COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- > Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

Penalties: An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

Private foundation exempt: The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

Donor Information: Please note that donor information is not open to public inspection and has been excluded from this copy.

** Public Disclosure Copy **

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning	and	l ending	-				
В	Check if applicabl	C Name of organization			D Employer identif	ication number			
	Addre	SS Amazi Water							
	Name chang				47-4782701				
	Initial return	Number and street (or P.O. box if mail is not delive	Room/suite	E Telephone numbe	 er				
	Final return	1540 Vollow Dawleysay DMD 200	,	108	682-521-2129				
	termin ated		7IP or foreign postal code	1	G Gross receipts \$	7,122,169.			
	Ameno		9 p		H(a) Is this a group r				
	Applic	F Name and address of principal officer:John	Peake		for subordinates				
	pendir	same as C above			H(b) Are all subordinates				
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	_	a list. See instructions			
	Websit		, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemption	on number			
K	Form of	organization: X Corporation Trust Ass	ociation Other	L Year		M State of legal domicile; TX			
P	art I	Summary							
Φ	1	Briefly describe the organization's mission or most	significant activities: Amazi	Water is	working to				
Governance		provide the basic need of water to the	people of Burundi, Af	rica.					
rna	2	Check this box if the organization discon	tinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.			
٥ و	3	Number of voting members of the governing body (Part VI, line 1a)		3	5			
ত ত	4	Number of independent voting members of the gov				2			
es	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)		5	8			
Ϋ́	6	Total number of volunteers (estimate if necessary) .			6	3			
Activities	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 9	990-T, Part I, line 11	<u></u>	7b				
					Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)			6,231,406.	7,122,169.			
ēn					0.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4,		0.	0.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	9c, 10c, and 11e)		-1,029.	0.			
		Total revenue - add lines 8 through 11 (must equal			6,230,377.	7,122,169.			
		Grants and similar amounts paid (Part IX, column (A			58,202.	131,123.			
		Benefits paid to or for members (Part IX, column (A)			0.	0.			
es	15	Salaries, other compensation, employee benefits (F			872,725. 0.	1,369,626.			
Expenses	16a		rofessional fundraising fees (Part IX, column (A), line 11e)						
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line		,016.					
_	17	Other expenses (Part IX, column (A), lines 11a-11d,			2,507,536.				
		Total expenses. Add lines 13-17 (must equal Part IX			3,438,463.				
<u></u> <u>c</u>	19	Revenue less expenses. Subtract line 18 from line	12	D	2,791,914. eginning of Current Year				
ts o		Total appare (Doubly the 40)		<u> </u>	7,142,077.	End of Year 7,062,634.			
ASSE Bals	20	T			434,110.	340,901.			
Net Assets or Find Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	line 20		6,707,967.	6,721,733.			
P	22 art II	Signature Block	III le 20		0,707,507.	0,721,755.			
_		Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	es and staten	nents, and to the best of m	ny knowledge and belief, it is			
		t, and complete. Declaration of preparer (other than office				.,,			
	<u> </u>		,						
Sig	ın	Signature of officer			Date				
He		John Peake, President							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature).	Date Check	PTIN			
Pai	d	Luke Burnett		10/3/2023 if self-employ	_{yed} ₽01079018				
Pre	parer	Firm's name Capin Crouse LLP	0		Firm's EIN 3				
Use	Only	Firm's address 5605 N. MacArthur Blvd., S	uite 210						
		Irving, TX 75038			Phone no.505	5-502-2746			
Ма	y the II	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No			

