DLN: 93493148019610 OMB No. 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019 C Name of organization D Employer identification number B Check if applicable PLANET WATER FOUNDATION ☐ Address change 27-1236020 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O  $\,$  box if mail is not delivered to street address) 16071 N 76TH ST STE 102 ☐ Amended return ☐ Application pending (877) 711-3083 City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ  $\,$  852601237  $\,$ G Gross receipts \$ 2,166,959 Name and address of principal officer H(a) Is this a group return for MARK STEELE □Yes **☑**No subordinates? H(b) Are all subordinates ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) ☐ 527 ☐ 501(c)( ) **(**(insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW PLANET-WATER ORG L Year of formation 2009 M State of legal domicile NE K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE PRIMARY OBJECTIVE OF THE FOUNDATION IS TO HELP ALLEVIATE WATERBORNE DISEASE, ILLNESS AND DEATH IN THE WORLD'S MOST DISADVANTAGED SCHOOLS AND SURROUNDING COMMUNITIES, PRIMARILY THROUGHOUT ASIA AND MEXICO, BY PROVIDING ACCESS TO CLEAN WATER THROUGH THE INSTALLATION OF CLEAN WATER SOLUTIONS AND THE IMPLEMENTATION OF WATER-HEALTH Activities & Governance AND HYGIENE EDUCATION PROGRAMS Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 3 4 2 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 779 Total number of volunteers (estimate if necessary) . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 39 7b **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,868,233 2,166,959 Ravenue Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 28,436 0 2,896,669 2,166,959 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 578,130 570,885 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶193,617 1,763,488 1,864,039 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,341,618 2,434,924 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 555,051 -267,965 Assets or d Balances End of Year Beginning of Current Year 714,721 20 Total assets (Part X, line 16) . 1,038,614 21 Total liabilities (Part X, line 26) . 204,894 148,966 Net assets or fund balances Subtract line 21 from line 20 . 833,720 565,755 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-19 Signature of officer Date Sign Here MARK STEELE PRESIDENT AND CEO Type or print name and title Print/Type preparer's name Date 2020-05-22 Preparer's signature Check  $\square$  if P00368772 **Paid** self-employed Firm's name ► TOEPEL COMPANY PC Firm's EIN ▶ 86-0573885 Preparer Use Only Firm's address ▶ 2500 S POWER RD STE 129 Phone no (480) 833-8300 MESA, AZ 85209 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

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Pa	rt III State	ment of Program Sei	vice Accomplis	hments		
	Check	if Schedule O contains a re	esponse or note to	any line in this Part III		🗹
1		oe the organization's missi		·		
DISA WATI	DVANTAGED S	CHOOLS AND SURROUNDI	NG COMMUNITIES,	PRIMARILY THROUGH	VISEASE, ILLNESS AND DEATH IN TH OUT ASIA AND MEXICO, BY PROVID ENTATION OF WATER-HEALTH AND I	ING ACCESS TO CLEAN
2	Did the organ	ızatıon undertake any sıgn	ıfıcant program ser	vices during the year w	hich were not listed on	
	the prior Forn	n 990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," desc	ribe these new services on	Schedule O			
3	Did the organ	ization cease conducting, o	or make significant	changes in how it cond	ucts, any program	
		ribe these changes on Sch				☐ Yes 🗹 No
4	Describe the o	organızatıon's program ser	vice accomplishmer ations are required	to report the amount	largest program services, as measi of grants and allocations to others, t	ired by expenses the total
4a	(Code	) (Expenses \$	2,090,081	including grants of \$	) (Revenue \$	)
	See Additional [		, ,			,
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other prograi	m services (Describe in Sch	nedule O )			
	(Expenses \$	•	including grants of	\$	) (Revenue \$	)
4e	Total progra	ım service expenses >	2,090,0			

No

Nο

No

Nο

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20h

21

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏 . . . Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates No 3 

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 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 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 6

7

No No Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 No 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 9 

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes

No Nο 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 😼 . . . . . . . . . . . . d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d 

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 11e Yes 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 🥦 11f Nο

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b Nο If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🥦

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 No 14a Yes **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . 🛸

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Nο Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, No 17

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . . Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Nο

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 **20a** Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* . . . 20a

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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Par	Checklist of Required Schedules (continued)			
			Yes	No
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
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		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

 $\boldsymbol{b}$  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

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3

**1**c

1a

1b

No

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	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			_
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			NI -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 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	<u> </u>		✓
36	ction A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-		
b	Enter the number of voting members included in line 1a, above, who are independent  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? $\cdot$	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Ç.	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  PLANET WATER FOUNDATION PLANET WATER FOUNDATION 16071 N 76TH ST STE 102 16071 N 76TH ST STE 102 SC 852601237 (877) 711-3083	:OTTSD/	ALE, AZ	

