Form **990**

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.

2023
Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service A For the 2023 calendar year, or tax year beginning 2023 and ending SEP 30, 2024 OCT 1, C Name of organization B Check if D Employer identification number applicable. Address GLOBAL WATER CENTER change Name 84-5144926 Doing business as change Initial Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite return 1150 MOLLY GREENE WAY BLDG 1605 Final (843) 243-7371 return/ termin-City or town, state or province, country, and ZIP or foreign postal code 3,286,834. ated G Gross receipts \$ Amended NORTH CHARLESTON, SC 29405 H(a) Is this a group return return Applica-F Name and address of principal officer: THOMAS JOHNSTON Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes X 501(c)(3) Tax-exempt status: 501(c) (4947(a)(1) or (insert no.) If "No," attach a list. See instructions 527 WWW.GLOBALWATERCENTER.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 2020 M State of legal domicile: SC Trust Other Association Part I Summary Briefly describe the organization's mission or most significant activities: TO BUILD CAPACITY THROUGH Activities & Governance COLLABORATION, TRAINING, EQUIPPING, AND SUPPORTING SERVICES TO 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 Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 28 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Prior Year Current Year 2,990,637. 2,846,637. Contributions and grants (Part VIII, line 1h) 253,442. 27,403. Program service revenue (Part VIII, line 2g) -2,485,347. 92,656. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 3,559. 532,693. 3,196,294. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 32,694. 122,370. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,080,515. 1,561,703. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)

338,029. 67,500. 110,925. 1,575,662. 1,513,972. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,756,371. 3,308,970. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -2,223,678. -112,676. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year

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.

Sign	Signature of officer		Date	,/,	1	
_	THOMAS JOHNSTON, CEO	Thomas Joka	V	15 t	ebrumy	2
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	HARRISON PEREIRA		02/14/25	self-employed	P00746867	7
Preparer	Firm's name TAIT, WELLER & BA	KER LLP	Firm	SEIN 23-	1144520	
Use Only	Firm's address 50 SOUTH 16TH STR	EET, SUITE 2900				
	PHILADELPHIA, PA	19102	Phor	ne no. 215 - 5	979-8800	
May the If	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No

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

Net assets or fund balances. Subtract line 21 from line 20

20 Total assets (Part X, line 16)

Part II | Signature Block

21 Total liabilities (Part X, line 26)

332001 12-21-23

4,269,758.

4,091,086.

178,672.

Form 990 (2023)

4,221,562.

3,978,410.

243,152.

. u	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	AFTER TWO DECADES OF SUPPLYING COMMUNITIES WITH SAFE WATER, DR. GEORG	
	AND MOLLY GREENE, FOUNDERS OF WATER MISSION, REALIZED THEY WOULD NEVE	ER
	SOLVE THE GLOBAL WATER CRISIS AT THE CURRENT RATE. WITH 2.2 BILLION	
	PEOPLE IN THE WORLD STILL WITHOUT ACCESS TO SAFE WATER, THEY HAD A	
2	Did the organization undertake any significant program services during the year which were not listed on the	▼
		X No
_	If "Yes," describe these new services on Schedule O.	X No
3	<u> </u>	L∆ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	ما
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, an revenue, if any, for each program service reported.	u
4a		142.)
'i a	APPROXIMATELY 40% OF RURAL WATER SYSTEMS FAIL IN THE FIRST FIVE YEARS	
	RESULTING IN THE LOSS OF BILLIONS OF DOLLARS IN INVESTMENTS AND LEAVE	
	MILLIONS OF PEOPLE WITHOUT RELIABLE ACCESS TO SAFE WATER. GWC FOCUSI	
	ON INCREASING ACCESS TO SAFE WATER AND PREVENTING WATER SYSTEM FAILUR	
	THROUGH THESE THREE COLLABORATIVE DIVISIONS:	
	COLLECTIVE ACTION: NO ORGANIZATION CAN END THE GLOBAL WATER CRISIS	
	ALONE. WHEN ORGANIZATIONS WORK INDEPENDENTLY, THEY BECOME SILOED AND	
	INEFFICIENT. OUR APPROACH IS DIFFERENT: EVERYTHING WE DO IS BUILT ON	A
	FOUNDATION OF COLLABORATION. WE STRIVE TO CONNECT WITH PARTNERS AND	
	SUPPORT OTHER ORGANIZATIONS EVERY STEP OF THE WAY SO WE CAN ADDRESS T	THE
	WATER CRISIS WITH A SHARED VISION AND COORDINATED EFFORTS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,598,715.	
_		20