Form	990 (2022) Amazi Water	•	47-4782701	Page 2
Par	t III Statement of Program Se	vice Accomplishments		
	Check if Schedule O contains a re	sponse or note to any line in this Part III		
1	Briefly describe the organization's mission	on:		
	Vision to support East Africa,	specifically Burundi, to serve the	poor	
	and needy through water wells	and development support especially i	n	
	partnership with churches in t	he region.		
2	Did the organization undertake any signi	ficant program services during the year which w	vere not listed on the	
	prior Form 990 or 990-EZ?		Y	es X No
	If "Yes," describe these new services on			
3	,	or make significant changes in how it conducts,	any program services?	es X No
•	If "Yes," describe these changes on Sch	-	any program convices	
4		vice accomplishments for each of its three larges	st program services, as measured by expen	202
•		ions are required to report the amount of grants		
	revenue, if any, for each program service		s and anocations to others, the total expense	,5, and
4a		6,524,557. including grants of \$	131,122.) (Revenue \$	0.)
44	(Code:) (Expenses \$	sed, Christ-centered, Burundi-regist		
		ation with a mission to serve and eq		
		he primary in-country partner for cl		
		with others, we are supporting effor		
		ss for every Burundian community. Th		
		i Bose, meaning "water for everyone"	, we	
		rnment to help ensure that water is		
		he country. The IMF consistently ran		
		st per capita GDP. Political and eth		
		pact on the country's development in	the	
	past few decades.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4-	/a		\	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sc	padula O)		
-r u	,	,	(Davanua fi	
1-	(Expenses \$	including grants of \$ 6,524,557.	(Revenue \$	
46	Total program service expenses	0,344,331.		

Form 990 (2022) Amazi Water Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	,		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	0		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in 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,			
	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
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) Amazi Water Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		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? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	Α .	
34		34		x
35.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		 -
b	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?	300		
00	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			
0.	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?			
		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 It V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

Page 5

47-4782701

022) Amazi Water Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	3		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign countryBurundi , Rwanda			
	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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			🐰
	any contributions that were not tax deductible as charitable contributions?	6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	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		х
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75		
·	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	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		Х
	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		х
	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.			

Form 990 (2022) 47-4782701 Amazi Water Page 6

Pai	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	a "No"	respoi	ıse
0	Check if Schedule O contains a response or note to any line in this Part VI			X
sec	tion A. Governing Body and Management			
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year	2		
	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 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		77	
	officer, director, trustee, or key employee?	2	Х	
3	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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	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) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

Form **990** (2022)

Jacob McKee - 682-312-9088

1953 Golden Heights Rd., Ste. 1605, Fort Worth, TX 76177

Form 990 (2022) Amazi Water 47-4782701 Page **7**

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

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

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

- 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 trustee.

- 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.

Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) John Peake	50.00										
President		Х		Х				139,167.	0.	0.	
(2) Shaun O'Donnell	50.00	1									
Ops Support Director						Х		136,981.	0.	0.	
(3) Jake Kidane	50.00	1									
C00		<u> </u>			<u> </u>	Х		120,827.	0.	0.	
(4) Caelene Peake	20.00	1									
Director		х			<u> </u>			27,150.	0.	0.	
(5) Robert Vanman	25.00	ł									
Vice President/Treasurer		Х		Х	<u> </u>			0.	0.	0.	
(6) Nathan Sheets	5.00	ł									
Director		Х			<u> </u>	_		0.	0.	0.	
(7) Celestin Musekura	2.00	١							0		
Director		Х						0.	0.	0.	
		4									
					\vdash	\vdash					
		1									
-					\vdash	-					
		1									
		1									
					\vdash	\vdash					
		1									
		1									
		1									
		1									
		1									
		L	L	L	L	L	L				

232007 12-13-22 Form **990** (2022)

Form 000 (2022) Amazi Water 47-4782701

FOITH 990 (2022) Timazi water									47 4702701	i age o
Part VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours per week	box,	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
		Γ								
1b Subtotal					<u> </u>			424,125.	0.	0.
c Total from continuation sheets to Part \								0.	0.	0.
d Total (add lines 1b and 1c)								424,125.	0.	0.
2 Total number of individuals (including but	not limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	3

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

Section B. Independent Contractors

\$100,000 of compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Isidima, BSW18C Birnamwood, Howick,		
Howick, SOUTH AFRICA 3291	Engineering Services	342,816.
Societe Pour La Technologie Moderne,		
Sotem, Q Industriel, Avenue de	Foundation Services	187,438.
Salt Company, Salco, Avenue Mwaro, Numbero		
13, Commune Mukaza, Buumbura, BURUNDI	Foundation Services	179,251.
Jacob R. Mckee, CPA, LLC, 1953 Golden		
Heights Rd Suite 1605, Fort Worth, TX	CFO Services	105,655.
Total number of independent contractors (including but not limited)	to those listed above) who received more than	

