report on Schedule O	-	-54		<del> </del>
,	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				

14a Did the organization receive any payments for indoor tanning services during the tax year?

13 c

14a

14b

X

Form 990 (2016) Living Water International 76-0324875 Page 6 Part VI® Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

-						Yes	No	
1	a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members See Sch. O of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 a		12				
	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	1 ы		10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations officer, director, trustee, or key employee?	لتننا	th any other	12	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors, or trustees, or key employees to a management company or other personal company.	ne dire	ct supervision	F	3		х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			ľ	4			
-	Did the organization become aware during the year of a significant diversion of the organization	tion's	accete?	·	5		X	
2		lions	assets, .	-	6		$\frac{X}{X}$	
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?								
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) me stockholders, or persons other than the governing body?	mbers	5,		7 b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken the following:	during	the year by	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$				
	a The governing body?			Ĺ	8 a	_X		
	<b>b</b> Each committee with authority to act on behalf of the governing body?			L	8ь	X		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.				9		Х	
Se	ction B. Policies (This Section B requests information about policies not rec	uirec	d by the Intern	al Rev	/enu	ie Co	de.)	
				_		Yes	No	
10	a Did the organization have local chapters, branches, or affiliates?		•	L	10 a	Х		
	<b>b</b> If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, operations are consistent with the organization's exempt purposes?	and bra	nches to ensure their	. [	10 b	Х		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	form?	•	L	11 a	X		
	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 99	0 S	ee Schedule	0 🖁			***	
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13			Ĺ	12 a	Х		
	<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that to conflicts?	•			12Ь	X		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Schedule O how this was done See. Schedule Q .	Yes,' d ·	lescribe in	<u>j</u> _	12 c	X		
	B Did the organization have a written whistleblower policy?		•	L	13	X		
14	Did the organization have a written document retention and destruction policy?			- · · <u>L</u>	14	Х		
15	5 Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and determining the deliberation of the deliberation.							
	a The organization's CEO, Executive Director, or top management official. See Schedule	e 0		Ĺ	15 a	X		
	<b>b</b> Other officers or key employees of the organization See Schedule O			· [	15 b	Х		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).							
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or simila taxable entity during the year?	r arrar	ngement with a		16 a		X	
	<b>b</b> If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evalual participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		eguard the	3. 7 10 10 10	16 b			
Se	ction C. Disclosure		<del>-</del>					
17		e 0						
18			0-T (Section 501)	(c)(3)s	only)	availa	able	
	X Own website X Another's website X Upon request Oth		plaın ın Schedule (	-				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest p the public during the tax year.  See Schedule O	•		s availabl	e to			
20	, , , , , , , , , , , , , , , , , , , ,		nd records:	•				
	Penny Mock 4001 Greenbriar Stafford TX 77477 281-207-780	0						

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Page **7** 

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

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

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

- 1 a 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee											
				(C)	)						
(A) Name and Title		Pos thar	s both	ector	fficei /trust		ı	(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation	
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) Jim A. Reid	15										
Chairman	0	Х		X				0.	0.	0.	
(2) Rick Allen	1										
Director	0	Х			l	l		0.	0.	0.	
(3) Randi Belisomo	2	]							·		
Director	0	X						0.	0.	0.	
(4) Jeff Dismuke	1										
Director	0	X						0.	0.	0.	
(5) Mike Hale	2										
Director	0	X						0.	0.	0.	
(6) Jason Hall	11										
Director	0	X						0.	0.	0.	
(7) Greg Holder	11									•	
Director	0	<u> </u>						0.	0.	0.	
(8) Leonard Hruzek	5										
Director	0	] X						0.	0.	0.	
(9) Stephanie Loveless	5					ł					
Director	0	] X						0.	0.	0.	
(10) Neil Martin	5										
Director	0	] X						0.	0.	0.	
(11) Brock Thomas	2										
Director	0	X						0.	0.	0.	
(12) Henry Wong	1										
Director	0	<u> </u>						0.	0.	0.	
(13) Michael Mantel	40										
President & CEO	10			Х				0.	0.	0.	
(14) Gary Evans	40										
Executive V.P.	10		<u> </u>	X				0.	0.	0.	

BAA

	(B)	(C)		1		ĺ						
` (A)	Average hours	Position (do not check more than one box, unless person is both an		(D)	(E)	] _	(F)					
Name and title	per week	offic	er ar	nd a	dırect	or/trus	stee)	Reportable compensation from the organization	Reportable compensation from related organizations	amo	stimated unt of ol npensati	her
	(list any hours for	individual trustee or director	nstitutional trustee	Officer	Key employee	in die	9	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	ore	rom the	n
	related organiza	ector	S S	약	힣	yee yee	4	}			nd relate janizatio	
	- tions below dotted	trust	l tu		yee	mpen	Ì					
	line)	( 8	itee			Highest compensated employee		[				
(15) James Malliet	40	<del>  -</del>				-	_			<del> </del>		
CFO/Treasurer	$-\frac{10}{10}$			Х				0.	0.			0.
(16) Stacie Kopczynski	40							_	_			
Secretary	10	<del>                                     </del>	Н	X	-			0.	0.	Í		0.
	<del> </del> -							}				
(18)	<del> </del>				$\vdash$							
		]					<u> </u>					
(19)							}			ĺ		
(20)	<del> </del>	-					-		<del></del>			
	1				<u> </u>							
(21)	<b></b>						Ì			ľ		
(22)	<del> </del>				<del> </del>	├						
(22)	<del> </del>	1								<u> </u>	_	
(23)												
(24)	<del> </del>	-			-	<u> </u>	$\vdash$			ļ		
(24)		}				)				ļ		
(25)												_
		<u> </u>			L							
1 b Sub-total	ion A	•	• • •	•			<b>&gt;</b>	0.	0.			0.
d Total (add lines 1b and 1c)		• •	•				•	0.	0.	<del></del>		0.
2 Total number of individuals (including but not limited	d to those I	isted	abo	ve) \	who	rece	ved	more than \$100,00	0 of reportable comp	ensatio	n	
from the organization • 0											Yes	Na
3 Did the organization list any former officer, dire-	otor or tru	ctoo	kos	, or	nolo	vee	or h	uahest compensat	ted employee	Γ	res	No
on line 1a? If 'Yes,' complete Schedule J for su	ch individu	ial	Nes	, en	ipio	усс,	01 1	iigiiest compensai	led employee	3		X
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
the organization and related organizations great such individual	er than \$1	50,0	00?	II I	res,	con	npie	nte Scriedule J for		4		X
5 Did any person listed on line 1a receive or accru	ue comper	satio	n fr	om	any	unre	elate	ed organization or	ındıvıdual	5		
for services rendered to the organization? If Ye Section B. Independent Contractors	s, comple	ie Si	nec	luie	J 10	rsuc	сп р	erson		1 3	Ь	X
Complete this table for your five highest compet compensation from the organization. Report compe	nsated ind	epen	deni	t co	ntra	ctors	tha	at received more the	nan \$100,000 of			
		the C	alell	uai	year	enu	ing v	(B)	<del></del>		(C)	
Name and business add	dress							Description (	of services	Comp	ensatio	on
								<del> </del>	<del></del>			
								<del> </del>				
2 Total number of independent contractors (including		ited to	o the	ose I	liste	d abo	ve)	who received more	than			į
\$100,000 of compensation from the organization	<u>_</u>	TEEAC	ופחום	11/	16/16			<del>~</del>		Form	990	(2016)
W/ V 1			, , JOL	/	. 5, 10					1 0111		ردنان)