09110214 758275 3237.000

Form 990 (2023) GLOBAL WATER CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D		12b		x
13	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		X
	Pid the approximation projection on office and because the state of the United Obstaco	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	21	\vdash
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\vdash
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l	v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Part IV	Checklist of Required Schedules	(continued)
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22 X 23 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part X, county (X, 1972 or Y, 1975) complete Schedule I. Part I and S. 4, or 5, about compensation of the organization's current and former offeren, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. Part I III and 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 240 through 24d and complete Schedule K. If No." go to line 25e. 24a Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Clid the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24d Clid the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24d Clid the organization invest any proceeds of fax exempt bonds any tax exempt bonds? 25d Section 501(6)8, 501(6)4), and 501(6)29 organizations. Did the organization grain an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I. Part II 25c Section 501(6)8, 501(6)4), and 501(6)29 organizations. Did the organization with a disqualified person with a disqualified person of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations provide organization and the part of the assistance to any current or former office, director, trustee, key employee, creator or founder, substantial contribution or stronge organization and provide schedule III and the part of the assistance to any current or former office, director, trustee, key e		Continuou		Yes	No
Part X. column (A), line 2? if "Yes," complete Schedule I, Parts Land M y 20 Dd the organization assert "Yes" to Part VII, Section A, line 3.4, or 5, about compensation of the organization sourcett and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24a Dd the organization have a tax exempt bond issue with an additanding principal amount of more than \$100,000 as of the list day of the year, that was issued after becember 31, 2002? If "Yes," answer insee 26b through 26d and complete Schedule K. If "No," go to line 25a D Dd the organization nevest any process of 1ax exempt bonds beyond a temporary period exception? 24b D Dd the organization marks an an acrew account or other than a returning secrow at any time during the year to defease any tax exempt bonds beyond a temporary period exception? 24d D Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Dd the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d D Dd the organization and the san an access benefit transaction with a disqualified person during the year? 25d D Dd the organization and the san organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d D Dd the organization and the san organization and that the transaction has not been reported an ary of the organization with a disqualified person in a prior year, and that the transaction has not been reported an ary of the organization with an of the transaction with an of the transaction with an of the transaction and that the transaction has not been reported an ary of the organization contributor, or 35% controlled entity of rank person during the year of the organization organization and the san organization an	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organizations current and former offerest, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, and the organization have a fax-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 240 through 24d and complete Schedule IK. If No." go to line 25a. 24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Did the organization marks any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization marks any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization marks and any proceeds of fax exempt bonds any tax exempt bonds? 24d Did the organization marks and the process of fax exempt bonds of the organization shall be any three during the year to defease any tax exempt bonds? 25d Section 501(45), 501(46)4, and 501(c)(29) organizations. Did the organization shall give a temporary period exception? 25d Section 501(45), 501(46)4, and 501(c)(29) organizations of the organization give any tax exempts and that the transaction has not been reported on any of the organization spire Forms 900 or 900 EZ? If "Yes," complete Schedule L, Part I "Yes," com			22		Х
and former officers, directors, fundens, leys employees, and highest compensated employees? If "Yes," complete Schedule V, I "No." go to line 25a 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, II "No." go to line 25a 24b Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of fax exempt bonds beyond a temporary period exception? 24d Did the organization invest any proceeds of fax exempt bonds outstanding at any time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization and the analysis of the than a rehanding second at any time during the year? 24d Did the organization and the analysis of the december of the december of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported and prior former 90 or 900-902 // "yes," complete Schedule L, Part II" 25b Did the organization provide 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 former	23				
Schedule / La de dire 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization mises any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization maintain an escrive account other than a refunding secret any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization access tent at engaged in an excess benefit transaction with a disqualified person outring the year? If "Yes," complete Schedule L, Part I is 18b 18b organization aware that it engaged in an excess benefit transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 (If "Yes," complete Schedule L, Part II is 25b 18b 18b organization aware that it engaged in an excess benefit transaction in son of these reported on any of the organization sprior Forms 990 or 990-E27 (If "Yes," complete Schedule L, Part II is 25b 18b 18b 18b 18b 18b 18b 18b 18b 18b 18					1
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, fath was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to fine 25a. 24b 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 25b Ib 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 sprior forms 900 or 990 E27 If "Yes," complete Schedule L, Part I 25c Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forms officer, director, fustee, key employee, creation or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization provide a grant or other assistance to any current or forms officer, director, fustee, key employee, creation or forms officer, director, fustee, key employee, creation or forms officer, director, trustee, key employee, creation or founder, or substantial contributor? If "Yes," complete Schedule II, Part IV 25d Did the organization provide a grant or other assistance to any individual described in line 28a? If "Yes," complete Schedule II, Part IV 25d A 35% controlled entity of me		, · · ·	23	Х	
Schedule K. If "No." go to line 25a	24a				
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b is the organization ware 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	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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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 25 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 Z 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 indring home provides of any of threse persons? If "Yes," complete Schedule L, Part III III III III III III III III III I		, , ,	25a		<u> X</u>
Schedule L, Part I 250 X 10	b				1
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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 27		·	25b		<u> </u>
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26				1
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) ethereof or family member of any of these persons? if "ves," complete Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV, as A 53% controlled entity of one or more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X C A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV. 29b Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M. 29c Did the organization receive orntributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I. 30c Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. 31c Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35c Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 36c Section 501(c)(s) 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 IV. 37d Did the organization organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If					7.7
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? // "Yes," complete Schedule L, Part II. 27			26		
entity (including an employee thereof) or family member of any of these persons? #"Yes," complete Schedule L, Part IV. Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ## "Yes," complete Schedule L, Part IV 28b	27				1
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Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1	1		Yes	No
2a		er the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
		I for the calendar year ending with or within the year covered by this return	2a 9			
b		least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	Х	37
За				3a		X
		es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b		_
4a		iny time during the calendar year, did the organization have an interest in, or a signature or other a	•			3,7
		ncial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	<u>4a</u>		X
b		enter the name of the foreign country				
		instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		-		Х
5a			tion?	5a 5b		X
b		any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5c		-
		es the organization have annual gross receipts that are normally greater than \$100,000, and did the		30		
Va		contributions that were not tax deductible as charitable contributions?	-	6a		x
h	•	es," did the organization include with every solicitation an express statement that such contribution		- Oa		
		e not tax deductible?	•	6b		
7		anizations that may receive deductible contributions under section 170(c).		- OD		
a	_	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
				7b		
C		the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
		le Form 8282?	•	7c		Х
d		'es," indicate the number of Forms 8282 filed during the year	ı			
е		the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		Х
f	Did :	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the	e organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the	e organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	Spo	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	spor	nsoring organization have excess business holdings at any time during the year?		8		
9	Spo	onsoring 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		tion 501(c)(7) organizations. Enter:	1			
а		ation fees and capital contributions included on Part VIII, line 12	10a	4		
b		ss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11		tion 501(c)(12) organizations. Enter:	1			
		ss income from members or shareholders	11a	\dashv		
b		ss income from other sources. (Do not net amounts due or paid to other sources against	446			
120		ounts due or received from them.) tion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	12a		
		est," enter the amount of tax-exempt interest received or accrued during the year	12b	IZa		
13		tion 501(c)(29) qualified nonprofit health insurance issuers.	120	1		
		ne organization licensed to issue qualified health plans in more than one state?		13a		
-		e: See the instructions for additional information the organization must report on Schedule O.		100		
b		er the amount of reserves the organization is required to maintain by the states in which the				
		anization is licensed to issue qualified health plans	13b			
С		er the amount of reserves on hand	13c			
14a		the consideration was the consequence of the first of the content of the consequence of t		14a		Х
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15		ne organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
		ess parachute payment(s) during the year?		15		Х
		es," see the instructions and file Form 4720, Schedule N.				
16	ls th	ne organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Y	'es," complete Form 4720, Schedule O.				
17	Sec	tion 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities	1	Ī	1

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

800	Check if Schedule O contains a response or note to any line in this Part VI						X
Sec	tion A. Governing Body and Management						
		١.	I	7[Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		-4			
	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 on Schedule O.			ا ،			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			.	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			[3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	[4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?				6		X
7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap			· [
	more members of the governing body?				7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			•			
~	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			Ė			
		-	=	- 1	00	Х	
_				- 1	8a	X	
b				··	8b	-22	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		х
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Λ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)				
				ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,				
	· · · · · · · · · · · · · · · · · · ·				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?		11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe				
	on Schedule O how this was done			.	12c	X	
13	Did the organization have a written whistleblower policy?			[13	Х	
14	Did the organization have a written document retention and destruction policy?			[14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-					
а	The organization's CEO, Executive Director, or top management official			- [15a	Х	
	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			·			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•				
	exempt status with respect to such arrangements?			- 1	16b		
Sec	tion C. Disclosure				100		
17	List the states with which a copy of this Form 990 is required to be filed SC						
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	74 000	-T (section 501/s)	(3)~	only) :	availat	
18		เน ฮฮป	- 1 (SECTION 30 I(C)	(0)8	orny) a	avalidi	νe
	for public inspection. Indicate how you made these available. Check all that apply.	_					
	X Own website Another's website X Upon request Other (explain		,		c		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	οτ interest policy, a	and	tinanc	ial	
	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 boo	ks and	d records				
	PEG NICHOLS, DIRECTOR OF FINANCE - (843) 243-7371						
	1150 MOLLLY GREENE WAY BLDG 1605, NORTH CHARLESTON	ı, S	C 29405				