Form 990 (2019)										Page <b>7</b>
Part VII Compensation of Officers, D and Independent Contracto		stees	Key	/ Er	npl	oyee	s, F	lighest Comper	nsated Employ	ees,
Check if Schedule O contains a resp	oonse or note to	any lu	ne in	thıs	Par	t VII .				🗆
Section A. Officers, Directors, Truste	es, Key Emp	loyee	s, ar	nd I	lig	hest	Con	npensated Emp	loyees	
1a Complete this table for all persons required to year	·									ganızatıon's tax
<ul> <li>List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a</li> </ul>	and (F) if no cor	mpensa	tion \	was	paid	ł				
<ul> <li>List all of the organization's current key em</li> <li>List the organization's five current highest of</li> </ul>										
who received reportable compensation (Box 5 of organization and any related organizations										
• List all of the organization's <b>former</b> officers, of reportable compensation from the organization	n and any relate	ed orga	nızatı	ons			·	•	·	,000
<ul> <li>List all of the organization's former directo organization, more than \$10,000 of reportable of See instructions for the order in which to list the</li> </ul>	ompensation fro									
Check this box if neither the organization no	r any related oi	ganıza	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and title	(B) Average hours per week (list any hours	Position than of	on (de one be	(C o no ox, u	) t ch unle ficei	eck m ss per r and a	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) MARK STEELE	40 00	х		x				145,692	0	C
PRESIDENT AN								,		
(2) MARK CAIN DIRECTOR	40 00	Х						74,560	0	C
(3) NICHOLAS HILL DIRECTOR &	20 00	Х		х				56,556	0	C
(4) RUIPING DONG DIRECTOR	5 00	Х						0	0	C

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Part VII Section A. Officers, Direct	ors, Trustees	, Key I	Emp	loye	es,	and H	ligh	est Compensate	d Employees (co	ntınued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual true or director	Institutional 1	Officer	key employed	크죠ㅣ	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

line)	adual trustee rector	tituticnal Trustee	Ť	employee	est compensated lovee	ner		organizations
								_
							·	

1b Sub-Total										

1b 9	Sub-Total			
c T	Total from continuation sheets to Part VII, Section A ▶			
d٦	Total (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 1			<u> </u>
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No

ď	Total (add lines 1b and 1c)			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

2	of reportable compensation from the organization > 1			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	maiviauai	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			

	_		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	C		L
S	ection B. Independent Contractors		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
	line 1a? If "Yes," complete Schedule J for such individual	3	No

4	organization and related on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No						
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No						
S	Section B. Independent Contractors								
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confirm the organization. Report compensation for the calendar year ending with or within the organization's tax year.								

			·	110				
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							
S	ection B. Independent Contractors							
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of comfrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.							
	(A)	(B)	(0	:)				
	Name and business address	Description of services	Compe	nsation				

			ا د		NO
Se	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received more that from the organization. Report compensation for the calendar year ending with or within the organization.	pensa	tion		
	(A) Name and business address Des	(B) cription of services		(C Compen	

(A)	(B)	(C)				
Name and business address	Description of services	Compensation				
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶						

Form **990** (2019)

		(2019)		<b>\</b>						Page <b>9</b>
Part	VIII				rocas	once or note to a	y line in this Part VIII			П
		CHECK II SCHEC	uule	o contains a	i respo	mise of flote to an	(A) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	12	Federated campa	alans	1	1a			revenue		512 - 514
nts ints		<b>b</b> Membership dues		L	1b					
Gra nou		c Fundraising even		L	1c					
ts, (		d Related organiza		L	1d					
ila Ila		e Government grants	(con	tributions)	1e					
ons, Sin	1	F All other contribution and similar amounts	ns, g	ifts, grants,						
uti.		above		L	1f	2,166,959				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributio lines 1a - 1f \$	ns in	ciuaea in	<b>1</b> g					
Cor		<b>h Total.</b> Add lines :	1a-1	f	•	>	2,166,959			
						Business Code				
	2a									
nue										
Program Service Revenue	Ь									
4Ce	С									
Serv	d									
ranı										
≯og	е									
	f	All other program	serv	ice revenue						
	g	Total. Add lines 2	2a-2	f	. •		<u> </u>		·	
	<b>3</b> ]	Investment income similar amounts) .		luding divide			·			
		Income from invest				ond proceeds	<b>&gt;</b>			
	5	Royalties	_		•		<u>▶ </u>			
				(ı) Rea	31	(II) Personal	$\dashv$			
		Gross rents	6a				_			
	b	Less rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income	or (	(loss)			_			
				(ı) Secur	ities	(II) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or other basis and	7b							
		sales expenses					_			
		Gain or (loss)	<b>7</b> c							
		Net gain or (loss) Gross income from fu			· ·	· · · •				
ıue	-	(not including \$		of						
e∨e⊩		See Part IV, line 18			8a					
Other Revenue		Less direct expen			8b					
the	С	: Net income or (los	ss) fr	om fundrais	ing ev	ents 🕨				
	9a	Gross income from See <b>Part</b> IV, line 19	gamı	ing activities						
	ь	Less direct expen			9a 9b		_			
		: Net income or (los				les				
		- C				-				
	10a	Gross sales of inve returns and allowa	entor	ry, less	10a					
	b	Less cost of good	s sol	ld	<b>10</b> b					
	С	Net income or (los			ınvent					
	11	Miscellaneo .a	us K	evenue		Business Code	-			
	b	)								
	c	:	_							
	ابد	All other revenue								
		Total. Add lines 1				•				
	12	: <b>Total revenue.</b> S	ee ır	nstructions						
			.,		-	· •	2,166,959	9		Form 000 (2010)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations		_		ımn (A)
Check if Schedule O contains a response or no	ote to any line in this Part IX			<u> L</u>
Do not include amounts reported on lines 6b, 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 domestic governments See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals Spart IV, line 22	ee •			
<b>3</b> Grants and other assistance to foreign organizations, f governments, and foreign individuals See Part IV, line and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, a key employees	and 276,808	185,462	44,288	47,058
<b>6</b> Compensation not included above, to disqualified personal defined under section 4958(f)(1)) and persons describ section 4958(c)(3)(B)	ed in			
<b>7</b> Other salaries and wages	235,891	159,188	37,124	39,579
8 Pension plan accruals and contributions (include section (k) and 403(b) employer contributions)	n 401			
<b>9</b> Other employee benefits	18,901	12,581	1,012	5,308
<b>10</b> Payroll taxes	. 39,285	25,407	6,458	7,420
<b>11</b> Fees for services (non-employees)				
a Management				
<b>b</b> Legal				
c Accounting	4,455		4,455	
<b>d</b> Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				<del></del>
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, colu(A) amount, list line 11g expenses on Schedule O)	umn 1,250		1,250	
<b>12</b> Advertising and promotion	117,976	64,075		53,901
13 Office expenses	6,287		6,287	
<b>14</b> Information technology	6,182	5,739	443	
15 Royalties				
<b>16</b> Occupancy	31,669	13,556	18,113	
<b>17</b> Travel	157,593	147,078		10,515
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
<b>20</b> Interest	500		500	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,854	2,807	3,047	
23 Insurance	3,274		3,274	
24 Other expenses Itemize expenses not covered above miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 2 expenses on Schedule O)	Ė			
a WATER SYSTEMS AND EQUIP	634,400	634,400		
b PWIPL DEPLOYMENT/ OPS	406,455	406,455		
c SUBCONTRACTORS	170,016	151,285		18,731
d SHIPPING	105,734	105,734		

