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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

A	For th	e 2022 calendar year, or tax year beginning $OCT$ 1, $2022$ and el	nding S	EP 30, 2023				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
	Addre	GLOBAL WATER CENTER		-				
	Name	Doing business as		84-51449	26			
	Initial return		Room/suite	E Telephone numbe	r			
	Final return	1150 MOLLY GREENE WAY BLDG 1605		(843) 769-7395				
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,626,3	28.		
	Amen return Applic	NORTH CHARLESTON, SC 29405		H(a) Is this a group re	· ·	_		
	tion	F Name and address of principal officer: GEORGE GREENE 111		for subordinates		No		
_		SAME AS C ABOVE		H(b) Are all subordinates in		No		
		empt status: $X$ 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527		list. See instructions	S		
	Websi		Т	H(c) Group exemptio				
	art I	organization: X Corporation Trust Association Other  Summary	L Year	of formation: 2020 N	Λ State of legal domici	le: SC		
4.5		Briefly describe the organization's mission or most significant activities: TO BU	TLD C	APACTTY THRO	MIGH			
ď	3 '	COLLABORATION, TRAINING, EQUIPPING, AND SU						
Activities & Governance	2	Check this box X if the organization discontinued its operations or dispose						
Ver	3			3		6		
ç	4	Number of independent voting members of the governing body (Part VI, line 1b)				6		
ď.	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)				0		
itie	6	Total number of volunteers (estimate if necessary)				15		
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a		0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11				0.		
		EUCKSK TEEN DE NEEDE EE		Prior Year	Current Year	Y		
Revenue	, 8	Contributions and grants (Part VIII, line 1h)		4,023,737.	2,990,6	37.		
	9	Program service revenue (Part VIII, line 2g)		54,179.	27,4			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,400.	-2,485,3	47.		
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,079,316.	532,6			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		98,562.	32,6	94.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
V.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,247,710.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		230,022.	67,5	00.		
XD	b	Total fundraising expenses (Part IX, column (D), line 25) 327,548		0 000 001				
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,078,081.	1,575,6			
	50.50	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,654,375.	2,756,3			
		Revenue less expenses. Subtract line 18 from line 12		424,941.	-2,223,6	78.		
Net Assets or		T. 1 1- (D. 1) V. I' 10)	Re(	ginning of Current Year	End of Year	FO		
SSE	20	Total assets (Part X, line 16)		6,444,509. 129,750.	4,269,7			
let /	21	Total liabilities (Part X, line 26)		6,314,759.	178,6 4,091,0			
P	art II	Net assets or fund balances. Subtract line 21 from line 20		0,314,733.	4,091,0	00.		
-		lties of perjury, I declare that I have examined this return, including accompanying schedules a	nd stateme	nts, and to the hest of my	knowledge and helief	it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			knowledge and belief,	11 13		
	,	11-1 Junease	прорагог	(0/2	27/24			
Sig	ın	Signature of officer		Date				
Hei		GEORGE GREENE III, EXECUTIVE CHAIRMAN						
		Type or print name and title						
		Print/Type preparer's name Preparer's sign	, D	ate Check	PTIN			
Pai	d	Print/Type preparer's name  HARRISON PEREIRA  Preparer's sign Harrison Political Properties of the Pro	reira 0	5/15/24 self-employ	P0074686	7		
Pre	parer	Firm's name TAIT, WELLER & BAKER LLP		Firm's EIN 2	3-1144520			
Use	Only	Firm's address 50 SOUTH 16TH STREET, SUITE 2900						
	111	PHILADELPHIA, PA 19102		Phone no.21	5-979-8800			
Ma	y the IF	S discuss this return with the preparer shown above? See instructions			X Yes	No		

Form 990 (2022)

2,006,842.

Total program service expenses

Form 990 (2022) GLOBAL WATER
Part IV Checklist of Required Schedules

				T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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		X
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	ļ	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		04,0-7-00 1-00-00	I I CALCALLA DA SA
	Part VI	11a	Х	
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		Х
C	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		Х
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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	- <del>``</del>		<del></del>
. •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	·•		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	<u> </u>		
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			<del></del>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	2011 2011 2011 2011 2011 2011 2011 2011			<u> </u>

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	Oncoknist of required defications (continued)			т
22	Did the organization report more than \$5,000 of grants or other positioned to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<u> </u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<b></b>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	AV84-0 52	X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   ### The Property of the Proper			v
h	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C		28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	Х	ĺ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	Enter the mumber remoded in heavily of Ferma 1000 Ferting a Management 1. 1	jalasissi	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  1a 12  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable 1b 0			
	The first terms of the first ter			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			18828455
222004	(gambling) winnings to prize winners?	1c Form	990	(2022)
202004	12-10-22	1 01111	550	(LULL)

Form	990 (2022) GLOBAL WATER CENTER 84-5144	926	Р	age 5
Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		***************************************	
		······································	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1000
<b>i.</b>		1	\$3,75336	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		77
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
		6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ua		<del></del>
b				
	were not tax deductible?	6b	900403400	enestros.
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			i
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	509648E108	63888888A
9	Sponsoring organizations maintaining donor advised funds.	•		
a	Did the approximation makes any tanakla distribution and a section 40000	9a	VANADOS.	
	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
	Section 501(c)(7) organizations. Enter:	9b		4,000,000
10				
a	Initiation fees and capital contributions included on Part VIII, line 12	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Printed and a second a second and a second a			X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u> X</u>
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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84-5144926 Form 990 (2022) GLOBAL WATER CENTER 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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent ..... 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c on Schedule O how this was done ..... X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website \_\_\_\_ Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ED ALBIN, CHIEF FINANCIAL OFFICER - (843) 769-7395 1150 MOLLLY GREENE WAY BLDG 1605, NORTH CHARLESTON, 29405