	Check if Schedule O contains a response or note to any	Ine in this Part VI	IL .	•	
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a  b Membership dues				
an Co	h Total. Add lines 1a-1f	9,548,951.	_		}
ne	Business Code				
<u>ر</u> ھ	2a Water program contracts 221000	120,820.	120,820.		<u> </u>
8	b Training fees 611000	13,919.	13,919.		
Program Service Revenue	c Registration fees/Other 900099	9,015.	9,015.		
Ser	d			·	
띭	e				
g	f All other program service revenue				
ď	g Total. Add lines 2a-2f	143,754.			_
	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> </ul>	13,705.			13,705.
	5 Royalties				
	(i) Real (ii) Personal				<del>                                     </del>
	6 a Gross rents		}		
	<b>b</b> Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other				<del> </del>
	assets other than inventory 4,500.				İ
	b Less: cost or other basis		ì		1
	and sales expenses . 14,133.				
	<b>c</b> Gain or (loss) -9, 633.		ł		
	d Net gain or (loss) . ▶	-9,633.			-9,633.
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a				
췯	b Less: direct expenses b				
ᅙ	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19.				
	<b>b</b> Less <sup>,</sup> direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold . <b>b</b>				
	c Net income or (loss) from sales of inventory			<del></del>	<del> </del>
	Miscellaneous Revenue Business Code				ļ
				<del></del>	<del> </del>
	b			<del></del>	<del> </del>
	d All other revenue			-	<del> </del>
	e Total. Add lines 11a-11d				<del> </del>
	12 Total revenue. See instructions	9 696 777	142 754		4 070
	is interiorated occumulations	9,696,777.	143,754.	0.	4,072.

# Form 990 (2016) Living Water International Part IX | Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	30,000.	30,000.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-							
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,481,207.	6,481,207.						
4 5	Benefits paid to or for members Compensation of current officers, directors,								
6	trustees, and key employees  Compensation not included above, to	761,400.	382,290.	240,607.	138,503.				
Ū	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0.	0.	0.				
7	Other salaries and wages .	1,850,776.	915,301.	311,642.	623,833.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,763.	62,001.	31,602.	41,160.				
9	Other employee benefits .	406,957.	209,771.	91,072.	106,114.				
10	Payroll taxes	195,624.	88,019.	48,177.	59, 428.				
11	Fees for services (non-employees):				<u> </u>				
i	Management								
	Legal	78,670.	60,715.	7,037.	10,918.				
	: Accounting .	45,681.		45,681.					
	Lobbying .								
	Professional fundraising services. See Part IV, line 17.	96,174.			96,174.				
	Investment management fees .								
Q	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	391,960.	122,457.	6,119.	263,384.				
12	Advertising and promotion	3,960.			3,960.				
13	Office expenses	201,077.	46,806.	14,084.	140,187.				
14	Information technology	137,987.	51,478.	30,404.	56,105.				
15	Royalties								
16	Occupancy	56,374.	34,302.	9,405.	12,667.				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	1,154,996.	992,085.	76,565.	86,346.				
19	Conferences, conventions, and meetings				<del></del>				
20	Interest	1,188.		1,188.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	48,860.	16,648.	23,644.	8,568.				
23 24	Other expenses ltemize 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.)	50,811.	25,558.	10,101.	15,152.				
	Water_delivery_projects	1,510,892.	1,510,892.						
	Other_expenses	80,981.	16,979.	26,443.	37,559.				
	Education & Training	59,711.	33,454.	22,200.	4,057.				
	Licenses/permits/fees	7,780.			7,780.				
25	· F	13,787,829.	11,079,963.	995,971.	1,711,895.				
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following SOP 98-2 (ASC 958-720)								
BAA		TEEA0110L 11/	16/16	<del></del>	Form <b>990</b> (2016)				

		Check if Schedule O contains a response or note to	any line	in this Part X			<u> </u>
					(A) Beginning of year		<b>(B)</b> End of year
	i	Cash - non-interest-bearing			18,802.	1	19,893.
	2	Savings and temporary cash investments		[	1,995,266.	2	1,037,195.
	3	Pledges and grants receivable, net		. Г	1,523,368.	3	302,250.
	4	Accounts receivable, net			269,574.	4	18,446.
į	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	officers, d mployees	rectors, Complete		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
छ	7	Notes and loans receivable, net				7	<del></del>
Assets	8	Inventories for sale or use			1,232.	8	
As	9	Prepaid expenses and deferred charges			172,394.	9	186,247.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	4,063,508.			
		Less: accumulated depreciation	10 b	1,248,604.	2,720,644.	10 c	2,814,904.
	11	Investments — publicly traded securities .	<u> </u>		3,165,994.	11	1,453,221.
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 .		. [		15	
	16	Total assets. Add lines 1 through 15 (must equal line	34) .	[	9,867,274.	16	5,832,156.
	17	Accounts payable and accrued expenses			821,193.	17	668,868.
	18	Grants payable		18			
	19	Deferred revenue		··· [	242,023.	19	417,872.
	20	Tax-exempt bond liabilities				20	
ies	21	Escrow or custodial account liability. Complete Part I		<u> </u>	- 1-n-	21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L .	ers, directo d disqualifi	ed persons.		22	
_	23	Secured mortgages and notes payable to unrelated th	nird parties			23	
	24	Unsecured notes and loans payable to unrelated third	parties	Ī		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to relate plete Part	d third parties, X of Schedule D		25	
ا	26	Total liabilities. Add lines 17 through 25			1,063,216.	26	1,086,740.
ß		Organizations that follow SFAS 117 (ASC 958), check he	re ► X	and complete			
8		lines 27 through 29, and lines 33 and 34.		i -			
an	27	Unrestricted net assets.		· · [	6,053,070.	27	1,994,428.
Ва	28	Temporarily restricted net assets		·	2,750,988.	28	2,750,988.
밀	29	Permanently restricted net assets	• •			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck here ▶	·			
ş	30	Capital stock or trust principal, or current funds	Į		30		
8	31	Paid-in or capital surplus, or land, building, or equipment	. [		31		
As	32	Retained earnings, endowment, accumulated income,	unds .		32		
Zet.	33	Total net assets or fund balances		[	8,804,058.	33	4,745,416.
	34	Total liabilities and net assets/fund balances .		<u></u>	9,867,274.	34	5,832,156.
BA	A			·			Form 990 (2016)