212,394

2,434,924

176,314

2,090,081

11,105

193,617

Form **990** (2019)

24,975

151,226

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2019)

12

13

14

15

16

17

18

19

20

21

22

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to any current or former officer, director, trustee, key

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Intangible assets . .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 29 through 33.

Total net assets or fund balances

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

Page **11** 

51,116

21,402

5,147

714,721

81,481

91,734

474,021

565,755

714,721

Form 990 (2019)

12 13

14

15

16

17

18

19

20 21

5,147

1,038,614

136,334

-79,171

912.891

833,720

1,038,614

27

28

29

30

31

32

33

	Beginning of year		End of year
1 Cash-non-interest-bearing	428,429	1	160,9
2 Savings and temporary cash investments		2	
3 Pledges and grants receivable net		7	

Pledges and grants receivable, net . 6.000 2.665 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5

entity or family member of any of these persons . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1), and persons described in section 4958(c)(3)(B). 6 Notes and loans receivable, net . . . . 7 Assets 514.569 473,440 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 68,041 9 10a Land, buildings, and equipment cost or other 10a 151,436 basis Complete Part VI of Schedule D 10b 130,034 16,428 10c b Less accumulated depreciation 11 Investments—publicly traded securities . 11

Liabilities employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties . 68.560 67.485 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 204.894 148.966 26 Total liabilities. Add lines 17 through 25 . . 26

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation 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		2	,166,959
2	Total expenses (must equal Part IX, column (A), line 25)	2		2	,434,924
3	Revenue less expenses Subtract line 2 from line 1	3			-267,965
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			833,720
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			565,755
Pa	TXII 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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3ь		

Form **990** (2019)

#### **Additional Data**

Software ID:

Software Version:

Name: PLANET WATER FOUNDATION

**EIN:** 27-1236020

Form 990 (2019)

Form 990, Part III, Line 4a:

PLANET WATER FOUNDATION HAS DEPLOYED PROJECTS IN COUNTRIES THROUGHOUT ASIA AND MEXICO. THESE PROJECTS INCLUDE THE INSTALLATION OF 253 COMMUNITY-BASED CLEAN WATER SOLUTIONS AND EDUCATION PROGRAMS ON WATER-HEALTH AND HYGIENE. THE PROJECTS ARE FOCUSED ON SCHOOLS, CHILDREN AND RURAL COMMUNITIES WHO LACK ACCESS TO CLEAN, SAFE WATER.

efile	e GR/	APHIC prii	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493148019610
SCI		ULE A		Charity Statu	e and Dul	alic Supp	ort	OMB No 1545-0047
(For	m 99			rganization is a sect				2019
990E	CZ)			4947(a)(1) nonexe  ▶ Attach to Form 9				2017
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for in			ormation.	Open to Public Inspection
Name	e of th	nue Service <b>ne organiza</b> ER FOUNDATIC					Employer identific	
LANC	I WAIL	INTOONDATIO					27-1236020	
Pa			for Public Charity State				See instructions.	
_	rganız		a private foundation because	•	•		/ <b>A</b>	
1		·	onvention of churches, or as					
2	Ш		scribed in <b>section 170(b)(</b>		,			
3			or a cooperative hospital serv	_			•	
4		A medical r name, city,	esearch organization operate and state	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefi ( <b>iv).</b> (Complete Part II )	t of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	<b>✓</b>		ation that normally receives at the state of		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>sectior</b>	170(b)(1)(A)(vi)	(Complete Part I	I)		
9			ural research organization de ant college of agriculture S					ege or university or a
10		from activit	ation that normally receives les related to its exempt fun income and unrelated busin see section 509(a)(2). (Co	ctions—subject to cert ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its si	ipport from gross
11			ation organized and operated	•	r public safety S	ee section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled in				
С			unctionally integrated. A spring anization(s) (see instruction					ited with, its
d		Type III n	on-functionally integrated integrated The organization You must complete Par	<b>d.</b> A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgai	
e		Check this	box if the organization receiver or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations	3	<b>5</b>			
g	Provi	de the follow	ing information about the su	ipported organization(	s)			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Total			tion Act Notice, see the Ir		Cat No 11285		 Schedule A (Form 9	