Form **990** (2023)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	sate			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per					is botl or/trus		compensation	compensation	amount of
	week (list any	-				П	Ĺ	from the	from related organizations	other compensation
	hours for	direct				Ļ		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Ind	lust	Officer	Key	E High	For			
(1) GEORGE C. GREENE, IV	5.00								000 115	00 011
VICE CHAIR	45.00	X		Х		├		0.	223,117.	22,811.
(2) THOMAS JOHNSTON	45.00	٠,		٦,				155 047		7 053
CEO	20.00	Х		Х		┝		155,947.	0.	7,853.
(3) GEORGE C. GREENE, III	30.00	٠,		٦,						•
EXECUTIVE CHAIRMAN (4) CHARLES B. YOUNG	17.50 8.00	X		Х		├		0.	0.	0.
SECRETARY	3.50	X		х				0.	0.	0.
(5) STEVE VANDERBOOM	8.00	^		^		<u> </u>		0.	0.	0.
TREASURER	0.00	X		Х				0.	0.	0.
(6) CHAPPY MCKAY	8.00	22				\vdash		•	•	0.
BOARD MEMBER	0.00	х						0.	0.	0.
(7) TOM DUONG	8.00	<u></u>				H				
BOARD MEMBER		х						0.	0.	0.
									-	
						_				
						_				
		-								
		-								
		-								
		1	\vdash		-	\vdash	-			
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		1				\vdash				
		1								
		<u> </u>	<u> </u>			<u> </u>	<u> </u>	<u> </u>	l	000

Form 990 (2023)

	990 (2023) GLOBAL WA	ATER CEN	ΙΤΕ	R						84-5	1449	26	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	Estin amou	F) nated unt of her
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	from organ and re	nsation n the ization elated zations
	Subtotal								155,947.	223,1	17.	30,	,664.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A			· · · · · · · ·			 	0. 155,947.	223,1	0. 17.		0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		Y	1 es No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> .	uch individual										3	Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4 2	K
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ıch <u>r</u>	oers	on .					5	X
1	Complete this table for your five highest counte organization. Report compensation for										pensatio	on from	
	(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	Co	(C) mpensa	ation
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nited	d to t	thos		ted	above) who received mo	ore than			
	The state of the s										F	orm 9 9	0 (2023)

Form 990 (2023) GLOBAL
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to anv lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
S S		Fundraising events 1c					
fts,		d Related organizations 1d					
ية إق							
ons,		ÿ \ , , , , , , , , , , , , , , , , , ,					
utic	1	All other contributions, gifts, grants, and	216 637				
ë			346,637. 480,313.				
o d				2,846,637.			
Oa		n Total. Add lines 1a-1f	Business Code	2,040,057.			
		CEDUTOEC	900099	252 442	252 442		
<u>ic</u> e		SERVICES	900099	253,442.	253,442.		
er Je		·					
n S	(·					
irar 3ev	(d					
Program Service Revenue		·					
Δ.		All other program service revenue		052 440			
_		Total. Add lines 2a-2f		253,442.			
	3	Investment income (including dividends, interes	st, and	450 005			450 005
		other similar amounts)		150,085.			150,085.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
	- 1	Less: rental expenses 6b					
	•	Rental income or (loss) 6c					
		Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	33,111.				
	- 1	Less: cost or other basis					
ne		and sales expenses 7b	90,540.				
/en	(Gain or (loss)7c	-57,429.				
Re		d Net gain or (loss)		-57,429.			-57,429.
her Revenue	8	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	-	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	1	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	-	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		, , , , , , , , , , , , , , , , , , , ,	Business Code				
snc	11 :	MISCELLANEOUS REVENUE	900099	3,559.			3,559.
ine Due	ı			·			-
Miscellaneous Revenue							
<u>is</u>	Ì	All other revenue					
Σ		e Total. Add lines 11a-11d		3,559.			
	12	Total revenue. See instructions		3,196,294.	253,442.	0.	96,215.

Form 990 (2023) GLOBAL WATER CENTER Part IX Statement of Functional Expenses

0001	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			plete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРСПОСО	general expenses	САРСПОСО
	and domestic governments. See Part IV, line 21	98,625.	98,625.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	23,745.	23,745.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	174,469.	157,022.	17,447.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 101 000	222 - 22	101 -0-	
7	Other salaries and wages	1,181,222.	960,504.	101,737.	118,981.
8	Pension plan accruals and contributions (include	50 000	40.010		
	section 401(k) and 403(b) employer contributions)	60,332.	49,242.	5,225.	5,865.
9	Other employee benefits	51,905.	42,748.	4,557.	4,600.
10	Payroll taxes	93,775.	77,267.	8,239.	8,269.
11	Fees for services (nonemployees):				
а	Management	26.640	01 567	4 621	450
b		26,648.	21,567.	4,631.	450.
С	Accounting	133,840.	10,833.	112,715.	10,292.
d	, , , , , , , , , , , , , , , , , , , ,	110 025			110 005
е	, F	110,925.			110,925.
f	Investment management fees				
g	,	007 070	792,460.	69,736.	24 074
40	column (A), amount, list line 11g expenses on Sch 0.)	887,070. 35,450.	17,851.	2,361.	24,874. 15,238.
12	Advertising and promotion	138,988.	99,296.	23,327.	16,365.
13	Office expenses	12,316.	9,198.	1,785.	1,333.
14	Information technology	12,510.	J, 1J0 •	1,703.	1,333.
15	Royalties	1,377.	826.	413.	138.
16 17	Occupancy	237,763.	205,663.	11,706.	20,394.
17 18	Payments of travel or entertainment expenses	231,1031	203,003.	11,700.	20,354.
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	31,026.	31,026.		
23	Insurance	25.	25.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	· · · · · / · · · · · /				
b					
c					
d					
e		9,469.	817.	8,347.	305.
25	Total functional expenses. Add lines 1 through 24e	3,308,970.	2,598,715.	372,226.	338,029.
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 (2023)
Part X | Balance Sheet