POFF	m 990 (2016) Living water international	10-03240	/5 _	rage 14
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,69	6,777.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	13,78	37,829.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,09	052.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		058.
5	Net unrealized gains (losses) on investments	5		32,410.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10				
_	column (B))	10	4,74	<u>15,416.</u>
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	··		
				Yes No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<del>-</del>	_	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	-
2			20	<del>  ^-</del>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both:	viewed on a		ſ
	Separate basis Consolidated basis Both consolidated and separate basis			
	b Were the organization's financial statements audited by an independent accountant? .		2ь	x
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate		
	basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audıt,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	ngle	3 a	Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	d audit		
RΛ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	990 (2016

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

Department of the Treasury Internal Revenue Service

Name of the organization

**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

Employer identification number

Schedule A (Form 990 or 990-EZ) 2016

Open to Public Inspection

Living Water International 76-0324875 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b\(\frac{1}{2}\)XA\(\frac{1}{2}\)ii) Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in  $\mathbf{section}\ 170(\mathbf{b}(\mathbf{1})(\mathbf{A})(\mathbf{v}))$ . (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(bX1XAXix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (i) EIN (v) Amount of monetary (iv) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) Yes Nο (A) (B) (C) (D) (E) BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

TEEA0401L 09/28/16

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

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

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			<del></del>	
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	20069119.	24047603.	24663102.	24189854.	9,548,951	. 102518629.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	20069119.	24047603.	24663102.	24189854.	9,548,951		
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).						2,614,069.	
6	Public support. Subtract line 5 from line 4						99,904,560.	
Sec	tion B. Total Support							
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total	
7	Amounts from line 4 .	20069119.	24047603.	24663102.	24189854.	9,548,951	. 102518629.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	150,655.	94,842.	59,444.	34,286.	13,705	352,932.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.	
11	Total support. Add lines 7 through 10						102871561.	
12	Gross receipts from related activ	ities, etc. (see ins	tructions)	•	•	12	2 2,114,867.	
13	First five years. If the Form 990 is organization, check this box and		's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	▶□	
	tion C. Computation of Pul	<del></del>						
	Public support percentage for 20	•		e 11, column (f)).		14		
	Public support percentage from 2					15		
16a	33-1/3% support test—2016. If the and stop here. The organization	he organization di qualifies as a put	d not check the b dicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, che	eck this box	
b	b 33-1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ition qualifies as a	box and <b>stop he</b> a publicly support	re. Explain in P ted organization	art VI how the	
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	13, 16a, 16b, 17a,	or 17b, check th	is box and see	instructions.	
BAA			-		Sc	hedule A (Form	990 or 990-EZ) 2016	

Schedule A (Form 990 or 990-EZ) 2016 Living Water International 76-0324875 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II ) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support (a) 2012 **(b)** 2013 (c) 2014 Calendar year (or fiscal year beginning in) (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 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.)

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

Sec	tion C. Computation of Public Support Percentage			
15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))		15	
16	Public support percentage from 2015 Schodule A. Part III. June 15		10	

		Investment Income Percentage	

Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))

16 Fubic support percentage from 2013 Schedule A, Fart III, line 13.	 	16	6
Section D. Computation of Investment Income Percentage	 		

10	investment income percentage from 2015 Schedule A, Part III, line 17	18	1
19a	33-1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/	/3% a	nd i

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
33-1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, an
line 18 is not more than 33-1/3%, check this how and stop here. The organization qualifies as a publish supported organization.

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

17

Supporting Organizations
(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A	IIA .	Supporting	<b>Organizations</b>
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
<b>3</b> a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
ŀ	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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
ŀ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
t	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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 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 in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b>	9a		
t	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		
c	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.	9с		
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)? If 'Yes,' answer 10b below	10a		
ŧ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2016	Living Water	International	76-0324875	Page <b>5</b>	
Part IV Supporting Organizations (continued)					

11	Has the organization accepted a gift or contribution from any of the following persons?	{	Yes	No	
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?	11a			
	b A family member of a person described in (a) above?	11b			
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c			
Se.	ction B. Type I Supporting Organizations	<del></del> ,	V -		
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 organizations and what conditions or restrictions, if any,	1	Yes	No	
	applied to such powers during the tax year.  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, supervised, or controlled the supporting organization.	2			
Se	ction C. Type II Supporting Organizations		_		
	· ·		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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
Se	ction D. All Type III Supporting Organizations				
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3			
Se	ction E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).				
	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				
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	istruc	tıons)	•	
2	Activities Test Answer (a) and (b) below.		Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted				
	substantially all of its activities.	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the				
	organization's involvement.				
3	Parent of Supported Organizations Answer (a) and (b) below.				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its				
	supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b			

1	Check here if the organization satisfied the Integral Part Test as a qualifying tr instructions. All other Type III non-functionally integrated supporting organization	ust on No	ov. 20. 1970 (explain in	n Part VI) <b>See</b> through E.
Sec	tion 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		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for sho tax year or assets held for part of year):	rt		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	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		
Sec	tion C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2		2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	· · · · · · · · · · · · · · · · · · ·	
_4		4		
	Income tax imposed in prior year	5	····	<u> </u>
_ 	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 in (see instructions).	ntegrated	Type III supporting or	ganization
BAA	·		Schedule A (F	orm 990 or 990-EZ) 201

Par	₹ V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)						
Sec	tion D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exempt pur	poses							
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	s,							
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations	<del></del>						
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	on is responsive (provide	details						
9	Distributable amount for 2016 from Section C, line 6								
10	Line 8 amount divided by Line 9 amount								
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions								
3	Excess distributions carryover, if any, to 2016:								
а									
b									
c	From 2013								
d	From 2014								
e	From 2015 .								
1	Total of lines 3a through e								
g	Applied to underdistributions of prior years								
h	Applied to 2016 distributable amount								
i	Carryover from 2011 not applied (see instructions)								
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
	4 Distributions for 2016 from Section D, line 7· \$								
a	Applied to underdistributions of prior years								
	Applied to 2016 distributable amount								
c	Remainder Subtract lines 4a and 4b from 4								
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.								