Form **990** (2022)

## 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.

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

- 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 no  (A)	(C)						(D)	(E)	(F)		
Name and title	(B) Average	Position						Reportable	Reportable	Estimated	
Traine and the	hours per	(do box	not c unle	heck : ss pei	more rson i	than o	one n an	compensation	compensation	amount of	
	week	offi	officer and a director/tru			r/trus	tee)	from	from related	other	
	(list any	ctor	İ					the	organizations	compensation	
	hours for	gig	۱.,			bat		organization	(W-2/1099-MISC/	from the	
	related	trustee or director	rruste		٠,	beusa		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Jal tru	onal		ploye	moo aa		1099-NEC)		and related	
	below line)	Individual	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			organizations	
(1) THOMAS JOHNSTON	60.00										
C00		<u> </u>		X	<u> </u>			0.	156,385.	4,464.	
(2) BERNIE DRACKWICZ	30.00										
CFO UNTIL FEB 2023		<u> </u>		X				0.	83,071.	1,840.	
(3) GEORGE C. GREENE, III	30.00										
EXECUTIVE CHAIRMAN	17.50	X		X				0.	0.	0.	
(4) CHARLES B. YOUNG	8.00										
SECRETARY	3.50	X		Х				0.	0.	0.	
(5) STEVE VANDERBOOM	8.00										
TREASURER	3.50	X		Х				0.	0.	0.	
(6) GEORGE C. GREENE, IV	5.00										
BOARD MEMBER	45.00	X		X				0.	0.	0.	
(7) CHAPPY MCKAY	8.00							_			
BOARD MEMBER		X						0.	0.	0.	
(8) JIM LOSCHEIDER	8.00							_			
BOARD MEMBER - UNTIL MAY 2023		Х				ļ		0.	0.	0.	
(9) TOM DUONG	8.00							_		_	
BOARD MEMBER		Х				ļ		0.	0.	0.	
(10) BRETT HILDEBRAND	8.00										
BOARD MEMBER - UNTIL DECEMBER 2022		X				<u> </u>		0.	0.	0.	
***************************************										<b></b>	
4444											
***************************************									***************************************		

Form 990 (2022)

Part VII   Section A. Officers, Directors, Tru	stees, Key Emp	oloy	ees,	and	d Hi	ghes	it C	ompensated Employee	s (continued)	
(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do			itior more	ີງ than d	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is both	an	compensation	compensation	
	week (list any	-	T	1020	T	)// (105 	1	from	from related	1
	hours for	lirecto				L		the organization	organizations (W-2/1099-MIS	
	related	e 07 0	ee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	m per		1099-NEC)	.000 1120,	and related
	below	individual trustee or director	Institutional trustee	Ja .	Key employee	est co	jë.	,		organizations
	line)	İği	Insti	Officer	Key	Highest compensated employee	Former			
		<u> </u>		<u> </u>	<u> </u>	<u> </u>				
		<u> </u>			ļ	<u> </u>				
			<u> </u>		<u> </u>	<u> </u>				
					<u> </u>	<u> </u>				
	ļ									
				<u> </u>	<u> </u>					
				<u> </u>	<u> </u>					
***************************************		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
1b Subtotal								0.	239,45	
c Total from continuation sheets to Part \	/II, Section A							0.		0. 0.
d Total (add lines 1b and 1c)							<u>.                                    </u>	0.	239,45	6. 6,304.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	oove	) wh	o re	ceived more than \$100,	000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former office			•		-		-	·	•	
line 1a? If "Yes," complete Schedule J for										з Х
4 For any individual listed on line 1a, is the s										
and related organizations greater than \$15										4 X
5 Did any person listed on line 1a receive or	•				-			•	ual for services	
rendered to the organization? If "Yes." col	mplete Schedule	⊋ <i>J f</i> (	or su	ıch ı	oers	on .				5 X
Section B. Independent Contractors										
1 Complete this table for your five highest c										ensation from
the organization. Report compensation for	the calendar ye	ear e	ndin	ig w	ith c	or wit	thin T		ear.	
(A) Name and busines	e addroce	37/	<b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	,				( <b>B</b> ) Description of s	antinos	(C) Compensation
realite and busines	3 address	14.0	ONE	<u>.</u>			$\dashv$	Description of s	ervices	Compensation
****							$\dashv$			
							$\dashv$			
							$\dashv$			
							$\dashv$			
2 Total number of independent contractors	including but	a+ 1:	nitaa	l + ~ -	ther	0 1:		aboug) who received	uro than	
2 Total number of independent contractors should be \$100,000 of compensation from the organ	-	J. [11]	шес	i (U)	inos (		ieu	above) who received mo	ne traff	