Part >	X	Balance Sheet						
		Check if Schedule O contains a response or r	note to a	ny line in this Part X				
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				111,969.	1	308,395
2		Savings and temporary cash investments				4,010,192.	2	3,812,575
3	3	Pledges and grants receivable, net			L		3	
4		Accounts receivable, net				7,458.	4	47,482
5		Loans and other receivables from any current						
		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%				
		controlled entity or family member of any of the	nese pers	sons	L		5	
6	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)	L		6	
<u>န</u> ည	7	Notes and loans receivable, net			L		7	
Assets	8	Inventories for sale or use			L		8	
₹ 9	9	Prepaid expenses and deferred charges		·····	L	18,573.	9	53,110
10	0a	Land, buildings, and equipment: cost or other	I					
		basis. Complete Part VI of Schedule D	10a		0.			
	b	Less: accumulated depreciation	10b		0.	121,566.	10c	0
11		Investments - publicly traded securities					11	
12		Investments - other securities. See Part IV, lin					12	
13		Investments - program-related. See Part IV, lir			13			
14		Intangible assets					14	
15	5	Other assets. See Part IV, line 11			L		15	
16		Total assets. Add lines 1 through 15 (must e				4,269,758.	16	4,221,562
17		Accounts payable and accrued expenses		178,672.	17	243,152		
18		Grants payable			18			
19		Deferred revenue					19	
20		Tax-exempt bond liabilities					20	
21		Escrow or custodial account liability. Complet					21	
ပ္မွာ 22		Loans and other payables to any current or fo						
≣		trustee, key employee, creator or founder, sul						
Liabilities		controlled entity or family member of any of the			·····		22	
23		Secured mortgages and notes payable to unr					23	
24		Unsecured notes and loans payable to unrela			·····		24	
25	5	Other liabilities (including federal income tax,	. ,					
		parties, and other liabilities not included on lin					.	
	_	of Schedule D			├	178,672.	25	243,152
26	6	Total liabilities. Add lines 17 through 25				170,072.	26	243,132
g		Organizations that follow FASB ASC 958, c and complete lines 27, 28, 32, and 33.	neck ne	e <u>A</u>				
ဗ္ဗ မ္ဗ 27	7	Net assets without donor restrictions				3,963,964.	27	3,232,796
8 28 28		Net assets with donor restrictions				127,122.	28	745,614
<u> </u>	0	Organizations that do not follow FASB ASC			·····	127,122.	20	745,014
돌		and complete lines 29 through 33.	, 936, CII	eck fiele				
등 29	۵	Capital stock or trust principal, or current fund	de				29	
ည္က 28 ၁၄ ၁၄		Paid-in or capital surplus, or land, building, or					30	
SS 31		Retained earnings, endowment, accumulated					31	
Net Assets or Fund Balances		Total net assets or fund balances				4,091,086.	32	3,978,410
Ž 32		Total liabilities and net assets/fund balances				4,269,758.	33	4,221,562
1 30		Total nabilities and het assets/fullu baldilles				1,200,100	55	Form 990 (20)

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,19		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,30		
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	2,6	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,09	1,0	86.
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,97	8,4	10.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Open to Public Inspection

GLOBAL WATER CENTER 84-5144926 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

Calendar year (or fiscal year beginning in) 7 Amounts from line 4 993,305. 9494426. 4023737. 2990637. 2846637. 20348742. 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 business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage from 2022 Schedule A, Part II, line 14 93 1/3% support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI who whe organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization did not check abox on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Pr	Sec	Section A. Public Support								
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dividends, payments received on securities loans, rents, royalties, and income from similar sources	7	Amounts from line 4	993,305.	9494426.	4023737.	2990637.	2846637.	20348742.		
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Schedule A (Form 990) 2023	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar				

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(0) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23 Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- Ou		
Ol-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

332024 12-21-23 Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	ion I	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	-	nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4		
•		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sect		rvised, or controlled the supporting organization. C. Type II Supporting Organizations			
				Yes	No
1	Moro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•		istees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		,			
		anagement of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	ion l	upported organization(s). D. All Type III Supporting Organizations	'		
		,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
-		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion I	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	Ш	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did s	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	OL		
2		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
h		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. he organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
b		supported organizations? If IIVo II describe in Part VI the vale placed by the experiencies in this report	3h		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion 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		
Sect	ion 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

e Excess from 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II, SHORT YEAR EXPLANATION:
THE INITIAL TAX YEAR WAS A SHORT YEAR RUNNING FROM MARCH 10, 2020 TO
SEPTEMBER 30, 2020.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

GLOBAL WATER CENTER

Employer identification number 84-5144926

organization answered "Yes" on Form 990, Part IV, line 6.			
	(b) Funds and other accounts		
	and other accounts		
1 Total number at end of year			
2 Aggregate value of contributions to (during year)			
3 Aggregate value of grants from (during year)			
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds			
are the organization's property, subject to the organization's exclusive legal control?	Yes No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140		
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring			
impermissible private benefit?	Yes No		
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.			
1 Purpose(s) of conservation easements held by the organization (check all that apply).			
Preservation of land for public use (for example, recreation or education) Preservation of a historically imp	portant land area		
Protection of natural habitat Preservation of a certified histori	ric structure		
Preservation of open space			
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation			
day of the tax year.	eld at the End of the Tax Year		
a 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 on line 2a 2c			
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not			
on a historic structure listed in the National Register			
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax		
year			
Number of states where property subject to conservation easement is located			
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No		
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—		
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year		
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)			
and section 170(h)(4)(B)(ii)?	Yes No		
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and			
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe	es the		
organization's accounting for conservation easements.			
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet			
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic		
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,		
provide the following amounts relating to these items.			
(i) Revenue included on Form 990, Part VIII, line 1			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide			
the following amounts required to be reported under FASB ASC 958 relating to these items:			
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 			
	chedule D (Form 990) 2023		

Par	t III	Organizations Maintaining Co	llections of Ar	t, Hist	orical Tre	easures, or	r Other	Simila	r Assets	(conti	nued)	
3	Using	the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	: make sig	nificant	use of its	•	Í	
	collec	tion items (check all that apply).										
а		Public exhibition	C	t	Loan or exc	hange progra	am					
b		Scholarly research	•									
С		Preservation for future generations										
4	Provi	de a description of the organization's coll	ections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.		
5		g the year, did the organization solicit or	•		•	-						
		sold to raise funds rather than to be mair		-		•				Yes		No
Par	t IV	Escrow and Custodial Arrange								ne 9, or		
		reported an amount on Form 990, Part										
1a	Is the	organization an agent, trustee, custodiar	n, or other interme	diary for	contribution	ns or other as	sets not i	ncluded				
	on Fo	rm 990, Part X?								Yes		No
b		s," explain the arrangement in Part XIII ar										
			·	ū						Amoun	t	
С	Begin	ning balance						1c				
d		ons during the year										
е		outions during the year										
f		g balance						1f				
2a		e organization include an amount on For						v?		Yes		No
		s," explain the arrangement in Part XIII. C										
	τV	Endowment Funds Complete if the										
			(a) Current year	1	Prior year	(c) Two year			years back	(e) Fou	r years	back
1a	Begin	ning of year balance										
b		ibutions										
С		vestment earnings, gains, and losses										
d		s or scholarships										
е		expenditures for facilities										
		rograms										
f		nistrative expenses										
g		f year balance										
2		de the estimated percentage of the curre	nt vear end balanc	e (line 1	a. column (a)) held as:						
а		I designated or quasi-endowment	•	%	, (,,						
b		anent endowment	%									
С		endowment %										
		ercentages on lines 2a, 2b, and 2c shoul	d equal 100%.									
За	•	nere endowment funds not in the possess	•	ation tha	t are held a	nd administer	ed for the)				
		ization by:	-								Yes	No
	-	nrelated organizations?								3a(i)		
		elated organizations?								3a(ii)		
b	If "Ye	s" on line 3a(ii), are the related organizati	ons listed as requir	red on S	chedule R?							
4		ibe in Part XIII the intended uses of the o										
Par	t VI	Land, Buildings, and Equipme										
		Complete if the organization answered	"Yes" on Form 990), Part I\	/, line 11a. S	See Form 990	, Part X, li	ine 10.				
		Description of property	(a) Cost or o			t or other (other)	٠,	cumulatoreciation		(d) Boo	k valu	е
	Land		· · ·	,		` '						
b		ngs										
C		hold improvements										
d		ment	I									
		ment	I									
		ines 1a through 1e. (Column (d) must equ		X line 1	Oc column	(R))						0.
	,		uuri Uiiii 330. Fäll	7. III E I	oo. colullill	ועו						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GLOBAL WATE	R CENTER	84	-5144926 Page 3
Part VII Investments - Other Securities	F 000 D+ IV I'	44h 0 - Franc 000 Bad V Fra 40	
Complete if the organization answered "Yes"			d of year market yelve
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	3-01-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
	on Form 000 Port IV line	11a Can Form 000 Part V line 12	
Complete if the organization answered "Yes" (a) Description of investment			l =6==
	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
<u>(1)</u>			
(2)			
(3)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 900 Part IV line	11d Soc Form 990 Part V line 15	
	Description	Tru. Gee Form 930, Fart X, line 13.	(b) Book value
- 	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(9)	/_ (D)\		
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	<u>і. (Б)) </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			(D) Doon raids
(2)			
(3)			
(5) (6)			
(7)			
(8)			
(~)			ı