6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

7 Excess distributions carryover to 2017. Add lines 3j and 4c.

8 Breakdown of line 7:

а

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b Excess from 2013

c Excess from 2014

d Excess from 2015

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

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

### SCHEDULE D (Form 990)

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 2016

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Living Water International 76-0324875 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?. Yes Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . 2 d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **⊳**\$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

**⊳**\$

Schedule D (Form 990) 2016 Livin				76-032		Page 2
Partilla Organizations Maintain	ning Collections	of Art, Histo	rical Treasures, o	r Other Similar Ass	sets (contin	ued)
3 Using the organization's acquisition, items (check all that apply)	accession, and other	records, check ar	ny of the following that a	re a significant use of its	collection	
a Public exhibition		<b>d</b> 🔲 Loan o	r exchange programs			
<b>b</b> Scholarly research		e 🗌 Other	<del></del>			
c Preservation for future genera		avalara barrikari	foodbase the assessment and			
4 Provide a description of the organiza Part XIII.		•	•	, , .		
5 During the year, did the organizati to be sold to raise funds rather the	an to be maintained	as part of the or	ganızatıon's collection	.? <u>.</u>	Yes	No
Partily Escrow and Custodial	Arrangements.	Complete if the	ne organization an	swered 'Yes' on Fo	orm 990, Pa	rt IV,
line 9, or reported an a	iniount on Form	990, Part X, I	ine 21.			
1 a Is the organization an agent, trust on Form 990, Part X?				er assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	in Part XIII and com	plete the following	ng table	<u> </u>	<b>T</b>	
- Danisana balanca					Amount	
c Beginning balance d Additions during the year			• •	. 1c		
a Additions during the year     .      e Distributions during the year	• •	•••	• • • • •	1 d	<del></del>	
f Ending balance .	• • • •		•••	1 e		
2a Did the organization include an ar	nount on Form 990	Part X line 21 d	 for escrow or custodial		Yes	No
b If 'Yes,' explain the arrangement i				•		"
p , co, explain the arrangement		or or and oxplain	anon nao boon proma	out all this	l	
Partiva Endowment Funds. Co	mplete if the ord	anization an	swered 'Yes' on Fo	orm 990. Part IV. li	ne 10.	
	(a) Current year	(b) Prior year	(c) Two years bac		(e) Four year	rs back
1 a Beginning of year balance						
<b>b</b> Contributions .						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities		·				
and programs			<del></del>		<del></del>	
g End of year balance		<del></del>	<del></del>		<del> </del>	
2 Provide the estimated percentage	of the current year	end balance (line	a la column (a)) held	as:		
a Board designated or guasi-endowme	-	8				
<b>b</b> Permanent endowment ►	- %	<del></del>				
c Temporarily restricted endowment	<b>•</b>	%				
The percentages on lines 2a, 2b, and		%.				
3 a Are there endowment funds not in the	e possession of the o	rganization that ai	re held and administered	d for the	Yes	No
organization by: (i) unrelated organizations					3a(i)	<del>                                     </del>
(ii) related organizations .	• • • • • • • • • • • • • • • • • • • •	•	• • • • • •		3a(ii)	<del> </del>
b If 'Yes' on line 3a(ii), are the relati	ed organizations list	ed as required o	n Schedule R?		3b	
4 Describe in Part XIII the intended	_	•			<u> </u>	<u> </u>
Partivil Land, Buildings, and E						
Complete if the organiz		'Yes' on Forn	n 990. Part IV. line	e 11a. See Form 99	0. Part X. I	ine 10.
Description of property		or other basis	(b) Cost or other		(d) Book v	
Description of property	(a) Cost	vestment)	basis (other)	(c) Accumulated depreciation	(a) Book v	alue
<b>1 a</b> Land			404,738.		404	738.
<b>b</b> Buildings .			2,596,449.	630,312.		,137.
c Leasehold improvements						
<b>d</b> Equipment .			1,029,734.	618,292.	411	,442.
<b>e</b> Other			32,587.		32	,587.
Total. Add lines 1a through 1e. (Column	n (d) must equal Fori	m 990, Part X, c	olumn (B), line 10c.).	-	2.814	. 904.

Schedule **D** (Form 990) 2016

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• •			
Schedule D (Form 990) 2016 Living Water Inter	cnational	76	5-0324875 Page <b>3</b>
Part VII Investments - Other Securities.		N/A	
Complete if the organization answered	l 'Yes' on Form 90	0 Part IV line 11b See Fo	orm 990 Part X line 12
	(b) Book value		
(a) Description of security or category (including name of security)	(D) Book value	(c) Method of valuation. Cost	or end-or-year market value
(1) Financial derivatives		<u> </u>	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)		<u> </u>	·
(C)		İ	
(D)			
(E)		<u> </u>	
(F)	····	<del> </del>	<del></del>
			<del></del>
(G)			
(H)			
(1)		· ·	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered	'Yes' on Form 99	90. Part IV. line 11c. See Fo	orm 990. Part X. line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
	(b) Book value	(c) Metriod of Valuation. Cost	or cha-or-year market value
(1)			<del> </del>
(2)			
(3)			
(4)			
		<del> </del>	
(5)		<del></del>	<del></del>
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)	-		
	NI /	λ	
Part IX Other Assets. Complete if the organization answered	L'Yes' on Form 99	0 0 Part IV line 11d See Fo	orm 990 Part X line 15
	scription	o, raitiv, interra. deere	(b) Book value
(1)	or pron		(b) Book Value
		<del></del>	
(2)		<del></del>	
(3)			·-·
(4)			
(5)			
(6)			
(7)			
(8)			
(9)		· · · · · · · · · · · · · · · · · · ·	
(10)			
	2) line 15 )		<b>•</b>
Total. (Column (b) must equal Form 990, Part X, column (E	5) IIIIe 13.)		
Part X Other Liabilities.	000 B 1 W 1		
Complete if the organization answered 'Yes' on Fo			ine 25
(a) Description of liability	(b) Book value	<u>e</u>	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)		<del> </del>	
(6)	<del></del>	<del>-  </del>	
	<del></del>	<del> </del>	
(7)	<del></del>	<del> </del>	
(8)		<del> </del>	
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>&gt;</b>		
O to the first the second of t	1 1 1 1		<del></del>

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

Schedule <b>D</b> (Form 990) 2016	Living Water	International

76-0324875

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn. N/A
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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	]
c Recoveries of prior year grants	]
d Other (Describe in Part XIII ) . 2d	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1 .	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	_
b Other (Describe in Part XIII )	
<b>c</b> Add lines <b>4a</b> and <b>4b</b>	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments  2 a 2 b	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses  2 Donated Statements 2 Donated Services and use of facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 2 Donated Services and Use of Facilities 3 Donated Services and Use of Facilities 4 Donated Services and Use of Facilities 5 Donated Services and Use of Facilities 5 Donated Services and Use of Facilities 5 Donated Services and Use of Facilities 6 Donated Services and Use of Facilities 7 Donated Services and Use of Facilities 8 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities 9 Donated Services and Use of Facilities Services and Use of Facilities Services Action Services Serv	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1.	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b  4 a	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)  4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a linvestment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete If the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	Return. N/A  1  2e 3
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d  3 Subtract line 2e from line 1 A Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)  4 Ab	Return. N/A

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

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Schedule **D** (Form 990) 2016