Sch	nedule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
ı	Part II Support Schedule for						
	(Complete only if you ch						nder Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please c	omplete Part III	.)	
	Section A. Public Support  Calendar year	I		Т			
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	4 205 720	4 604 550	1 055 344	2.050.222	2.466.050	0.007.717
	membership fees received (Do not include any "unusual grant ")	1,385,729	1,601,552	1,965,244	2,868,233	2,166,959	9,987,717
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities			+			
_	furnished by a governmental unit to						
_	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3  The portion of total contributions by	1,385,729	1,601,552	1,965,244	2,868,233	2,166,959	9,987,717
5	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						278,800
	amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						9,708,917
_	Section B. Total Support						
_	Calendar year	(a) 2015	<b>(b)</b> 2016	(a) 2017	(d) 2018	(a) 2010	(f) Total
	(or fiscal year beginning in) ▶			(c) 2017		(e) 2019	(f) Total
7		1,385,729	1,601,552	1,965,244	2,868,233	2,166,959	9,987,717
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the				27,436		27,436
	business is regularly carried on						
10							
	or loss from the sale of capital assets (Explain in Part VI )						
11							10,015,153
	10					T T	10,013,133
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	=			-		nization,
	check this box and stop here					▶ ⊔	
	Section C. Computation of Publi						
	Public support percentage for 2019 (III		•	olumn (f))		14	96 940 %
	Public support percentage for 2018 Sc				4.4	15	98 630 %
16	a 33 1/3% support test—2019. If the				e 14 is 33 1/3% or	more, check this b	_
	and <b>stop here.</b> The organization qual				nd line 1E ie 22 1/	20/ av magna ahaala	<b>▶</b> ✓
	5 33 1/3% support test—2018. If th	_			na line 15 is 33 1/.	3% or more, cneck	tnis
	box and <b>stop here.</b> The organization a <b>10%-facts-and-circumstances tes</b>				13 16a or 16h	and line 14	
1/	is 10% or more, and if the organization						
	in Part VI how the organization meets						
	organization						ightharpoons
ı	10%-facts-and-circumstances tes						
	15 is 10% or more, and if the organize Explain in Part VI how the organization				•		
	supported organization			7 <b>-</b> gan		F//	▶ □

P		upport Schedule for						
		Complete only if you cl						der Part II. If
		ne organization fails to	qualify under t	ne tests listed i	pelow, please co	omplete Part II.	)	
56	ection A. Pub	ndar year			1			T
		r beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1		contributions, and						
		ees received (Do not						
_		nusual grants ")						
2		from admissions, sold or services						
		facilities furnished in						
		at is related to the						
	organization's	tax-exempt purpose						
3		from activities that are						
		ed trade or business						
4	under section Tax revenues	F						
-		benefit and either paid						
		d on its behalf						
5		ervices or facilities						
		governmental unit to						
		on without charge						
6	Total. Add line	-						
/a		ded on lines 1, 2, and m disqualified persons						
b		ded on lines 2 and 3						
_		other than disqualified						
		exceed the greater of						
		of the amount on line						
_	13 for the yea Add lines 7a a							
8		rt. (Subtract line 7c						
0	from line 6)	it. (Subtract line / c						
Se	ection B. Tota	al Support				•		
		ıdar year	(-) 201E	(h) 2016	(=) 2017	(4) 2010	(-) 2010	(f) Tatal
		r beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts fron	n line 6						
L0a		from interest,						
		yments received on						
		ns, rents, royalties and similar sources						
b		siness taxable income						
_		511 taxes) from						
		equired after June 30,						
	1975							
_	Add lines 10a							
11		rom unrelated business						
		included in line 10b, ot the business is						
	regularly carr							
12		Do not include gain or						
		sale of capital assets						
	(Explain in Pa							+
13	11, and 12 )	rt. (Add lines 9, 10c,						
14	First five yea	a <b>rs.</b> If the Form 990 is foi	r the organization	's fırst, second, th	nird, fourth, or fift	th tax year as a se	ction 501(c)(3)	organization,
•		and <b>stop here</b>		, ,	, ,	•	( )( )	▶ □
Se		nputation of Public S	Support Perce	ntage				
15		percentage for 2019 (lin			column (f))		15	
16	• •	: percentage from 2018 S		•	( //		16	
		nputation of Investr					1 -0	
17		come percentage for 201			line 13. column (f	f))	17	
		come percentage from 20	,		25, 201411111 (1	• / /		
18				·	on line 14	aa 1 E ja waana 41	18   22 1/20/ and l	na 17 ia
		ort tests—2019. If the						_
		/3%, check this box and s	-					▶□
b	33 1/3% sup	pport tests—2018. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	more than 33 i	_
	not more than	n 33 1/3%, check this box	and <b>stop here.</b>	The organization (	qualifies as a publ	licly supported org	anızatıon	▶□
20	Private found	dation. If the organization	n did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions	ightharpoons