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

Schedule D (Form 990) 2023

(9)

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

	t VI Decemble the of December was the defined and Obet	ana anda Willa Davissa	0 1 0	TITIZU Page
Par	Reconciliation of Revenue per Audited Financial Stat		e per Keturn	
_	Complete if the organization answered "Yes" on Form 990, Part IV, lin		1	3,196,294.
1				3,130,434.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities			
	Recoveries of prior year grants			
d				
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			3,196,294.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,196,294.
Par	rt XII Reconciliation of Expenses per Audited Financial Sta		ses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1			1	3,308,970.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
b	Prior year adjustments	l l		
С	Other losses			
d	, , , , , , , , , , , , , , , , , , , ,	•	_	0
_	Add lines 2a through 2d			3,308,970.
3	Subtract line 2e from line 1		3	3,300,970.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4-1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
D	Other (Describe in Part XIII.)	1 4D 1		
			10	0
С	Add lines 4a and 4b	112		3 308 970.
с 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	112		0. 3,308,970.
c 5 Par	Add lines 4a and 4b	.)	5	3,308,970.
c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information	; Part IV, lines 1b and 2b; F	5	3,308,970.
c 5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	5	3,308,970.
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b and 2b; F	5	3,308,970.
c 5 Par Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	; Part IV, lines 1b and 2b; F	5	3,308,970.
par Par Proviines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2:	; Part IV, lines 1b and 2b; F y additional information.	Part V, line 4; Part X	3,308,970.
par Par Proviines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	; Part IV, lines 1b and 2b; F y additional information.	Part V, line 4; Part X	3,308,970.
Par Proviines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS	; Part IV, lines 1b and 2b; Fy additional information.	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
Par Proviines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2:	; Part IV, lines 1b and 2b; Fy additional information.	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS
par Par Provi ines	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an RT X, LINE 2: NAGEMENT HAS REVIEWED THE TAX POSITIONS INCLUDED THAT THERE ARE NO SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFICANT UNITED TO SIGNIFICANT UNITED SIGNIFIC	; Part IV, lines 1b and 2b; Fy additional information. FOR EACH OPEN	Part V, line 4; Part X	3,308,970. , line 2; Part XI, AND HAS

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

GLOBAL WATER CENTER 84-5144926

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING WAGES, TRAVEL COSTS, ICELAND & GREENLAND) GRANTS TO RECIPIENT IN SAFE WATER SYSTEMS REGION, EMPLOYEE IN REGION, - ALBANIA, ANDORRA, TRAINING DEVELOPMENT AND AUSTRIA, BELGIUM 0 PROGRAM SERVICES DELIVERY, TECHNICAL 429,055. NORTH AMERICA -WAGES, TRAVEL COSTS, CANADA AND MEXICO. SAFE WATER SYSTEMS BUT NOT THE UNITED EMPLOYEES IN REGION TRAINING DEVELOPMENT AND STATES 0 8 PROGRAM SERVICES DELIVERY, TECHNICAL 305,831. WAGES, TRAVEL COSTS, SAFE WATER SYSTEMS EMPLOYEES IN REGION, TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL 0 PROGRAM SERVICES 232,473. SUB-SAHARAN AFRICA 12 WAGES, TRAVEL COSTS, SAFE WATER SYSTEMS GRANTS TO RECIPIENT IN TRAINING DEVELOPMENT AND REGION, PROGRAM SERVICES DELIVERY, TECHNICAL SOUTH ASIA 0 0 159,476. WAGES, TRAVEL COSTS, SAFE WATER SYSTEMS CENTRAL AMERICA AND TRAINING DEVELOPMENT AND THE CARIBBEAN 0 1 PROGRAM SERVICES DELIVERY, TECHNICAL 4,116. WAGES, TRAVEL COSTS, SAFE WATER SYSTEMS TRAINING DEVELOPMENT AND EAST ASTA AND THE PACIFIC 0 0 PROGRAM SERVICES DELIVERY, TECHNICAL 12,328. 0 28 1,143,279. 3 a Subtotal

For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS

0

0

Schedule F (Form 990) 2023

1,143,279.

and 3b)

b Total from continuation

sheets to Part I c Totals (add lines 3a

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			RURAL WATER SUPPLY					
			NETWORK/SKAT					
			FOUNDATION'S					
		ALBANIA, ANDORRA,	MENTORING PROGRAM,	21,145.		0.		
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the f	oreign country,	recognized as a tax			
exempt 501(c)(3) orga	nization by the IRS,	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	iivalency letter			1

3 Enter total number of other organizations or entities

			tes. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Type of grant or assistance	(b) Region		(d) 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)
	Part III can be duplicated if a	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed.	Part III can be duplicated if additional space is needed. Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash	Type of grant or assistance (b) Region (c) Number of recipients cash grant (d) Amount of cash disbursement (f) Amount of noncash assistance

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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

PART I, LINE 3, COLUMN (E):

(A) REGION:

EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIU

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, SAFE

WATER SYSTEMS TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL ASSISTANCE,

OTHER COSTS

REGION: NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, SAFE

WATER SYSTEMS TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL ASSISTANCE,

OTHER COSTS

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, SAFE

WATER SYSTEMS TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL ASSISTANCE,

OTHER COSTS

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, SAFE

WATER SYSTEMS TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL ASSISTANCE,