### SCHEDULE F (Form 990)

**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.

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

$\Gamma^{\overline{1}}$	<u>ving water interi</u>				76-03248	
Pa	on Form 990, P		es Outside the	e United States. Comple	te if the organization	n answered 'Yes'
1				substantiate the amount of its election criteria used to award		
2	For grantmakers. Describe United States. Part	_	zation's procedures	s for monitoring the use of its gra	ants and other assistance o	outside the
3	Activities per Region. (TI	ne following Part I,	line 3 table can b	e duplicated if additional space	e is needed.)	
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such	(e) If activity listed in	(f) Total

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients	(e) If activity listed in (d) is a program service, describe specific type of service(s) in	(f) Total expenditures for and investments in the region
		The region	located in the region)		Pt V Pt V
(1) (2-1)		,	<b>D</b>	Water projects -	1 500 000
(1) Cent Amer/Caribbean			Program services	WASH Program	1,509,282.
(2) Cook 1 (Cookbase		,	C	Water projects -	0.064.073
(2) Cent Amer/Caribbean	<del> </del>		Grantmaking	WASH Program	2,064,073.
(2) Sub Sabanan Marian		,	December 2000	Water projects -	620 015
(3) Sub-Saharan Africa	<del> </del>	1	Program services	WASH Program	620,915.
(4) Cub Cabanan 354		_	G	Water projects -	2 660 405
(4) Sub-Saharan Africa	<del></del>		Grantmaking	WASH Program	3,669,485.
(F) (C) (1) (F) (F)				Water projects -	
(5) South Asia	<del> </del>		Program services	WASH Program	403,692.
(6)		_		Water projects -	
(6) South Asia	<u> </u>	<u> </u>	Grantmaking	WASH Program	302,232.
				Water projects -	
(7) North America			Grantmaking	WASH Program	445,417.
				Water projects -	
(8) South America			Program services	WASH Program	125,018.
(9)		<u></u>			
(10)					
(11)					
(12)		: 			
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3 a</b> Sub-total		13			9,140,114.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	13			9,140,114.

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

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 Living Water International

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																
(h) Description of noncash assistance																
(g) Amount of noncash assistance																
(f) Manner of cash disbursement	Wire				1	1		Wire	Wire				Wire			
(e) Amount of cash grant	1,141,414.	353, 416.	576 095	445.417.	302,232.	184,929.	311,385.	383, 298	430,270.	454, 465.	517,289.	660,743.				
(d) Purpose of grant	Water projects	Water projects	Water	Water	Water projects	Water projects	Water projects	Water	Water	Water projects	Water	Water projects	Water projects			
(c) Region	Cen Am/Caribbea	Cen Am/Caribbea	Cen Am/Caribbea	North America	South Asia	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa	Sub-Sah Africa			
(b) IRS code section and EIN (if applicable)		•														
(a) Name of organization																
-	ε	8	<u> </u>	9	(2)	(9)	6	8	6	(10)	(11)	(12)	(13)	(14)	(15)	(16)

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

0 Schedule F (Form 990) 2016

3 Enter total number of other organizations or entities

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TEEA3502L 09/26/16

Page 3

**Ratiting Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Living Water International Schedule F (Form 990) 2016

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2016 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA € (2) ල € 6 6 8 9 <u>(10</u> E (12) (13) (14) (15) (91) (1)

Sche	edule F (Form 990) 2016 Living Water International	76-0324875	Page 4
Par	rt IV Foreign Forms		
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	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 Ce Foreign Corporations (see Instructions for Form 5471).	rtain []Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a quali- 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)	ified 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

TEEA3505L 09/26/16

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Yes

X No

Schedule F (Form 990) 2016

### Part V Supplemental Information

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

### Part I, Line 2 - Grantmakers Explanation For Monitoring Use of Funds Outside US

Living Water provides services in developing countries by providing support to independent non-profit and other organizations that have missions and goals similar to those of Living Water. LWI has assisted in the formation of non-governmental organizations (NGOs) to facilitate the conduct of programs. LWI provides technical and governance assistance through control of their boards and is significantly involved with the NGO's personnel as described in Form 990, Part III, line 4. LWI requires the grantee to provide evidence as to the use of the funds, such as a written report, photographs, field inspection by an LWI representative or other verification as deemed appropriate.

### Part I, Line 3f - Method of Accounting

LWI follows the accrual method of accounting.

### Part I, Line 3f - Investments & Expenditures Per Region

All of the amounts reported in Part I reflect expenditures in the region, not investments.

### **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, line 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-E2) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Living Water Internation	al				76-032487	
Fundraising Activities, Comple	ete if the organiz	ation answ	ered 'Yes' o	on Form 990, Part IV, line		<u> </u>
Form 990-EZ filers are not real filers are not real filers are not real filers.				owns setuuties Cheek	all that apply	
a X Mail solicitations	raised luitus til	nough any	e e	Solicitation of non-		
<b>b</b> Internet and email solicitation	s		f	Solicitation of gove	•	
c Phone solicitations			g g	Special fundraising	•	
d n-person solicitations			•			
2a Did the organization have a written of	or oral agreemen	it with any i	ndıvıdual (ı	ncluding officers, director	rs, trustees, or key	□
employees listed in Form 990, Pa	•		•			X Yes No
b If 'Yes,' list the 10 highest paid in compensated at least \$5,000 by t	he organization	lities (iuriai	raisers) pu	rsuant to agreements t	inder which the fundral	ser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
Blue North Strategies		Yes	No			
1 123 Woolwich Guelph ON N1H3V1 Canada	Direct mail		х	253,727.	96,174.	157,553.
2						
3						
4						
5				-		
6						
7						
8						
9						
10						
Total			<b>-</b>	253,727.	96,174.	157,553.
3 List all states in which the organizat or licensing.  AL AK AR CA CO CT FL PA RI SC TN UT VA WV	GA HI IN I			ontributions or has been	notified it is exempt from	registration
		 		·		

	hedule G (Form 990 or 990-EZ) 2016 Living Water International 76-032								
Pai	<u>t   </u>	Fundraising Events. Complete If more than \$15,000 of fundraising	the organization all event contribution	nswered 'Yes' on Fo	orm 990, Part IV, li e on Form 990-F <i>7</i> .	ne 18, or reported lines 1 and 6b.			
		List events with gross receipts gr	eater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add column (a)			
Ŗ	`		(event type)	(event type)	None (total number)	through column (c)			
REVENUE	_	Cross resourts							
N U E	1	Gross receipts			<u> </u>	<del> </del>			
	2	Less: Contributions	ļ			<del> </del>			
	3	Gross income (line 1 minus line 2)							
	4	Cash prizes							
n	5	Noncash prizes							
D R E	6	Rent/facility costs							
R E C T	7	Food and beverages							
E X P	8	Entertainment							
EXPENSES	9	Other direct expenses							
Š	10	Direct expense summary. Add lines 4 thr	rough 9 in column (d)		•				
	11	Net income summary Subtract line 10 fr			<b>•</b>				
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' on Form 990, Pai	rt IV, line 19, or re	ported more than			
			<u> </u>	(b) Pull tabs/instant		(d) Total gaming			
RE>ENDE			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(add column (a) through column (c)			
N U				<del> </del>					
Ĕ	1	Gross revenue							
	2	Cash prizes .							
D X P R E N	3	Noncash prizes							
R E N C S T E S		Rent/facility costs							
5		•							
	5	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor .	No	No	No	* *			
	7	Direct expense summary Add lines 2 thr	rough 5 in column (d)		•				
	8	Net gaming income summary. Subtract I	ine 7 from line 1, colum	nn (d)	•				
	·					1			
9		er the state(s) in which the organization of				. Yes No			
	a is the organization licensed to conduct gaming activities in each of these states? Yes No b if 'No,' explain:								
10 a	a Wer	re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	Yes No			
		/a.a.l.a.valava			-				
BAA	١		TEEA3702L	09/23/16	Schedule G (For	m 990 or 990-EZ) 2016			