Schedule A (Form 990 or 990-EZ) 2019

6

7

8

10a

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. All Supporting Organizations

			Yes	No
•	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			
	ın section 509(a)(1) or (2)	2		

	describe the designation If historic and continuing relationship, explain	1	Γ
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		
	ın section 509(a)(1) or (2)	2	
la	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		Γ
	below	3a	Γ
1.	Did the appropriate and the cook appropriate appropriate and propriate and appropriate and app		Т

		_	
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		
	ın section 509(a)(1) or (2)	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
ı	determination		

3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		
b	the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the			
	determination			
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			
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			

	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	1	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below			
		4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported			
	organization? If "Yes," describe in <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		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections			

	Checked 12a or 12b in Part 1, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <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			
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^2$ 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	the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and below (if applicable) Also, provide detail in <b>Part VI,</b> including (i) the names and EIN numbers of the supported anizations 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)			
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		<u> </u>	
	organization's organizing document?		1	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

than (1) its supported organizations. (11) 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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 of 990-E2) 2019		۲	age :
Pai	t IV Supporting Organizations (continued)			
_			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b>	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
•	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	_		
	organization	2		
S	ection C. Type II Supporting Organizations		1	
	., 11 2 2		Yes	No
	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		
S	ection D. All Type III Supporting Organizations			
			Yes	No
•	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?  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				
	D	2		
	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	The organization satisfied the Activities Test Complete line 2 below	,		
	The organization is the parent of each of its supported organizations. Complete line 3 below			
	_		_L \	
(		instru	ctions)	
	Activities Test Answer (a) and (b) below.		Yes	No
ā	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2 h		
}	Parent of Supported Organizations Answer (a) and (b) below.	2b		
	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		
ŀ	Did the organizations? Provide details in Part VI.  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 Part VI. the role played by the organization in this regard	3h		

3b

Page **6** 

Schedule A (Form 990 or 990-F7) 2019

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E					
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1				
a	Average monthly value of securities	1a				
b	Average monthly cash balances	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	Section C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				

3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Enter greater of line 2 or line 3 Income tax imposed in prior year	4 5	
		<u> </u>	

instructions)

Total annual distributions. Add lines 1 through 6	
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
Distributable amount for 2019 from Section C, line 6	

8	Distributions to attentive supported organizations to who			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> )			

details in <b>Part VI</b> ) See instructions	ilcii tile organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			

(see instructions)	Excess Distributions	Pre-2019	Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			

f Total of lines 3a through e		
<b>g</b> Applied to underdistributions of prior years		
<b>h</b> Applied to 2019 distributable amount		
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
<u>     \$                               </u>		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		

j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2019 from Section D, line 7		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2019 Subtract		

c Remainder Subtract lines 4a and 4b from 4		
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in <b>Part VI</b> See instructions		
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3 <sub>1</sub> and 4c		
8 Breakdown of line 7		

Schedule A (Form 990 or 990-EZ) (2019)

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . **c** Excess from 2017. . . . .

d Excess from 2018. e Excess from 2019.

#### **Additional Data**

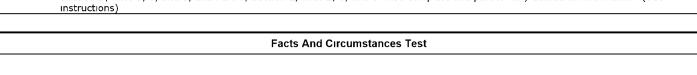
### Software ID:

Software Version:

**EIN:** 27-1236020

Name: PLANET WATER FOUNDATION

Schedule A	(Form 990 or 990-EZ) 2019	Pag
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, I 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, Se 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 Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional informal instructions)	ection C, line 1, 1e, Part V



efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

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

As Filed Data -

DLN: 93493148019610

OMB No 1545-0047

2019

## **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.

Go to www irs gov/Form 990 for instructions and the latest information.

Open to Public

Department of the Treasury

(Form 990)

tern	nal Revenue Service	<u>1990</u> for instructions and the latest infol	rmation.	In	spection
	me of the organization NET WATER FOUNDATION		' '	lentification	number
De	art I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds o	27-1236020		
ГC	Complete if the organization answered "Yes	s" on Form 990, Part IV, line 6.	n Accounts.		
		(a) Donor advised funds	<b>(b)</b> Fun	ds and other	accounts
L	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex-		lvised funds are		Yes □ No
5	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				] Yes □ No
Pa	rt II Conservation Easements.				
	Complete if the organization answered "Yes	·			
L	Purpose(s) of conservation easements held by the organ	nization (check all that apply)			
	Preservation of land for public use (e g , recreation	or education)	historically imp	portant land	area
	Protection of natural habitat	Preservation of a c	certified historic	: structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year	qualified conservation contribution in the for		ation	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic	structure included in (a)	2c		
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished, or terminated by	the organizatio	n during the	
1	Number of states where property subject to conservation	n easement is located <b>&gt;</b>			
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	onservation eas		
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and enforcing conser-	vation easemer	nts during the	e year
3	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the requirements of section 1	70(h)(4)(B)(ı)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports consi- balance sheet, and include, if applicable, the text of the			and	<b>□</b> 110
	the organization's accounting for conservation easement	ts			
Par	rt III Organizations Maintaining Collections Complete if the organization answered "Yes	s" on Form 990, Part IV, line 8.			
La	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in f			
b	If the organization elected, as permitted under SFAS 11: historical treasures, or other similar assets held for publ following amounts relating to these items				
(	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$		
(i	ii)Assets included in Form 990, Part X				
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1				
а	Revenue included on Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	<b>▶</b> \$		
	Assets included in Form 990, Part X		·_ ▶\$		