Form 990 (2022) GLOBAL
Part VIII Statement of Revenue

L			Check if Schedule O	conta	ains a	respon	se or note to	anv lin	e in this Part VIII			
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s		1 a	Federated campaigns			1a	***************************************					
Contributions, Gifts, Grants and Other Similar Amounts						1b	***************************************					
عَ ق		c	Fundraising events			1c						
ifts		d				1d	50	,000.				
nig.		e	Government grants (contr			1e						
Sir		f	All other contributions, gifts,									
herit		•	similar amounts not included			1f	2,940	637.				
E O		g	Noncash contributions included in			1g \$		<i></i>				
Sor		_	Total. Add lines 1a-1f		,	-:317		***************************************	2,990,637.			
							Business	Code				
đ)		2 a	SERVICES	SERVICES 900099				)	27,403.	27,403.		
Program Service Revenue	•	b					-			,		
Ser		c	***************************************				-					
m		d					-					
Beg		e	***************************************			***************************************	-	***************************************				
Pro		f	All other program service	revei	nue	**************	-					
									27,403.			
	3	3	Investment income (includ									
			other similar amounts)						8,288.			8,288.
	2	1	Income from investment of tax-exempt bond proceeds									
	Ę	5	Royalties			-	=					
			·		(i)	Real	(ii) Pers	onal				
	•	3 a	Gross rents	6a						100		
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6c								
		d	Net rental income or (loss)	 )								
	7		Gross amount from sales of		(i) S	curitie	s (ii) Oth	ner				
			assets other than inventory	7a			600	,000.				
		b	Less: cost or other basis						100			
ne			and sales expenses	7b			3093	3635.				
len/		С	Gain or (loss)	7c			-249	3635.				
her Revenue		d	Net gain or (loss)			<u>.</u>			-2,493,635.			-2493635.
er	٤	3 a	Gross income from fundraising	ng ev	ents (n	ot						
Ott			including \$			of						
			contributions reported on	line '	1c). Se	e						
			Part IV, line 18			[	8a					
		b					8b					
			Net income or (loss) from				·					
	ę	) a	Gross income from gamin	g act	tivities	. See						
			Part IV, line 19				9a					
		b	Less: direct expenses			L	9b					
		С	Net income or (loss) from	gami	ng act	ivities_						
	10	) a	Gross sales of inventory, I	ess r	eturns	.						
			and allowances				10a					
		b	b Less: cost of goods sold 10b									
		С	Net income or (loss) from	sales	of inv	entory		***************************************				
<u>2</u>							Business	Code				
Miscellaneous Revenue	11	l a					_					
lan la		b	***************************************				_	·····				
Ze Z		С									***************************************	
žΠ			All other revenue									ora inigario engan ser
			Total. Add lines 11a-11d						F20 C00	0.7.400		0405045
	12	<u>.                                    </u>	Total revenue. See instruction	ons					532,693.	27,403.	0.	-2485347.

#### Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	and domestic governments. See Part IV, line 21	25,502.	25,502.		
2	Grants and other assistance to domestic		23,302.		
-	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	7,192.	7,192.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	201,233.	147,961.	53,272.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	746,283.	502,505.	139,275.	104,503
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	46,042.	30,189.	10,042.	5,811 3,431
9	Other employee benefits	28,607.	19,104.	6,072.	3,431
10	Payroll taxes	58,350.	39,946.	11,911.	6,493
11	Fees for services (nonemployees):				
а	-				
b					
	Accounting	85,530.	13,035.	62,555.	9,940
	Lobbying	<u> </u>			
	Professional fundraising services. See Part IV, line 17	67,500.			67,500
f	Investment management fees				
g	,	204 040	271 160	F2 00F	E0 70E
	column (A), amount, list line 11g expenses on Sch O.)	384,848.	271,168.	53,895.	59,785
12	Advertising and promotion	56,836.	1,199.	12,398.	43,239
13	Office expenses	108,659.	43,289.	44,833.	20,537
14	Information technology	4,341.	333.	3,300.	
15	Royalties	8,250.		4,125.	4,125
16	Occupancy	188,297.	170,997.	15,273.	2,027
17	Payments of travel or entertainment expenses	100,25/6	170,997.	13,2/3.	2,021
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					<del></del>
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization	43,960.	43,960.		
23	Insurance	2,349.	2,006.	343.	
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.)			222	
а	BAD DEBT	688,268.	688,268.		
b					
С					
d					
е	All other expenses	4,338.	162.	4,019.	157
5	Total functional expenses. Add lines 1 through 24e	2,756,371.	2,006,842.	421,981.	327,548
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 (2022)
Part X Balance Sheet

***********	τχ	Check if Schedule O contains a response or	note to any l	ine in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			216,559.	1	111,969
l	2	Savings and temporary cash investments			2,291,885.	2	4,010,192
	3	Pledges and grants receivable, net		688,268.	3	0	
	4	Accounts receivable, net		10.	4	7,458	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	***************************************	5			
	6	Loans and other receivables from other disqu	alified perso	ns (as defined			
		under section 4958(f)(1)), and persons describ				6	***************************************
t\$	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			···	8	
⋖	9	Prepaid expenses and deferred charges			15,671.	9	18,573
	10 a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D		231,466.			
	b	1		109,900.	3,232,116.	10c	121,566
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
l	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			6,444,509.	16	4,269,758
	17	Accounts payable and accrued expenses			129,750.	17	178,672
	18	Grants payable			18		
	19	Deferred revenue		19			
ı	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	***************************************		21		
es	22	Loans and other payables to any current or fo		1/4			
Liabilities		trustee, key employee, creator or founder, su		l <sup>**</sup>			
喜	00	controlled entity or family member of any of the	-			22	
_	23	Secured mortgages and notes payable to uni				23	
	24 25	Unsecured notes and loans payable to unrela				24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on lin	· -	1			
		of Schedule D	165 17-24). C	omplete Part A		O.E.	
	26	Total liabilities. Add lines 17 through 25			129,750.	25 26	178,672
$\neg$	20	Organizations that follow FASB ASC 958, o		X	125,750:	20	170,072
Se		and complete lines 27, 28, 32, and 33.	HECK HEIE				
Ĕ	27				5,260,357.	27	3,963,964
33/2	28	Net assets with donor restrictions		1	1,054,402.	28	127,122
٦		Organizations that do not follow FASB ASC		20			
2		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fun	ds	<b>"</b>	APHERINANE CONTRACTOR CONTRACTOR CONTRACTOR (AND AND AND AND AND AND AND AND AND AND	29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,314,759.	32	4,091,086
2	33	Total liabilities and net assets/fund balances			6,444,509.	33	4,269,758
		and the second s					Form <b>990</b> (202