OTHER COSTS

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: WAGES, TRAVEL COSTS, SAFE

WATER SYSTEMS TRAINING DEVELOPMENT AND DELIVERY, TECHNICAL ASSISTANCE,

OTHER COSTS

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization	MARIED CENTED						ntification number
	WATER CENTER	al IIX	'a a II a u	- Farmer 000 David IV I		84-5144 5	
required to complete this par	 Complete if the organization answert. 	erea "Y	es" or	1 Form 990, Part IV, I	ine 17.	Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations X In-person solicitations	sed funds through any of the following of the following with a Solicitate of the following of the following with a Solicitate or oral agreement with any individual or entity in connection with providuals or entities (fundraisers) pursuant	ation of ation of I fundra I (includ	non-g gover aising of ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	to (or	mount paid retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
PHILANTHROPE REIMAGINED - 705		Yes	No				
HIBBENS GRANT BLVD, MT	FUNDRAISING CONSULTANT		Х	0.		110,925.	-110,925.
					:4::	110,925.	-110,925.
3 List all states in which the organization or licensing.	on is registered or licerised to solicit	CONTIND	ulions	or has been notined	it is ex	kempi irom re(gistration
		•					

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

Pa	rt I					
		of fundraising event contributions and gro				is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Se	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	3				
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		 990, Part IV, line 19, or ı		<u>I</u>
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No
b	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 GLOBAL WATER CENTER 8	4-514	4926	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13	22	%
	o An outside facility		Bb B	//
			ן טפ	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
		_	_	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Yes	L No
k	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	nt		
	of gaming revenue retained by the third party \$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
16	Gaming manager information.			
	Mana			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne		
	organization's own exempt activities during the tax year \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III.	lines 9.	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	,	, , , ,
	·····, ···, ····, ··· ··-, ··· ··-, ··· ··-, ··· ··			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS	ERS:		
	nebole of that I, bline by blot of the intended this forbidity			
(I) NAME OF FUNDRAISER: PHILANTHROPE REIMAGINED			
7 +	/ NAME OF FONDRAIDER: FIFTHANTINOTE REIMAGINED			
/ т	ADDDECC OF FINDDATCED. 705 HIDDENC CDANM DIVD. MM DIFACANM	g C	204	61
<u>(I</u>) ADDRESS OF FUNDRAISER: 705 HIBBENS GRANT BLVD, MT PLEASANT	<u>, sc</u>	294	04

Schedule G	G (Form 990)	GLOBAL WATER	CENTER	84-5144926	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)			
		(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		_					Employer identification number
	TER CENTE	R					84-5144926
1 Does the organization maintain records							on Yes X No
criteria used to award the grants or assis 2 Describe in Part IV the organization's pro							Tes A No
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received more than					amzation anoworda i	00 0111 01111 000, 1 411	17, 1110 21, 101 4119
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MILLENIUM WATER ALLIANCE 1101 CONNECTICUT AVE NW STE 450 WASHINGTON, DC 20036	75-3098460	501(C)(3)	6,000.	0.			FOR ANNUAL MEMBERSHIP
SAFE WATER NETWORK 122 EAST 42ND ST, STE 2800 NEW YORK, NY 10168	51-0570455	501(C)(3)	92,600.	0.			SUPPORT TO GHANA COMMUNITY WATER & SANITATION CURRICULUM AND TRAININGS
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization	-		le line 1 table		<u> </u>	1	2.

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

Schedule I (Form 990) 2023

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information	required in Part L lin	e 2: Part III. columi	(b): and any other ad	ditional information	
		<u> </u>	· (2), a.i.a a.i.y a.i.a.		

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

GLOBAL WATER CENTER

 $Employer\ identification\ number \\ 84-5144926$

D	art I Questions Regarding Compensation	177		
Г	art Questions negarding Compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	NO
Ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for companions Payments for business use of personal residence Health or social allub dues or initiation fees			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees Dispersional continuous (such as poid, shouffour, short)			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	, , , , , , , , , , , , , , , , , , , ,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3				
_	contingent on the revenues of:	Ea		Х
a	The organization?	5a		X
a	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	ů	0-		Х
a	The organization?	6a		
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			7.7
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GEORGE C. GREENE, IV	(i)	0.	0.	0.	0.	0.	0.	0.
VICE CHAIR	(ii)	216,200.	0.	6,917.	6,917.	15,894.		0.
(2) THOMAS JOHNSTON	(i)	155,947.	0.	0.	7,800.	53.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							<u> </u>
	(i)							
	(ii)							
	(i)							
	(ii)							
	(11)						I	

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

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Nam	e of the organization								Em	ploye	r ident	ificati	on nu	mber
				TER CENT							449	26		
Pa	rt I Excess Bene	efit Trans	actio	ons (section 50	01(c)(3), secti	on 501(c)(4), and se	ction 501(c)(29) orga	anizatio	ons on	ıly)			
	Complete if the	organization	answ	vered "Yes" on I	orm 9	90, Pa	rt IV, line 25a or 25b	; or Form 990-EZ, P	art V, I	ine 40	b.			
1	(a) Name of disqualified p	ooroon	(b) F	Relationship bety			ified	a) Description of tra	acastic	n		(d) Corrected		
	(a) Name of disqualified p	Derson		person and or	ganiza	ation	(1	c) Description of trai	isactic) i i		Y	es	No
(1)														
(2)												\bot		
(3)												\bot		
(4)												\bot		
(5)												\bot		
(6)														
2	Enter the amount of tax	incurred by t	the or	rganization man	agers	or disq	ualified persons dur	ing the year under						
	section 4958									\$				
3	Enter the amount of tax,													
Pa	rt II Loans to and	d/or From	Inte	erested Pers	sons									
	Complete if the	organization	answ	vered "Yes" on I	Form 9	990-EZ,	Part V, line 38a, or	Form 990, Part IV, li	ne 26;	or if th	ne orga	anizati [,]	on	
	reported an amo	ount on Form	990		 			_			In . A			
	(a) Name of	ship	(c) Purpose		an to or	(e) Original	(f) Balance due) In	(h) Ap	proved ard or	(1) 1	/ritten	
	interested person	with organiz	ation	of loan	organization?		principal amount		default?		comn	committee? agre		ment?
					То	From			Yes	No	Yes	No	Yes	No
(1)														
(2)												<u> </u>		
(3)												<u> </u>		
(4)												<u> </u>		
(5)												<u> </u>		
(6)												<u> </u>		
(7)												<u> </u>		
(8)												<u> </u>		
(9)														
(10)														
Tota	<u>I</u>						\$							
Pa	rt III Grants or As	ssistance	Ben	efiting Inter	este	d Per	sons							
	Complete if the	organization	answ	vered "Yes" on I	orm 9	990, Pa	rt IV, line 27.							
	(a) Name of interested	person	((b) Relationship	betwe	en	(c) Amount of	(d) Type				e) Purp		f
				interested pers		d	assistance	assistar	nce			assista	ance	
				the organiza	ation									
(1)														
(2)														
(3)														

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

Schedule L (Form 990) 2023

(4) (5) (6) (7) (8) (9)