Schedule G (1 off) 990 of 990-LZ) 2010 LIVING Water		10-0324613	raye 3
11 Does the organization conduct gaming activities with no	nmembers?	. Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trus administer charitable gaming?	t, or a member of a partnership or other entity formed t	o . Tyes	No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	<b>%</b>
•		. 13b	%
14 Enter the name and address of the person who prepares the	e organization's gaming/special events books and recor	ds.	
Name <b>&gt;</b>			
Address			
15a Does the organization have a contract with a third party	from whom the organization receives gaming reve	nue?. <b>Yes</b>	□No
b If 'Yes,' enter the amount of gaming revenue received b			□•
of gaming revenue retained by the third party ► \$			
c If 'Yes,' enter name and address of the third party:			
Name ►			
Address -			
16 Gaming manager information:			
Name ►			
Gaming manager compensation ► \$			
Description of services provided			
Director/officer Employee	Independent contractor		
17 Mandatory distributions			
a Is the organization required under state law to make charital state gaming license?	<del></del>	Yes	No
<b>b</b> Enter the amount of distributions required under state law to	be distributed to other exempt organizations or spent i	n the	
organization's own exempt activities during the tax year			<del></del>
Rand Part III lines 9 9b 10b 15b 15c 1	explanations required by Part I, line 2b, c 6, and 17b, as applicable. Also provide a	olumns (III) and ( Inv. additional	(v);
information. See instructions	of and the de applicable. Also provide a	ny additional	

SCHEDIII F.I		Š	ants and Oth	er Assistance	to Organization	S.		OMB No 1545-0047
(Form 990)		Gov	Governments, ar	overnments, and Individuals in the United States	n the United Sta	ates		2016
		Complete if the	e if the organizatio	organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	orm 990, Part IV, line 2 0.	.1 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Information	about Schedule I	Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	uctions is at www.irs.	gov/form990.		Inspection
ľ	Tntornational						Employer identification number	ation number
Part   General In	General Information on Grants and Assistance	nts and Assista	nce			:		
1 Does the organizat the selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the amo grants or assistance	unt of the grants or e?	assistance, the grantees'	eligibility for the grants	or assistance, and	:	X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for monitoring	I the use of grant fur	ids in the United States.		See P	See Part IV	_
Part II Grants and Form 990,	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Domestic ( or any recipient	Organizations a that received n	ind Domestic Governore than \$5,000. F		Complete if the organization answered 'Yes' be duplicated if additional space is needed.	tion answered 'Y space is neede	es' on d.
1 (a) Name and address of organization or government	ress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Moorehead Evangelistic Assoc -825 Brielle Ct Simpsonville, SC 29681	<u>yelistic Assoc</u>	23-7219520 501 (c)	501 (c) (3)	30,000.	0.0			Charitable Liberia
(2)								
<u>(3)</u>								
(4) 								
(5)								
6								
(8)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed	n the line 1 table				
BAA For Paperwork R	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructions	for Form 990.		TEEA3901L 11/03/16	11/03/16	Schedu	Schedule I (Form 990) (2016)

i i

Schedule I (Form 990) (2016) Living Water International Teacher International Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

carried administration of the carried and the	ימכם וא ווככמכמי.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
9					
7					
Partiv Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

ൻ LWI requires the grantee to provide evidence as to the use of the funds, such as

written report, photographs, field inspection by an LWI representative or other

verification as deemed appropriate.

Schedule I (Form 990) (2016)

BAA

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

### **Transactions With Interested Persons**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2016** 

Open To Public Inspection

Department of the Treasury Internal Revenue Service

(2) (3) (4)(5) (6) (7) (8) (9) (10)

Name of the organization

Employer identification number

PTATE		rethacton									401					
Part I	Excess B Complete if	enefit Trans the organization	<b>actions</b> (se n answered 'Y	ction 5 'es' on F	01(c)(3 Form 990	3), sec ), Part I	ction 501 (c V, line 25a c	(4), and ( or 25b, or Fo	501(c)(29 rm 990-EZ	9) c 2, Pa	rgar rt V, I	ıızati Iıne 40	ons o	only)	•	
	(-) Na	-1.6	(b) I		p between o		d	(a) [	Description of		- otron			(d) Cor	rected?	
1	(a) Name of disqua	alified person	Ţ	person a	and organiza	ation		(c) L	rescription of	transa	асиоп			Yes	No	
(1)																
(2)											-					
(3)	<del></del>															
(4)													•			
(5)																
(6)																
se	iter the amount of ction 4958. Iter the amount of	•		•		•		ons during th	ne year und	der	►\$ ►\$					
Part II	Complete if t	and/or From the organization reported an am  (b) Relationship	answered 'Ye	s' on Foi 990, Par	rm 990-E	5, 6, or	V, line 38a oi 22.	r Form 990, F			Or If		proved	(A) W/	ritten	
(a) Hami	or interested person	with organization	of loan	fro organ	m the nization?		cipal amount	(i) Balance	- duc	g) III u	eladit	by bo	ard or		ment?	
		ļ	<del></del>	То	From	ļ		<u> </u>	\`	Yes	No	Yes	No	Yes	No	
(1)				<del></del>	<u> </u>	<u> </u>		<del> </del>								
(2)		ļ			<del> </del>	<u> </u>		ļ					ļ		<u> </u>	
(3)		<del> </del>		+-	<del></del>	<u> </u>		<del></del>							<u> </u>	
(4) (5)		<del> </del>		<del> </del>	<del> </del>	<del></del>	_ <del>_</del> -	<del> </del>	<del></del>				<del> </del>		<del> </del>	
(6)				+	<del> </del>	<u> </u>		<del> </del>	<u>_</u>				<del> </del>		<u> </u>	
(7)				+	-	<del></del>		<del> </del>	<del></del>						<del> </del>	
(8)		<del> </del>		+	<del> </del>			<del> </del>								
<del>(9)</del>	<del></del>	<del> </del>	<del></del>		<del> </del>			<del> </del> -	<del></del>							
(10)	<del></del>	<del> </del>	<del></del>	+	<del> </del>		<del></del>	<del> </del>							<del> </del>	
Total	<del></del>	<u> </u>	<del></del>		1	l	►\$	<u> </u>	<del></del>				L		<b>!</b>	
Part II		Assistance the organization	Benefiting answered 'Yes	Interes	<b>sted Pe</b> rm 990, F	ersons Part IV,	 S.							L		
	(a) Name of intere	sted person	(b) Relationshi	p between d the organ		person	(c) Amount o	of assistance	(d) Type o	of assi	stance	(e)	Purpose	of assi	stance	
(1)	<del></del>															