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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2022)

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990)

**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.

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Inspection

Name of the organization

Employer identification number

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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) 8 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		993,305.	9494426.	4023737.	2990637.	17502105.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		993,305.	9494426.	4023737.	2990637.	17502105.
5	The portion of total contributions			100			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1375676.
6	Public support. Subtract line 5 from line 4.	100					16126429.
	ction B. Total Support						***************************************
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4		993,305.	9494426.	4023737.	2990637.	17502105.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			219.	1,400.	8,288.	9,907.
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.)			13.			13.
11	Total support. Add lines 7 through 10						17512025.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	106,782.
13	First 5 years. If the Form 990 is for th	ne organization's fi				01(c)(3)	
	organization, check this box and stor	here				***************************************	X
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14		***************************************	15	%
16a	33 1/3% support test - 2022. If the o	organization did no	ot check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization		************		
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual	ifies as a publicly :	supported organiza	tion	***************************************		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	janization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circun	nstances test, chec	k this box and st	op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s []
						Schedule A	(Form 990) 2022

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ĭ	are not an unrelated trade or bus-						
	iness 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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons		ļ		<u> </u>		
k	) 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	***************************************					
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	•					
10a	Gross income from interest,	1					
	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 regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section (	501(c)(3) organizatio	n
•		•			•		. —
Sec	ction C. Computation of Publi	c Support Per	centage				······
	Public support percentage for 2022 (I			column (fl)		15	%
16	Public support percentage from 2021		•			16	<u>%</u>
	ction D. Computation of Inves					1.101	
	Investment income percentage for 20			ne 13 column (f)		17	%
	Investment income percentage from					18	
	33 1/3% support tests - 2022. If the						
126	more than 33 1/3%, check this box ar	=					
j.			-	•	· · · <del>-</del>		
C	33 1/3% support tests - 2021. If the	-			•	=	
~~	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization	in ala not check a	box on line 14, 19	a, or 196, check th	nis box and see in	structions	

Schedule A (Form 990) 2022

### 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?
- 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.
- 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		
3a		
3b 3c		
4a		
4b		
4c		
<b>40</b>		
5a 5b		
5c		
<u>6</u> 7		
8		
9a 9b		2.0
90 9c		
10a 10b	-0.9A	

Ра	Triv   Supporting Organizations (continued)			<del></del>
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	224.55		Transfer .
	11c below, the governing body of a supported organization?	11a		<del> </del>
	A family member of a person described on line 11a above?	11b	massis as	028 3133
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sec	<u>detail in Part VI.</u> tion B. Type I Supporting Organizations	11c	L	<u> </u>
	tion D. Type I cupporting Organizations			l Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	40.5 RESS	ALCOHOL:
2	Did the organization operate for the benefit of any supported organization other than the supported			Signary.
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Albert School of
Sec	tion C. Type II Supporting Organizations		L	<b></b>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		Separation.
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	antabas	
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	] 3	L	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	-1		
a	The organization satisfied the Activities Test. Complete line 2 below.	,,.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ie)	
2	Activities Test. Answer lines 2a and 2b below.	100,000,000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	0111511		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

3237.001

			Schedule A (Form
	instructions).		
•	Check here if the current year is the organization's first as a non-function	nally integr	ated Type III supporting organization (see
	emergency temporary reduction (see instructions).	6	
•	Distributable Amount. Subtract line 5 from line 4, unless subject to		
<u>;</u>	Income tax imposed in prior year	5	
<u> </u>	Enter greater of line 2 or line 3.	4	
1	Minimum asset amount for prior year (from Section B, line 8, column A)	3	

Adjusted net income for prior year (from Section A, line 8, column A)

990) 2022

Enter 0.85 of line 1.

2

	t V Type III Non-Functionally Integrated 509		nnizations (continu		4-5144926 Page 7
Sect	ion D - Distributions	. , , , , , , , , , , , , , , , , , , ,	- 100/11/18	<i></i>	Current Year
_1_	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets		***************************************	4	
_5_	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6	· · · · · · · · · · · · · · · · · · ·		9	
10	Line 8 amount divided by line 9 amount		1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-	March 1981			
	able cause required - explain in Part VI). See instructions.				
3_	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017			2.0	
<u>b</u>	From 2018				
<u> </u>	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
<u>f</u> _	Total of lines 3a through 3e		2.00		
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
<u>i</u> _	Carryover from 2017 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			San San San	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c. Breakdown of line 7:				
8			9.		
	Excess from 2018				
***************************************	Excess from 2019 Excess from 2020				
	Excess from 2020 Excess from 2021				
***************************************	Excess from 2021 Excess from 2022				
<u>e</u>	EAUGOO HUIII ZUZZ			494 1934	