Cat No 52283D

Schedule D (Form 990) 2019

**d** Equipment .

Sche	edule D (Form 990) 2019										Page 2
Par	t IIII Organizations Ma	intaining Coll	ections of Art,	Histori	cal Tre	asures,	or Other	Similar As	sets (c	continued)	
3	Using the organization's acquitems (check all that apply)	iisition, accession	, and other records	s, check	any of th	e followii	ng that are a	significant i	ise of its	collection	
а	Public exhibition			d		oan or ex	kchange prog	ırams			
b	Scholarly research			е		ther					
C	Preservation for future	generations									
4	Provide a description of the c Part XIII	organization's coll	ections and explair	how the	ey further	the org	anızatıon's e	xempt purpo	se in		
5	During the year, did the orga assets to be sold to raise fun							nılar	☐ Ye	s 🗌 No	,
Pa	rt IV Escrow and Custo Complete if the org X, line 21.			orm 990	, Part I\	, line 9	, or reporte	ed an amou	ınt on F	orm 990, P	art
1a	Is the organization an agent, included on Form 990, Part X		n or other interme	dıary for	contribu	tions or (	other assets	not	☐ <b>Y</b> e	s 🗌 No	
ь	If "Yes," explain the arrange	ment in Part XIII	and complete the f	ollowina	table			Α	mount		
c	Beginning balance		complete the l	<b></b>			1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				'
f	Ending balance						1f				
2a	Did the organization include a	an amount on For	m 990, Part X, line	21, for	escrow o	r custodi	al account li	ability?	☐ Ye	s 🗆 No	
b	If "Yes," explain the arranger	ment in Part XIII	Check here if the	explanat	on has b	een prov	ided in Part I	XIII			
	art V Endowment Fund			'		'					
	Complete If the org	anızatıon answ						T			
1-	Beginning of year balance .	}	(a) Current year	(b) F	rior year	(c) Tv	wo years back	(d) Three ye	ars back	(e) Four years	back
	Contributions								$\longrightarrow$		
	Net investment earnings, gain:	s and losses							-		
	Grants or scholarships								-		
	Other expenditures for facilities and programs	•									
f	Administrative expenses .										
g	End of year balance										
2	Provide the estimated percer	ı ntage of the curre	nt vear end balanc	e (line 1	a. columr	(a)) he	ld as				
а	Board designated or quasi-er	-	,	•	J.	(					
Ь	Permanent endowment ►										
С	Temporarily restricted endow	ment ►									
	The percentages on lines 2a,		d equal 100%								
3а	Are there endowment funds i organization by	not in the possess	sion of the organiza	ation tha	t are held	and adr	ministered fo	r the		Yes	No
	(i) unrelated organizations						•		<u> </u>	a(i)	
I-	(ii) related organizations .		listed as as assessed	on C-L	dula Do		,			ı(ii)	
ь 4	If "Yes" on 3a(II), are the relation Describe in Part XIII the inte	=	·							3b	
	rt VI Land, Buildings,			> VIII CIIL	idilus						
	Complete if the org			rm_990	, Part I\	/, line 1	1a. See Fo	rm 990, Pa	rt X, lın	ie 10.	
	Description of property	(a) Cost or othe (investmen	er basis (b) Cos		basis (oth		Accumulated o			<b>d)</b> Book value	
1a	Land										
b	Buildings										
С	Leasehold improvements				6,	296		734			5,562

58,305

86,835

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

15,840

21,402

42,465

86,835

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990	) Part IV lin	e 11h See Form 990 1	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation -year market value
	al derivatives			
(2) Closely- (3)Other <u> </u>	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12 )	<b>b</b>		
Part VIII	Investments—Program Related.	<u> </u>	- 11- C F 000	Doub V. June 42
	Complete if the organization answered 'Yes' on Form 990  (a) Description of investment	), Part IV, lin	(b) Book value	(c) Method of valuation
				Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 13 )		<b>•</b>	
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990	Part IV line	a 11d See Form 990 Pag	† X  ıne 15
	(a) Description	, ruic IV, iiii	2 11d. 3cc 10m 330, 1di	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
				<b>•</b>
Part X	<b>Other Liabilities.</b> Complete if the organization answered 'Yes' on Form 990,	, Part IV, line	e 11e or 11f.See Form	
1. (1) Federal	(a) Description of liability income taxes			(b) Book value
(2)	medine taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	in (b) must equal Form 990, Part X, col (B) line 25 )		<b>-</b>	67,485
<b>2.</b> Liability fo	or uncertain tax positions In Part XIII, provide the text of the foot		anızatıon's fınancıal state	ments that reports the
organization	's liability for uncertain tax positions under FIN 48 (ASC 740) Chec	ck here if the t	ext of the footnote has be	een provided in Part XIII