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016 Living Water International

[Partill/ Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

• (a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	
•				Yes	No
(1) Sharon Evans	EVP Spouse	30,197.	compensation		X
(2) Natalie Mantel	CEO spouse	15,518.	compensation		Х
(3)					
(4)					
(5)			=		
(6)					
(7)					
(8)					
(9)					
(10)					

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

### 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.

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Living Water International

Employer identification number 76-0324875

### Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

Executive Committee: The Executive Committee shall consist of the Chairman of the Board, the Chairman-Elect, President & CEO, CFO & Treasurer, and two (2) Board Members to be elected by the Board to serve a term of twelve (12) months and shall meet to conduct the business of the corporation. The Executive Committee, to the extent provided in said resolution shall have and exercise the authority of the Board of Directors in the management of the corporation. However, no such committee shall have the authority of the repealing of the By-laws; electing, appointing or removing any member of any such committee or any Director or Officer of the corporation; amending the Articles of Incorporation; adopting a plan of merger or adopting a plan of consolidation with another corporation; authorizing the voluntary dissolution of the corporation or revoking proceedings therefor; adopting a plan for the distribution of the assets of the corporation; or amending, altering or repealing any resolution of the Board of Directors which by its terms provides that it shall not be amended, altered or repealed by such committee. All actions of the Executive Committee must be reported at the next following meeting of the Board of Directors, which may veto or overturn any committee action as to matters not yet performed or to which the corporation has not been obligated by contract by a three fourths (3/4) vote of Directors present at a Board of Directors meeting in which, at least, a quorum is established.

### Form 990, Part VI, Line 11b - Form 990 Review Process

The audit review committee is given a draft of the 990 to review before it is finalized and published. The audit review committee reports to the full board. A copy of the form is provided to the board prior to filing.

Employer identification number

76-0324875

### Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

LWI makes a point of not having board members where there is a clear and obvious conflict of interest. Each year board members are handed a document describing the conflict of interest policy and are instructed to read and sign and return it declaring that there is no conflict of interest.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Executive Committee of the Board of Directors, without the President & CEO present, sets the salary of the President & CEO on an annual basis. Comparable data from several sources providing local, regional and national non-profit salary surveys is reviewed. The committee determines the President & CEO's annual salary based upon this data and a performance evaluation.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Living Water has a Global Compensation Philosophy that ensures all staff are paid appropriately. Living Water participates in annual salary surveys that are used to review our pay scales to ensure competitiveness for recruitment and staff retention. Annually, Living Water budgets for merit increases which are tied to performance evaluations for all staff including Officers, Key Employees and the President/CEO. Annual performance evaluation results determine what, if any, increase is given to employees.

### Form 990, Part VI, Line 17 - List of States which this Return is Filed

AL AK AR CA CO CT FL GA HI IN IL KS KY ME MD MA MI MN MS MO NH NJ NM NY NC OH OK OR PA RI SC TN UT VA WV WI

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Audited financial statements are published on our website. Governing documents and conflict of interest policy are provided upon request.

Open to Public Inspection OMB No 1545 0047 2016 Employer identification number 76-0324875 Part I Identification of Disregarded Entities. Complete If the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Living Water International Department of the Treasury Internal Revenue Service Name of the organization **SCHEDULE R** (Form 990)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Total income End	(e) End-of-year assets	(f) Direct controlling entity
(1)						
	       				<u></u>	
(2)	         					
(3)						
		<del>_</del>				
Part II Identification of Related Tax-Exempt Organizations.	1	Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had the tax year.	answered 'Yes	s' on Form 990, Pa	art IV, line 34 be	cause it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(f section 501(c)(3))	Orrect controlling entity	(g) Sec 512(b)(13) controlled entity?
						Yes No
Living Water Service Centre Kund Road 58 Nairobi, Africa 00100 Kenya	Water Wells - WASH - Christian				Living Water	er
	Witness	Kenya	501 (c) (3)	7	International	nal X
9 <u>b</u>	Water Wells - WASH - Christian				Living Water	er
	WI	Zambia	501(c)(3)	7	International	nal X
(3) Foundation Living Water  3, Lilavois 33, #3 Route Prolongee Crois-des-Bouquets, Haiti	Water Wells - WASH - Christian				Living Water	er
	Wi	Haiti	501(c)(3)	7	International	x   Iai
(4) Living Water International Tower Hill, PO Box 1279	Water Wells -					
Monrovia,Liberia	WASH - Christian Witness	Liberia	501(c) (3)	7	Living Water International	er Jal X
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.		TEEA5001L 09/09/16		Schedule	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Living Water International 76-0324875 Particles of Form 990, Part IV, line 34 [Ratiling] Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(K) Percentage ownership				Part IV,	Sec 512(b)(13) controlled entity?				Schedule R (Form 990) 2016
Genera manag partne				orm 990,	(h) Percentage ownership				hedule R (F
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	(g) Share of end-of- year assets				S
Disproportionate allocations?	<u> </u>			answer year.					
of Gear				ganization ing the tax	(f) Share of total income				
(g) Share of end-of-year assets	-			ete if the or or trust dur	(c) C corp, S corp, or trust)				
Share of total				st Comple poration					116
come S sted, tax ns				as a co	(d) Direct controlling entity				002L 09/09/16
(related, unrelated, excluded from tax under sections 512-514)				Corporation	(c) Legal domicile (state or foreign country)				TEEA5002L
		į							
D O O				<b>s Taxab</b> ated org	(b) Primary activity	<u></u>			
(c) Legal domicile (state or foreign country)				<b>iization</b> nore rel		1 1 !			-
(a)  (b)  (c)  (d)  (e)  (e)  (f)  (e)  (f)  (f)  (e)  (f)  (e)  (f)  (e)  (f)  (e)  (f)  (e)  (f)  (f				Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	of related organization				
Name, address, and EIN of related organization	E		(3)	Partily Identification o	(a) Name, address, and EIN of related organization	( <del>1)</del>		(8)	ВАА