Schedule A (Form 990) 2022

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Inspection

Open to Public

Name of the organization

GLOBAL WATER CENTER

Employer identification number 84-5144926

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iin		or Accounts. Complete if the
	organization and world free out out 500,1 arriv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4, 201101 2011000 /21/20	(b) Fortable and out of decedants
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 v	Ariting that the assets hold in donor advis-	ad funds
3	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
U	for charitable purposes and not for the benefit of the donor o		-
Par		nanization answered "Yes" on Form 990 F	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		ar 14, 110 /.
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	·	a certified historic structure
	Preservation of open space	Troservation of	a detailed filatoric directore
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
-	day of the tax year.	led conservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		795.875.374
h	man a b a s a b a s a s a s a s a s a s a s		1 1
~	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
u.	historic structure listed in the National Register	•	2d
3	Number of conservation easements modified, transferred, rel		
·	year	ouddd, daingdioned, o'r teirmiated by the	organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	1)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
[D=	organization's accounting for conservation easements.	A - 11: 1 T	
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub	, ,	•
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public 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 treat		gain, provide
	the following amounts required to be reported under FASB A	<u> </u>	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	nn Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives	(0)	(c) mained or validations door or one	or your master vario
(2) Closely held equity interests			
(3) Other			
(A)			**************************************
(B)			**************************************
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	***************************************		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	······································		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" or	n 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			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
<ol><li>Liability for uncertain tax positions. In Part XIII, provide t</li></ol>		•	
organization's liability for uncertain tax positions under f	ASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII X

	dule D (Form 990) 2022 GLOBAL WATER CENTER				5144926 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements	s With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	583,685.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	,			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	50,987.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5.	11.50	
е	Add lines 2a through 2d			2e	50,992.
3	Subtract line 2e from line 1			3	532,693.
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			
c	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	532,693.
Par	t XII Reconciliation of Expenses per Audited Financial Statement	ts Witl	n Expenses per F	<b>leturn</b>	l.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,807,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	<u>50,987.</u>		
b	Prior year adjustments	2b			
С	Other losses	2c			
d		2d			
е	Add lines 2a through 2d			2e	50,987.
3	Subtract line 2e from line 1			3	2,756,371.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,756,371.
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additior			; Part X	, line 2; Part XI,
	OM V IINE 3.				
FAR	T X, LINE 2:				<u> </u>
MAN	AGEMENT HAS REVIEWED THE TAX POSITIONS FOR	EACH	OPEN TAX Y	EAR	AND HAS
CON	CLUDED THAT THERE ARE NO SIGNIFICANT UNCERT	AIN	TAX POSITIO	NS I	GILLIOM TEH
REÇ	UIRE RECOGNITION IN THE FINANCIAL STATEMENT	s.			
					***************************************
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
EXC	HANGE GAIN				5 <b>.</b>
*****					
				***************************************	

#### **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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization					Employer identification number			
GLOBAL WATER CE	NTER				84-514492	26		
		ctivities Out	side the United States. Complete	te if the organ	ization answered "	Yes" on		
Form 990, Part IV	······································		da da a chada adia a dha a cara a da dha a cara	*				
			ds to substantiate the amount of its gran the selection criteria used to award the g			Yes No		
are grainede ongrenity st	or and grained or a	iooiotas ioo, ai io i	the selection entend asca to award the g	rains or assis	Las	iesito		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and oti	her assistance outs	side the		
United States.								
			n be duplicated if additional space is ne					
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region		
		in the region				<del> </del>		
			GRANTS TO RECIPIENT LOCATED					
EUROPE (INCLUDING			IN REGION, EMPLOYEE IN					
ICELAND & GREENLAND)	0	1	REGION.			206,392.		
			GRANTS TO RECIPIENT LOCATED					
NORTH AMERICA	0	l	IN REGION, EMPLOYEE IN REGION.			105,831.		
		<del></del>				100,000		
***************************************								
****								
3 a Subtotal	0	2				312,223.		
b Total from continuation						312,223.		
sheets to Part I	0	0				0.		
c Totals (add lines 3a						100 100 100 100 100 100 100 100 100 100		
and 3b)	0	2				312,223.		

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Schedule F (Form 990) 2022

09260515 758275 3237 000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 9 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)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance
						***************************************
						= 1111

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line Part III can be duplicated if additional space is needed.

Part III can be duplicated if a	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	nı					
						***************************************					
<del></del>											

Pan	IV   Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign  Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a	·	[ <b>17</b> ]
	U.S. Owner (see 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 Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain  Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

#### **SCHEDULE G** (Form 990)

#### **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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization							ntification number
	WATER CENTER					84-5144	
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization answers</li> <li>t.</li> </ul>	ered "Y	es" or	n Form 990, Part IV, I	ine 17	'. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Fig. 10 big between in the first tental and in the second in th</li></ul>	e X Solicita f X Solicita g Specia  or oral agreement with any individual Part VII) or entity in connection with p	ation of ation of I fundra I (includ professi	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	·	X Yes	
b If "Yes," list the 10 highest paid indi- compensated at least \$5,000 by the		Jant to	agreer	nents under which tr	ie iur	oraiser is to be	•
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	ustody trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) fundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
ACCELARISE - 997 MORRISON DRIVE, SUITE 200, CHARLESTON,	FUNDRAISING CONSULTANT	Yes	No X	0.		67,500.	-67,500.
				**************************************			
	MANANANANANANANANANANANANANANANANANANAN					67,500.	-67,500.
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	or has been notified	it is e	xempt from re	gistration
***************************************							
							***************************************
			<del></del>		<del></del>		
1841 1							
· · · · · · · · · · · · · · · · · · ·							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	ırt I	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions and groups.							
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through			
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )			
Revenue		One and a sinks							
Be	1	Gross receipts							
	2	Less: Contributions							
		Once in a second (line of sections line of)							
	3_	Gross income (line 1 minus line 2)							
	4	Cash prizes							
	5	Noncash prizes							
es	3	Noncash phizes							
suad	6	Rent/facility costs			***************************************				
Direct Expenses	7	Food and beverages							
Direc	′	1 000 and beverages							
_	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through							
Pa	rt I	Net income summary. Subtract line 10 from li  Gaming. Complete if the organization a		990 Part IV line 19 or		<u></u>			
		\$15,000 on Form 990-EZ, line 6a.		000, 1 art 10, 1110 10, 01	oported more triair				
			( ) D	(b) Pull tabs/instant		(d) Total gaming (add			
nge			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
	1	Gross revenue							
	2	Cash prizes							
Ses	-	5467 prizos							
Expenses	3	Noncash prizes							
Direct E	4	Rent/facility costs							
چ	•	The results of the re							
	5	Other direct expenses							
		Volunteer labor	Yes%	Yes%	Yes%				
	0	Volunteer labor	L No	No	No No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)						
		N. 4							
•••••	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
۵	Ent	ter the state(s) in which the organization condu	cte gaming activities:						
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?									
		No," explain:				Yes No			
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?								
b	it "'	Yes," explain:							
					· · · · · · · · · · · · · · · · · · ·	***************************************			
				·		11.05			
23208	32 10	~27-22			Sche	dule G (Form 990) 2022			