Schedule D (Form 990) 2019

1

Schedule D (Form 990) 2019

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			İ
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII )		1	
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )		5	
Par	XII Reconciliation of Expenses per Audited Financial Statements Wi		Return	า.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII )		]	
e	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )		5	
Par	t XIII Supplemental Information			
Prov	ride 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
	ines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit		•	· · · · ·
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2019		Page <b>5</b>
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Return Reference		Explanation	
			Schedule D (Form 990) 2019

SCHEDULE F	State	ement of	∆ctivities (	Outside the Un	ited States	OMB No 1545-0047
Form 990)	► Comp	lete if the organi	zation answered " ► Attach	Yes" to Form 990, Part IV, I to Form 990. nstructions and the latest ii	ine 14b, 15, or 16.	2019 Open to Public
Department of the Treasury nternal Revenue Service	•	do to www.ns.g	gov, 1 01111990 101 1	macractions and the latest h	normation.	Inspection
lame of the organization LANET WATER FOUNDATI	ON				Employer	r identification number
					27-12360	
<b>Part I General In</b> Form 990, F			Outside the U	<b>Jnited States.</b> Comple	ete if the organizat	ion answered "Yes" on
1 For grantmakers.	Does the or	ganızatıon maı	ntaın records to	substantiate the amount	t of its grants and	
•	•	•	ie grants or assi	stance, and the selection	criteria used	
to award the grants	s or assistan	ce?				🗹 Yes 🗌 No
2 For grantmakers. outside the United		Part V the orga	anization's proce	dures for monitoring the	use of its grants ar	nd other assistance
3 Activites per Region	(The following	ng Part I, line 3 i	table can be dupl	cated if additional space is	needed )	
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in ( program service, desc specific type of service(s) in the regi	for and investments in the region
See Add'l Data						
3a Sub-total b Total from continuation	on sheets to	4	15			1,405,12
Part I			15			1,405,128

		onal space is i		( ) ) ( )	(5) 4   6	( ) 5	(1.) 14 11 1 1
Гуре of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Page **3** 

Sche	dule F (Form 990) 2019		Page <b>4</b>
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	<b>✓</b> 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, don't file with Form 990)	☐Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	<b>☑</b> 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	<b>☑</b> 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, don't file with Form 990)	☐Yes	<b>☑</b> No

Schedule F (	(Form 990) 2019 Page <b>5</b>
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.
990 <b>S</b> che	dule F, Supplemental Information

Explanation

ASIA 1,286,591 0 MEXICO 118,537 0

Return Reference

SCHEDULE F, PAGE 1, PART I, LINE 3

#### **Additional Data**

**MEXICO** 

#### Software ID: Software Version:

**EIN:** 27-1236020

Name: PLANET WATER FOUNDATION

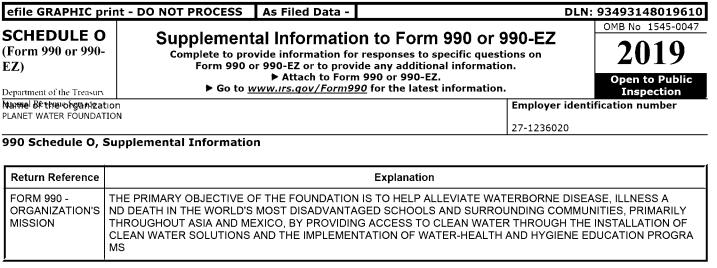
WATER SYSTEM PROJECT

118,537

Form 990 Schedule F Part	: I - Activities Οι	utside The U	nited States

(a) Region	(b) Number of offices in the region	employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	describe specific type of service(s) in region	(f) lotal expenditures for region
ASIA	4	12	PROGRAM SERVICE	WATER SYSTEM PROJECT	1,286,591

3 PROGRAM SERVICE



Return Explanation
Reference

FORM 990,	THE DIRECTORS REVIEW AND APPROVE AN ELECTRONIC VERSION OF THE 990 ONE OF THE OFFICER'S SIGNS THE
PAGE 6,	FORM 990
PART VI,	
LINE 11B	

Return Explanation
Reference

FORM 990, ALL CONFLICT OF INTERESTS ARE REQUIRED TO BE DISCLOSED TO AN OFFICER OR DIRECTOR BY COMPLETING
PAGE 6, THE CONFLICT OF INTEREST STATEMENT FORM
PART VI,
LINE 12C

Return Explanation
Reference

FORM 990,	DIRECTORS SHALL NOT RECEIVE COMPENSATION FOR THEIR SERVICES UNLESS OTHERWISE DETERMINED BY
PAGE 6,	THE BOARD OF DIRECTORS, IN WHICH CASE THEY MAY RECEIVE NO MORE THAN REASONABLE COMPENSATI
PART VI,	ON FOR SERVICES RENDERED TO AND FOR THE CORPORATION AFFECTING ONE OR MORE OF ITS PURPOSES
LINE 15A	BASED ON INDEPENDENT SURVEYS, ACTUAL WRITTEN OFFERS, OR OTHER RELIABLE INFORMANT ABOUT COM
	PENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR SERVICES ALL COMPENSATION