	WAIBN CENTER		04 2144	<u> </u>	Page Z
Part IV Business Transactions Involv	<u> </u>				
Complete if the organization answered (a) Name of interested person	(b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiza	ation's
				Yes	No
(1)ASSETAS	COMPANY IN WHICH A	123,858	SOFTWARE CO		Х
(2)					
_(3)					
(4)					
(5) (6)			1		
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information	annos to guartiana an Cabadula I. Ca	a inaturations			
Provide additional information for response	orises to questions on Schedule L. Se	e instructions.			
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: ASSETA	.S				
(B) RELATIONSHIP BETWEEN I	NUMBRECHED DEBCON AN	יוו טטטאודקאייי	TON.		
(B) REDATIONSHIP BETWEEN I	NIEKESIED FERSON AL	D ONGANIZAI.	ION.		
COMPANY IN WHICH A BOARD M	EMBER IS THE SOFTWA	RE PRODUCT I	MANAGER		
(D) DESCRIPTION OF TRANSAC	TION: SOFTWARE CONS	SULTING AND	LICENSING		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

	GLOBAL WATER	CENTE	R		84-53	L44926	.
Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	6	480,313.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax year for c	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
			J			Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period?					30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribut	ions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			
			•			32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GLOBAL WATER CENTER

Employer identification number 84-5144926

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ERADICATE THE GLOBAL WATER CRISIS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

VISION FOR AN ORGANIZATION THAT COULD SOLVE THE PROBLEM FASTER. IN

2020, WATER MISSION TURNED THAT VISION INTO REALITY BY FOUNDING GLOBAL

WATER CENTER (GWC).

AT GWC, WE BELIEVE EVERYONE DESERVES ACCESS TO SAFELY MANAGED WATER.

WITHOUT SUSTAINABLE WATER SYSTEMS, THIS GOAL REMAINS OUT OF REACH. THAT

IS WHY GWC FOCUSES ON CAPACITY DEVELOPMENT, TECHNICAL ASSISTANCE, AND

COLLABORATION, EQUIPPING LEADERS TO CREATE SUSTAINABLE SOLUTIONS AT THE

SCALE NEEDED TO END THE GLOBAL WATER CRISIS. AS THE GO-TO RESOURCE FOR

THE RURAL WATER SECTOR, WE HAVE EQUIPPED LEADERS IN OVER 130 COUNTRIES.

TOGETHER, WE ARE SOLVING THE GLOBAL WATER CRISIS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THE COLLECTIVE ACTION DIVISION BUILDS COLLABORATIONS WITH GOVERNMENT,

CORPORATE, AND NON-GOVERNMENTAL ORGANIZATION (NGO) PARTNERS. OUR

COLLABORATORS INCLUDE GOVERNMENT WATER AGENCIES IN GHANA, TANZANIA,

ZANZIBAR, AND INDIA, CORPORATIONS SUCH AS THE COCA-COLA FOUNDATION AND

THE GRUNDFOS FOUNDATION, NGO PARTNERS LIKE UNICEF, CHARITY: WATER AND

WATER MISSION. BRINGING THESE ENTITIES TOGETHER LEADS TO MORE EFFICIENT

AND EFFECTIVE SOLUTIONS. THE COLLABORATION FOSTERED IN THIS DIVISION

ALSO ALLOWS GWC TO IDENTIFY AND DEVELOP STRATEGIC PROJECTS AND STAY ON

TOP OF SECTOR TRENDS AND NEEDS.

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

Schedule O (Form 990) 2023

Name of the organization **Employer identification number** GLOBAL WATER CENTER 84-5144926 LEARNING SERVICES: THE GLAAS REPORT BY UN WATER FOUND THAT IT WOULD TAKE OVER 750,000 MORE SKILLED WATER PROFESSIONALS TO SOLVE THE GLOBAL WATER CRISIS. HOWEVER, FEW ORGANIZATIONS CREATE PATHWAYS INTO THIS PROFESSION. GWC WORKS ON BOTH BRINGING NEW PEOPLE INTO THE WATER SECTOR AND DEVELOPING THE CAPACITY OF EXISTING WATER PROFESSIONALS THROUGH RESULTS-ORIENTED TRAINING THAT ADHERES TO INTERNATIONAL STANDARDS. SOON, OUR COMPREHENSIVE LIBRARY WILL COVER EVERYTHING A WATER TECHNICIAN NEEDS TO DESIGN, INSTALL, OPERATE, AND MAINTAIN SUSTAINABLE WATER SYSTEMS FROM SOURCE TO TAP. OUR LEARNING SERVICES DIVISION PROVIDES: 1. COURSES: OUR ONLINE, IN-PERSON, AND HYBRID COURSES ADDRESS CAPACITY GAPS IN THE WATER SECTOR BY EQUIPPING PROFESSIONALS WITH PRACTICAL KNOWLEDGE AND SKILLS. THE ONLINE COURSES ARE IN HIGH DEMAND, OFTEN RECEIVING UP TO 7 TIMES MORE APPLICANTS THAN AVAILABLE SEATS. WE ALSO PROVIDED HYBRID COURSES IN SOLAR POWERED WATER SYSTEMS (SPWS) TO THE GOVERNMENT OF KARNATAKA, INDIA. THIS PROGRAM TRAINED 18 MASTER TRAINERS, WHO THEN TRAINED OVER 400 ENGINEERS. IT ALSO INCLUDED CREATING A SPWS DEMONSTRATION SITE FOR HANDS-ON LEARNING. 2. WATER OPERATOR TRAINING: THIS TRAINING IS OFFERED AS A MULTI-YEAR CURRICULUM WITH VOCATIONAL INSTITUTIONS OR AS SHORT-TERM TRAINING FOR NGO AND CORPORATE PARTNERS. IN GHANA, GWC COLLABORATED WITH 12 PARTNERS TO DEVELOP AND IMPLEMENT A GOVERNMENT-ACCREDITED, THREE-YEAR WATER OPERATOR TRAINING PROGRAM AS PART OF THE COUNTRY'S TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) SYSTEM. THIS PROGRAM CREATES CLEAR CAREER PATHWAYS INTO THE WATER SECTOR, ADDRESSING BOTH SKILLS SHORTAGES AND YOUTH UNEMPLOYMENT.

WE PLAN TO ROLL OUT SIMILAR PROGRAMS IN TVET SYSTEMS ACROSS AFRICA.

Name of the organization Employer identification number

3. MENTORING AND TECHNICAL SUPPORT:

GLOBAL WATER CENTER

WE PROVIDE AUTOMATED AND PERSONALIZED MENTORING AND TECHNICAL SUPPORT

TO HELP PROFESSIONALS APPLY WHAT THEY LEARNED. UTILIZING OUR AI-POWERED

TOOLS, SUCH AS A MULTILINGUAL WHATSAPP ASSISTANT AND WEBSITE CHATBOT,

WE CHECK IN REGULARLY WITH OUR COURSE ALUMNI TO ENSURE THEY HAVE THE

RESOURCES TO SUCCEED. IN ADDITION, WE PARTNER WITH THE RURAL WATER

SUPPLY NETWORK TO PAIR WATER PROFESSIONALS WITH EXPERIENCED MENTORS TO

SUPPORT THEIR CAREER GROWTH AND SKILL DEVELOPMENT.