Schedule G (Form 990) 2022	GLOBAL WATE	R CENTER		84-5144926 Page 3					
11 Does the organization conduct g	aming activities with non	members?		Yes No					
			of a partnership or other entity formed						
to administer charitable gaming?				Yes No					
13 Indicate the percentage of gamin	g activity conducted in:								
a The organization's facility				13a %					
			gaming/special events books and reco						
Name		······································							
Address									
15a Does the organization have a cor	ntract with a third party fr	om whom the org	anization receives gaming revenue?	Yes No					
<b>b</b> If "Yes," enter the amount of gan	ning revenue received by	the organization	\$ and the a	ımount					
of gaming revenue retained by th	e third party \$								
c If "Yes," enter name and address									
Name	***************************************			**************************************					
Address									
16 Gaming manager information:									
Name									
***************************************	IVALITE								
Gaming manager compensation	Gaming manager compensation \$								
Description of services provided									
poor, pilot or oor nooe provides				***************************************					
Director/officer	Employee	Indepe	ndent contractor						
17 Mandatory distributions:									
a Is the organization required unde	r state law to make chari	table distributions	from the gaming proceeds to						
retain the state gaming license?				Yes No					
	required under state law	to be distributed	to other exempt organizations or spen	t in the					
organization's own exempt activi Part IV Supplemental Infor		<u> </u>	11. D. 11. D. 11.	15 18 1 0 0 10					
<u></u>			red by Part I, line 2b, columns (iii) and ( formation. See instructions.	v); and Part III, lines 9, 9b, 10b,					
SCHEDULE G, PART I,	LINE 2B, LIS	T OF TEN	HIGHEST PAID FUNDRA	\ISERS:					
(I) NAME OF FUNDRAI	SER: ACCELARI	SE							
				AND MANUFACTURE AND AND AND AND AND AND AND AND AND AND					
(I) ADDRESS OF FUND	RAISER:			***************************************					
997 MORRISON DRIVE,	SUITE 200, C	CHARLESTO	N, SC 29403						
			***************************************						
	1904-1944-1 <sub>1</sub>			***************************************					

232083 10-27-22

Schedule G (Form 990) GLOBAL WATER CENTER  Part IV   Supplemental Information (continued)	84-5144926	Page 4
Part IV   Supplemental Information (continued)		
		<del></del>
		·····

#### SCHEDULE I (Form 990)

# 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.

Department of the Treasury Internal Revenue Service

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

Name of the organization

GT.	ORAL	WATER	CENTER

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

Part I	General Information on Grants a	nd Assistance				***************************************		
1 Doe	es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and							
crite	ria used to award the grants or assis	tance?	*************************			-		
2 Des	cribe in Part IV the organization's pro							
Part II								
1 (a) ì	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) Desc noncash a	
	ER NETWORK							
	42ND STREET, 28TH FLOOR							
NEW YORK	, NY 10168		501(C)(3)	25,100.	0.			
						***************************************		
						***************************************		
							And the second s	
	or total number of section 501(c)(3) are	-		line 1 table			<u></u>	

232101 10-31-22

Schedule I (Form 990) 2022 GLOBAL WATER	CENTER			
Part III Grants and Other Assistance to Domestic Individu Part III can be duplicated if additional space is neede	uals. Complete if the ed.	organization answ	ered "Yes" on Form 9	90, Part IV, line 22.
(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)
				·
Part IV Supplemental Information. Provide the information		- O. Dort III. column	(h), and any other are	Laliki on al inda manadian
Part IV   Supplemental Information. Provide the information	required in Part I, line	e 2; Part III, Column	i (b); and any other ac	iditional information.
			***************************************	
				The state of the s
	***************************************			

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

GLOBAL WATER CENTER

Employer identification number 84-5144926

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	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			
				30.0
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		4a	Na recording man	X
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			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	21, 10, 11, 12, 13	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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 organization 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 (

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	
(A) Name and Title			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	
(1) THOMAS JOHNSTON	(i)	0.	0.	0.	0.	0.
C00	(ii)	156,385.	0.	0.	3,805.	659.
	(i)					
	(ii)					
	(i)					
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	(ii)					
	(i)					
	(ii)					

Schedule J (Form 990) 2022 GLOBAL WATER CENTER
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 II.