ARRANGEMENTS MUST BE APPROVED IN ADVANCE BY THE DIRECTORS IN WRITING PRIOR TO ANY PAYMENT

Return Explanation
Reference

EODM OOG

FORIVI 990,	DIRECTORS SHALL NOT RECEIVE COMPENSATION FOR THEIR SERVICES UNLESS OTHERWISE DETERMINED BY	1
PAGE 6,	THE BOARD OF DIRECTORS, IN WHICH CASE THEY MAY RECEIVE NO MORE THAN REASONABLE COMPENSATI	ı
PART VI,	ON FOR SERVICES RENDERED TO AND FOR THE CORPORATION AFFECTING ONE OR MORE OF ITS PURPOSES	ı
LINE 15B	BASED ON INDEPENDENT SURVEYS, ACTUAL WRITTEN OFFERS, OR OTHER RELIABLE INFORMANT ABOUT COM	ı
	PENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR SIMILAR SERVICES ALL COMPENSATION	
	ARRANGEMENTS MUST BE APPROVED IN ADVANCE BY THE DIRECTORS IN WRITING PRIOR TO ANY PAYMENT	ı

Return Explanation
Reference

FORM 990,	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE PROVIDED UPON
PAGE 6,	REQUEST
PART VI,	
LINE 19	

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	148019	610		
(Form 990) ► Complete if the organiza				ganizations and Unrelated Partnerships  tion answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  Attach to Form 990.						OMB No 1545-0047  2019  Open to Public						
Department of the Treasury Internal Revenue Service		► Go to <u>www</u>	v.irs.gov/	<u>Form990</u> for	instructio	ns and the	e latest info	rmation.					ction	C		
Name of the organization PLANET WATER FOUNDATION									Empl	loyer identif	icatior	n number				
The state of the state of		arria Canadata 6			1 1157 -	- V F	- 000 P- I	T) (		236020						
Part I Identification	of Disregarded E	ntities. Complete If	tne orgar	nization ansv	werea "Ye:	s" on Forn	n 990, Part	: IV, line 3	3.							
Name, address, and	(a) EIN (If applicable) of disre	egarded entity		(b) Primary a			c) nicile (state n country)	(d) Total inco	ome	<b>(e)</b> End-of-year as	sets	<b>(1</b> Direct co ent	ntrolling			
Part II Identification of related tax-exen	of Related Tax-Ex npt organizations du		<b>ıs.</b> Compl	ete if the org	ganızatıon	answered	i "Yes" on I	Form 990,	. Part I	V, line 34 be	ecause	e it had one or	more			
(a) Name, address, and EIN of related organization		on	Prim	<b>(b)</b> Primary activity		mary activity Legal domic		(c) Legal domicile (state or foreign country)  Exempt Code :		ode section   Public		(e) Public charity status (if section 501(c)(3))		(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled
													Tes	140		
For Paperwork Reduction Ac	t Notice, see the Inc	structions for Form 9	90.		Ca	at No 5013	 35Y				Sch	edule R (Form	990) 20	119		

(a) Name, address, and EIN of		(b)	(c)	(d)	(e)	. 1 .	(f)	(g)	(I	1)	(1)	()	)	(k	)
Name, address, and EIN of related organization		Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomina income(rela unrelated excluded fr tax unde sections 5: 514)	ted, tota l, rom r	Share of al Income	Share of end-of-year assets		tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	nging ner?	Percen owner	
									Yes	No		Yes	_		
(1) PLANET WATER LLC PLANET WATER LLC 16071 N 76TH ST STE 102 16071 N 76TH ST STE 102 SCOTTSDALE, AZ 85260 46-4279442		DESIGN/MFG	AZ	N/A						No			No		
Part IV Identification of Related Organ because it had one or more related							ion ans	wered "Ye	es" on	Form	990, Part I	V, lın	e 34		
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	dor (state o	( <b>c)</b> egal micile or foreign intry)	Dire	(d) ct controlling entity	Ing Type of entity Share of total Share of (C corp, S corp, Income year		(g) re of end year assets	of end-of- Percentage year ownership		· [	(1) Section (13) con entit	ntrolle ty?		
														Yes	No
											Schedule				

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No

Page 3

No

No

1s

Schedule R (Form 990) 2019

(d) Method of determining amount involved

d	d Loans or loan guarantees to or for related organization(s)	 1a	NO
е	e Loans or loan guarantees by related organization(s)	 1e	No
f	f Dividends from related organization(s)	1f	No
g	g Sale of assets to related organization(s)	<b>1</b> g	No
h	f h Purchase of assets from related organization(s)	1h	No
i	i Exchange of assets with related organization(s)	<b>1</b> i	No
i	i Lease of facilities, equipment, or other assets to related organization(s)	1j	No

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g	$\Box$	No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
	Sharing of paid employees with related organization(s)	10	$\overline{}$	No

			1	
f	Dividends from related organization(s)	1f	ĺ	No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No

(b)

Transaction

type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization

Part VI 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

- See instructions regarding exclusion																		
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of Il end-of-year assets	(h) Disproprtiona allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			514)	Yes	No	<u> </u>		Yes	No		Yes	No						
				_					_	Schedul	e R (Form	1 990	0) 2019					