TECHNICAL SERVICES: WITHOUT RELIABLE TOOLS TO MONITOR AND MANAGE WATER

SYSTEMS, IT IS IMPOSSIBLE TO IDENTIFY FAILURES AND ADDRESS THEM

PROACTIVELY. TO TACKLE THIS ISSUE, OUR TECHNICAL SERVICES DIVISION

CREATED SUREFLOW ANALYTICS, AN INNOVATIVE MONITORING AND DATA

MANAGEMENT PLATFORM THAT TRANSFORMS DATA FROM REMOTE MONITORING

DEVICES, TECHNICIANS' REPORTS, AND STANDARD MAINTENANCE SCHEDULES INTO

AUTOMATED, ACTIONABLE REPORTS. DURING A PILOT PROJECT WITH TWO

ORGANIZATIONS AND 1200 WATER POINTS, INITIAL USERS WERE ABLE TO

SIGNIFICANTLY DECREASE TIME SPENT ON DATA MANAGEMENT AND REPORTING AND

REDUCE OR ELIMINATE OVERDUE MAINTENANCE VISITS, WHILE SIMULTANEOUSLY

INCREASING THE TOTAL WATER POINTS BEING OPERATED. THESE IMPROVEMENTS

PROVIDED CRITICAL INSIGHTS AND EFFICIENCIES THAT WERE PREVIOUSLY OUT OF

REACH.

THIS DIVISION ALSO PROVIDES TECHNICAL ASSISTANCE BY OFFERING CONSULTING

SERVICES FOR EVALUATIONS, STRATEGY, DATA MANAGEMENT, AND CARBON CREDITS

TO SUPPORT SAFE WATER DELIVERY. THIS INCLUDES LAUNCHING OUR INNOVATIVE

CARBON CREDIT PROGRAMS, CARBON 4 SAFE WATER (C4SW) AND UNITED CARBON 4

SAFE WATER (UC4SW). THESE PLATFORMS HELP NONPROFITS NAVIGATE CARBON

CREDIT STANDARDS, METHODOLOGIES, AND CERTIFICATION PROCESSES, ENABLING

Schedule O (Form 990) 2023

84-5144926

Name of the organization GLOBAL WATER CENTER

Employer identification number 84-5144926

THEM TO GENERATE AND SELL CARBON CREDITS ON THE VOLUNTARY MARKET. THE

REVENUE FROM THESE CREDITS CAN FINANCE THE ONGOING MAINTENANCE OF SAFE

WATER SYSTEMS. FURTHERMORE, UC4SW AND C4SW OFFER END-TO-END ADVISORY

SUPPORT, ASSESSING PROJECT READINESS, GUIDING DEVELOPERS THROUGH THE

CARBON JOURNEY, AND ENSURING SUCCESSFUL MONETIZATION OF CREDITS.

FORM 990, PART VI, SECTION A, LINE 2:

GEORGE C. GREENE III, EXECUTIVE CHAIRMAN AND GEORGE C. GREENE IV, BOARD
MEMBER - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM AND REVIEWED IN DETAIL

BY THE TOP FINANCIAL OFFICIALS AND TOP MANAGEMENT OFFICIALS OF THE

ORGANIZATION. THE REVIEWED FORM 990 IS THEN FORWARDED TO THE ORGANIZATION'S

AUDIT COMMITTEE AND FORWARDED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS SIGN CONFLICT OF INTEREST STATEMENT AT THE END OF EACH FISCAL YEAR

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION FOR THE CEO/PRESIDENT IS SET BY A COMMITTEE THAT EXCLUDES

ALL PEOPLE WITH WHOM THE PRESIDENT HAS FAMILY OR BUSINESS RELATIONSHIPS.

THE COMMITTEE USES BENCHMARK DATA FROM OTHER NON-PROFITS AND LOCAL

FOR-PROFIT COMPANIES. THE APPROVED COMPENSATION PACKAGE IS DOCUMENTED VIA

PERSONNEL RECORDS AND THE ANNUAL BUDGETING PROCESS. THE PRESIDENT SETS

OFFICER COMPENSATION BY USING COMPARATIVE DATA FROM OTHER NOT-FOR-PROFIT

ORGANIZATIONS. THIS IS DOCUMENTED VIA PERSONNEL RECORDS AND THE ANNUAL

Name of the organization GLOBAL WATER CENTER	Employer identification number 84-5144926
BUDGETING PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION PROVIDES GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING:	
PROGRAM SERVICE EXPENSES	792,460.
MANAGEMENT AND GENERAL EXPENSES	69,736.
FUNDRAISING EXPENSES	24,874.
TOTAL EXPENSES	887,070.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	887,070.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

GLOBAL WATER C	GLOBAL WATER CENTER											
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 30	3.									
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year	assets	eets Direct co		9				
CARBON 4 SAFE WATER, LLC - 93-4800293	CARBON CREDIT ADVISORY											
838 WALKER RD, STE 21-2	ACTIVITIES OF GLOBAL WATER											
DOVER, DE 19904	CENTER	DELAWARE	68	,335.	100.							
UNITED CARBON 4 SAFE WATER, LLC - 99-0918704	CARBON CREDIT ADVISORY											
838 WALKER RD, STE 21-2	ACTIVITIES OF GLOBAL WATER											
DOVER, DE 19904	CENTER	DELAWARE										
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	answered "Yes" on Form 990), Part IV, line 34, t	ecause it had one	or more	related tax-exer	npt					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f) et controlling entity	1	g) 512(b)(13) rolled ity?				
WATER MISSIONS INTERNATIONAL - 57-1116978	PROVIDING CLEAN WATER TO											
1150 MOLLY GREENE WAY, BLDG 1605	PEOPLE IN DEVELOPING											
NORTH CHARLESTON, SC 29405	COUNTRIES	SOUTH CAROLINA	501(C)(3)	LINE 7				Х				
	_											

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

Schedule R (Form 990) 2023

Part III	Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related
	organizations treated as a partitioning during the tax year.	

(a)	(b) (c)		(d)	(e)	(f) (g)		(H	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	amount in box	General managii partner	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
]										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	Section 512(b)(13) controlled entity?	
		,						Yes	No	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c	Х				
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
	Sale of assets to related organization(s)				1g		X			
	Purchase of assets from related organization(s)				1h		X			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		<u>X</u>			
							X			
k Lease of facilities, equipment, or other assets from related organization(s)										
ı	Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
							X			
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses										
r	Other transfer of cash or property to related organization(s)				1r		<u>X</u>			
s	Other transfer of cash or property from related organization(s)				1s		<u>X</u>			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved					
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
332163	3 09-28-23	55		Schedule	R (For	n 990)	2023			

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.

(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)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
	_								000) 0000