### SCHEDULE N (Form 990)

# Liquidation, Termination, Dissolution, or Significant Disposition of

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

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

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

Name of the organization

## GLOBAL WATER CENTER

1	space is needed. (a) Description of asset(s)	(b) Date of	(c) Fair market value of	(d) Method of	(e) EIN of recipient	(f) Name and
	distributed or transaction expenses paid	distribution	asset(s) distributed or amount of transaction expenses	determining FMV for asset(s) distributed or transaction expenses		•
			expenses	transaction expenses		
		******				
	THE STATE OF THE S					
						***************************************
					1	
2	Did or will any officer, director, trustee, o					
a b	Become a director or trustee of a succe Become an employee of, or independen	•	***************************************	nization?		
a 2	Become a direct or indirect owner of a s					
	Receive, or become entitled to, compen		•	ne organization's liquidati		
	If the organization answered "Yes" to an		• •	•	,	

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

LHA

232151 09-09-22

Note: If the o	rganization distributed all of i	ts assets during the	tax year, then Form 990,	Part X, column (B), line 10	6 (Total assets), and I	ine 26 (Total liat
3 Did the organ	ization distribute its assets ir	accordance with its	governing instrument(s)	? If "No," describe in Part	III	
4a Is the organiz	ation required to notify the a	ttorney general or oth	ner appropriate state offic	cial of its intent to dissolve	e, liquidate, or termina	ate?
	he organization provide such					
5 Did the organ	ization discharge or pay all o	f its liabilities in acco	rdance with state laws?			
	ization have any tax-exempt					
	e 6a, did the organization dis					
	e 6b, describe in Part III how	-				
A Control of the State of	hange, Disposition, or Othe		·····			
Form 990	EZ, line 36. Part II can be du	plicated if additional	space is needed.			
distribut	ription of asset(s) ed or transaction penses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and
THE FOLLOWING A	SSETS RELATED TO THE					BREWCO MARKET
MOBILE DISCOVER	Y CENTER EXHIBITS					106 BREWER DF
WERE DISPOSED O	F: INTERACTIVE	02/28/23	3,032,946.		26-0876413	CENTRAL CITY,
<ul><li>a Become a dire</li><li>b Become an er</li><li>c Become a dire</li><li>d Receive, or be</li></ul>	officer, director, trustee, or lector or trustee of a successingly of the control	or or transferee organ contractor for, a succe cessor or transferee tion or other similar p	nization? essor or transferee orgar organization? oayments as a result of th	nization? ne organization's significa	nt disposition of asse	ets?

# **SCHEDULE 0** (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.

OMB No. 1545-0047 Open to Public Inspection

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:
SAFE WATER PROJECTS AT THE SCALE REQUIRED TO END THE GLOBAL WATER
CRISIS.
GWC WAS FOUNDED BY WATER MISSION, A NONPROFIT ORGANIZATION FOCUSED ON
IMPLEMENTING SAFE WATER PROJECTS IN DISASTER AREAS AND DEVELOPING
COUNTRIES SINCE 2001. WATER MISSION REALIZED THAT THE GLOBAL WATER
CRISIS WOULD ONLY BE SOLVED IF ORGANIZATIONS WORKED TOGETHER AND
FOLLOWED INTERNATIONALLY ACCEPTED STANDARDS.
GWC WAS CREATED TO BE THE GO-TO RESOURCE IN THE WATER SECTOR. WE WORK
COLLABORATIVELY WITH MANY OTHER ORGANIZATIONS, BUSINESSES, AND
GOVERNMENTS TO PROVIDE THE STANDARDS TRAINING AND TECHNICAL SERVICES
REQUIRED TO REDUCE THE NUMBER OF PEOPLE WITHOUT ACCESS TO SAFE WATER
FROM 2.2 BILLION TO ZERO.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ON TOP OF SECTOR TRENDS AND NEEDS. THROUGH THIS DIVISION, GWC IS
PROMOTING COMPLIANCE WITH UNIVERSAL STANDARDS FOR SAFE WATER SYSTEMS.
LEARNING SERVICES: THIS DIVISION DEVELOPS BOTH FULL COURSES AND
MICRO-LEARNINGS THAT CURRENTLY DO NOT EXIST FOR TRAINING WATER-SYSTEM
OPERATORS IN DEVELOPING COUNTRIES. IT ALSO DELIVERS ONLINE, IN-PERSON,
AND HYBRID TRAINING. GWC IS FILLING A GAP THAT MUST BE FILLED OT HAVE
SUSTAINABLE WATER SYSTEMS. THIS DIVISION IS CURRENTLY CREATING A
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

232212 10-28-22

Page 2 Employer identification number Name of the organization GLOBAL WATER CENTER 84-5144926 INTEGRATION AND MANAGEMENT OF DATA REGARDING WATER QUALITY, COMMUNITY ASSETS, AND COMMUNITY WELL-BEING. MONITORING AND MANAGING DATA IN THESE THREE CATEGORIES WILL SIGNIFICANTLY INCREASE THE UPTIME OF RURAL WATER SYSTEMS. IT WILL BE AVAILABLE TO OTHER WATER SERVICE PROVIDERS IN 2024. OUR LEARNING SERVICES AND COLLECTIVE ACTION DIVISIONS WORKED TOGETHER ON OUR SOLAR POWERED WATER SYSTEMS (SPWS) TRAINING FOR GOVERNMENT ENGINEERS: GWC AND OUR PARTNERS DEVELOPED ONLINE AND IN-PERSON SPWS TRAINING FOR THE RURAL DRINKING WATER AND SANITATION DEPARTMENT IN KARNATAKA, INDIA. THE GOVERNMENT OF KARNATAKA'S GOAL IS TO SUPPLY ACCESS TO SAFE WATER TO THE 60+ MILLION PEOPLE IN THE STATE BY THE END OF 2024. GWC'S SPWS TRAINING IS PART OF THIS EFFORT. GWC'S TRAINING METHOD INVOLVES EQUIPPING 18 MASTER TRAINERS WITH THE SKILLS TO TRAIN 300 ENGINEERS WHO WILL GO ON TO TRAIN 2,000 OF THEIR COLLEAGUES IN SPWS. STANDARDS: ALL THE WORK DESCRIBED ABOVE IS BEING BUILT AND PERFORMED TO MEET PROFESSIONAL STANDARDS FOR THE WATER INDUSTRY. THIS WILL RESULT IN MORE SUSTAINABLE OPERATIONS AND FEWER FAILURES OF WATER SYSTEMS, SAVING MONEY AND LIVES. EVERYONE DESERVES ACCESS TO SAFELY MANAGED WATER BUT 1 IN 4 PEOPLE LIVE WITHOUT IT. GLOBAL WATER CENTER UTILIZES TRAINING, TECHNOLOGY, AND RELATIONSHIPS TO CREATE SUSTAINABLE, LOCAL SOLUTIONS TO WATER PROBLEMS WORLDWIDE. GWC IS BECOMING THE GO-TO RESOURCE FOR TRAINING IN THE RURAL WATER