Page 3

Schedule R (Form 990) 2016 Living Water International

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Darte II.IV.2		Yes No
æ	· · · · ·		1a ×
			×
c Gift, grant, or capital contribution from related organization(s)	•	:	1c X
<b>d</b> Loans or loan guarantees to or for related organization(s)	:		7 ×
e Loans or loan guarantees by related organization(s)			1e ×
Complete to the second			
	•		+
	:		+
h Purchase of assets from related organization(s)	:	:	1h X
i Exchange of assets with related organization(s)	:	: :	Ti X
j Lease of facilities, equipment, or other assets to related organization(s)	:	:	1,
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	
I Performance of services or membership or fundraising solicitations for related organization(s)		:	11 X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	:	:	E.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		:	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>	:	:	
<b>p</b> Reimbursement paid to related organization(s) for expenses	:		7 d1
<b>q</b> Reimbursement paid by related organization(s) for expenses	•	:	X pt
* Other transfer of each or academy to related excentation(c)			
e Other transfer of each or property from related programzation(s)	-		
	relationships and trans	saction thresholds	
- 1	A.A.		47
(a) Name of related organization	(b) Transaction type (a-s)	Amount involved	(d) Method of determining amount involved
	•	0	
(1) Living Water Service Centre	Ω	517, 289.0	Cash
(2) Living Water Zambia	q	383,298.0	Cash
(3) Foundation Living Water	q	569, 243.0	Cash
(4) Living Water International	q	430,270.0	Cash
(5) LW Internacional AC Puebla MX	Ω	445,417.0	Cash
/6) I iming Mator Trionational Dennel	2.	425 401 765	, ; T
ידע זוול שמרפו דוורפרוומרדסוומד נשמוותם		J. 1001, 121	0 D (Form 000) 2016
<b>BAA</b> TEEA5003L 09/09/16		OCHEUNIE	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Living Water International

Parition Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(a)	(3)	(p)	(e)		(6) ·	(h)		9	8
Name, address, and EIN of entity	Primary activity	Legal domicile (State or foreign country)	Predominant income (related, unrelated, excluded from the	Are all partners section 501(c)(3) organizations?	ers Share of total income s?	Share of end-of-year assets	Dispropor- tionate allocations?	amount in box 20 of Schedule K-1	General or managing partner?	or Percentage
			sections 512-514)	Yes No	T.		Yes No	(2001)	Yes No	T_
(I)					:					
	•									
(2)					1		-			
(3)										
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(4)				-						
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(5)		į							-	
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(9)										
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(A)									<del>                                     </del>	-
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(8)									-	
				<del></del>					<del></del>	
ВАА		-    -  -		TEEA5004L 09/09/16	9/16			Schedul	e R (Form	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 Living Water International 76-032487

Part VII: Supplemental Information.

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

76-0324875

# Schedule R Cont (Form 990) 2016 Living Water International Part II Continuation of Identification of Related Tax-Exempt Organizations

							1
(A) Name, address, and ElN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(if section 501(c)(3))	(F) Direct controlling entity	. (G) Sec 512(b)(13) controlled entity?	)(13) entity?
LW Internacional AC Puebla MX 37 Melchor Ocampo Momoxpa, Puebla, Mexico	Water Wells - WASH - Christian Witness	Mexico	501(c) (3)	7	Living Water International		
Living Water International Rwanda Nyarutarama Kigali, BP6712 Rwanda	Water Wells - WASH - Christian Witness	Rwanda	501(c)(3)	7	Living Water International	×	
Living Water Intern'l Sierra Leone-New Steps Ctr, Waterloo Hwy Waterloo, Koya Rural Dist Sierra Le	Water Wel WASH - Chri	Sierra Leone	501(c) (3)	7	Living Water International	×	
LWI Uganda Block 244 Plot 5504 Heritage Rampala, Uganda	Water Wells - WASH - Christian Witness	Uganda	501 (c) (3)	7	Living Water International	×	
Living Water International Parque Arlan Siu, 100mts Managua, Abajo Nicaragua	Water Wells - WASH - Christian Witness	Nicaragua	501 (c) (3)	7	Living Water International	×	
Living Water International India 12 Bungalow Cantt Varanasi, 221002 UP India	Water Wells - WASH - Christian Witness	India	501(c) (3)	7	Living Water International	×	
Living Water (Central) 1-59/3/E Masjid Banda Kondapur, Hyderbad, 500032 India	Water Wells - WASH - Christian Witness	India	501 (c) (3)	7	Living Water International	×	
Living Water (South) Thalappal a Malayil House West Othera, Kerala India	Water Wells - WASH - Christian Witness	India	501 (c) (3)	7	Living Water International	×	
Living Water Africa Region PO Box 404-00621 Nairobi, Africa Kenya	Water Wells - WASH - Christian Witness	Kenya	501 (c) (3)	L	Living Water International	×	
		TEEA5102L 09/09/16			Schedule R Cont (Form 990) 2016	Form 990) ;	2016

Continuation Page 2 of 2

76-0324875

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Schedule R Cont (Form 990) 2016 Living Water International [Battli] Continuation of Identification of Related Tax-Exempt Organizations

	-						•
Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	( <b>b</b> ) Exempt Code section	(f section 501(c)(3))	(F) Direct controlling entity	Sec 512(b)(13) controlled entity?	entity?
Living Water International Ethiopia P.O. Box 1040 Addis Ababa, Africa Ethiopia	Water Wells - WASH - Christian Witness	Ethiopia	501 (c) (3)	7	Living Water International	×	}
Living Water International Angola  To be determined  To be determined, Africa Angola	Water Wells - WASH - Christian Witness	Angola	501 (c) (3)	7	Living Water International	×	
Living Water International Guatemala Calle Real, Lote 2, Apto. B, SPLH Antigua, Guatemala	Water Wells - WASH - Christian Witness	Guatemala	501 (c) (3)	7	Living Water International	×	
Living Water International El Salvad 89 Ave Norte y Calle el Mirador 102 San Salvador, El Salvador	Water Wells - WASH - Christian Witness	El Salvador	501 (c) (3)	7	Living Water International	×	
Living Water International Honduras  Avenida Dionisio de Herrera  Ciudad de la Ceiba, Honduras	Water Wells - WASH - Christian Witness	Honduras	501(c) (3)	7	Living Water International	×	
	 					<del></del>	
						<del>                                     </del>	 
		TEEA5102L 09/09/16			Schedule R Cont (Form 990) 2016	orm 990)	2016

76-0324875 Continuation Page 1

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Schedule R Cont (Form 990) 2016 Living Water International

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

(D)
Method of determining amount involved Cash Cash Cash Cash Cash Cash Cash Schedule R Cont (Form 990) 2016 302,232 311,385 353, 416. 184,929 660,743 1,141,414 454,465 (C) Amount involved (B) Transaction type (a-s) Д Д Д Q Д Д Д TEEA5105L 09/09/16 (A)
Name of related organization Living Water International Guatemala Living Water International Ethiopia Living Water Intern'l Sierra Leone Living Water International India Living Water International Living Water Africa Region LWI Uganda