SECTOR. GWC'S TRAINING LIBRARY WILL SOON INCLUDE EVERYTHING A WATER

232212 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** GLOBAL WATER CENTER 84-5144926 TECHNICIAN NEEDS TO KNOW TO DESIGN, IMPLEMENT, AND MANAGE SUSTAINABLE WATER PROJECTS FROM SOURCE TO TAP. ALONG WITH TRAININGS, GWC ALSO DEPLOYS HIGH-QUALITY TRAINERS TO DELIVER OUR PROGRAMS AND IS CREATING A ROBUST ALUMNI SUPPORT PLAN. GWC'S TECHNICAL SERVICES DEPARTMENT HARNESSES THE POWER OF TECHNOLOGY TO MAKE WATER PROJECTS MORE SUSTAINABLE AND MANAGEABLE. CURRENT PROJECTS INCLUDE A MONITORING AND DATA MANAGEMENT PLATFORM AS WELL AS DEVELOPING AN AI CHATBOT TO SUPPORT WATER TECHNICIANS WORLDWIDE. THESE INTERVENTIONS WILL REDUCE WATER SYSTEM FAILURES AND PROVIDE SAFE WATER TO MORE COMMUNITIES. FINALLY, GWC CANNOT END THE WATER CRISIS ALONE. THAT IS WHY EVERYTHING WE DO IS BUILT ON RELATIONSHIPS AND COLLABORATION. WE BELIEVE IN THE POWER OF COLLECTIVE ACTION AND STRIVE TO CONNECT WITH PARTNERS AND SUPPORT OTHER ORGANIZATIONS EVERY STEP OF THE WAY. THE GWC WAS FOUNDED TO PROVIDE THE MISSING ELEMENT NEEDED TO CREATE THIS COLLABORATION AND END THE GLOBAL WATER CRISIS. 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

Schedule O (Form 990) 2022

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

Name of the organization Employer identification number GLOBAL WATER CENTER 84-5144926 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 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 271,168. MANAGEMENT AND GENERAL EXPENSES 53,895. 59,785. FUNDRAISING EXPENSES TOTAL EXPENSES 384,848. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 384,848. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 20			Page 2
Name of the organization	GLOBAL WATER	CENTER	Employer identification number 84-5144926
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### 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

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

Name of the organization

# GLOBAL WATER CENTER

(b)	(c)	(d)	
Name, address, and EIN (if applicable)  of disregarded entity  Primary activity			ime End-c
7			
ations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34, t	pecause it had
<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public cha
PROVIDING CLEAN WATER TO PEOPLE IN DEVELOPING		-	
	SOUTH CAROLINA	501(c)(3)	501(c)(3)
PEOPLE IN DEVELOPING	SOUTH CAROLINA	501(c)(3)	501(c)(3
PEOPLE IN DEVELOPING	SOUTH CAROLINA	501(c)(3)	501(c)(3
PEOPLE IN DEVELOPING	SOUTH CAROLINA	501(c)(3)	501(c)(3
	Primary activity  Primary activity  Cations. Complete if the organization  (b)	Primary activity  Legal domicile (state of foreign country)  Legal domicile (state of foreign country)  Legal domicile (state of foreign country)  (state of foreign country)  (state of foreign country)  (state of foreign country)  (state of foreign country)  (c)  Legal domicile (state of foreign country)	Primary activity  Legal domicile (state or foreign country)  Total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete if the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 34, total incomplete in the organization answered "Yes" on Form 990, Part IV, line 990, Part IV, line 990, Part IV, line 990, Part IV, line 990, Part IV, line 990,

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

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, b organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Dispro alloo

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
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?
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
	Gift, grant, or capital contribution to related organization(s)
	Gift, grant, or capital contribution from related organization(s)
	Loans or loan guarantees to or for related organization(s)
	Loans or loan guarantees by related organization(s)
f	Dividends from related organization(s)
g	Sale of assets to related organization(s)
	Purchase of assets from related organization(s)
i	Exchange of assets with related organization(s)
j	Lease of facilities, equipment, or other assets to related organization(s)
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)
О	Sharing of paid employees with related organization(s)
р	Reimbursement paid to related organization(s) for expenses
	Reimbursement paid by related organization(s) for expenses

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans							
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	Method				
(1)								
(2)								
(3)								
<u>(4)</u>								
(5)								
(6)								

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

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 (me that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN	(b)	(c)	(d)	(e	all	(f)	(g)
of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c org	rs sec. (3)(3) s.?	Share of total income	Share of end-of-year assets
		Country	sections 512-514)	Yes	No	income	assets
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Schedule F	R (Form 990) 2022	GLOBAL	WATER	CENTER	84-5144926	Page 5
Part VII	(Form 990) 2022 Supplemental Info	rmation				
<u> </u>	Drovido additional infor	mation for rooms	anna ta auna	stions on Schedule R. See instructions.		
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