Form 990 (2022) Amazi Water
Part VIII Statement of Revenue Amazi Water 47-4782701

			Chapte if Cabadula O	antair			or note to any lin	o in this Dort VIII			
			Check if Schedule O	contair	is a respor	ise	or note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt		Revenue excluded
										business revenue	
10 to 1											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns								
اج ج			•		····						
ξ,		С	Fundraising events		1c						
를 를		d	Related organizations		1d						
ıs,		е	Government grants (contr	ibutior	ns) 1e						
흔띪		f	All other contributions, gifts,	grants,	and						
ᇐᇕ			similar amounts not included	above	1f		7,122,169.				
달의		g	Noncash contributions included in	lines 1a	-1f 1g \$						
နှင့်		h	Total. Add lines 1a-1f					7,122,169.			
							Business Code				
გ	2	а									
ا ہ خ		b				_					
Program Service Revenue		С									
		d									
Pg		е				_					
Prc			All other program service	revenu	ie	_					
			Total. Add lines 2a-2f								
	3		Investment income (include								
	•										
	4		Income from investment of								
	5		Royalties		·=	-	F				
	Ŭ		110yunio0		(i) Real		(ii) Personal				
	6	a	Gross rents	6a –	(7		(.,,				
	_		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
			Gross amount from sales of	$\overline{}$	(i) Securitie		(ii) Other				
	′	а	assets other than inventory	l ⊢	(i) Goodina		(ii) Othor				
		L-	Less: cost or other basis	7a							
<u>o</u>		D		7.							
eun		_	and sales expenses	7b 7c							
Revenue			Gain or (loss)								
포			Net gain or (loss)								
Other	8	а	Gross income from fundraising	ig even							
١			including \$	Cara da	of						
			contributions reported on			0-					
			Part IV, line 18			8a					
			Less: direct expenses		-	8b					
			Net income or (loss) from			ເຮ					
	Э	а	Gross income from gamin			ا ِ ا					
			Part IV, line 19			9a					
			Less: direct expenses		-	9b					
			Net income or (loss) from		-						
	10	а	Gross sales of inventory, I			_					
			and allowances			10a					
			Less: cost of goods sold			10b					
\dashv		С	Net income or (loss) from	sales o	or inventor	y					
Sn							Business Code				
ee n	11					_					
Miscellaneous Revenue		b				_					
Re		С				_					
Ξ̈́			All other revenue								
			Total. Add lines 11a-11d							_	_
	12		Total revenue See instruction	ne				7 122 169.	0.	l 0.	l 0.

47-4782701

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon			, ,	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	rotai expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	5,150.	5,150.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	125,973.	125,973.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	166 217	166 218		
	trustees, and key employees	166,317.	166,317.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 052 016	1 042 006	10.020	
7	Other salaries and wages	1,053,916.	1,042,996.	10,920.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,972.	10,972.		
9		10,372.	10,372.		
10	Other employee benefits Payroll taxes	30,696.	29,861.	835.	
11	Fees for services (nonemployees):	30,030.	25,001.		
	Management				
b		5,415.	4,312.	1,103.	
	Accounting	154,115.	831.	153,284.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A), amount, list line 11g expenses on Sch O.)	410,283.	402,437.	7,846.	
12	Advertising and promotion	30,016.			30,016.
13	Office expenses	264,998.	250,530.	14,468.	
14	Information technology	37,749.	15,899.	21,850.	
15	Royalties				
16	Occupancy	184,639.	173,768.	10,871.	
17	Travel	394,676.	390,952.	3,724.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,694.	11,694.		
20	Interest	10,909.	10,909.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	598,956.	598,956.		
23	Insurance	55,828.	55,035.	793.	
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 0.)	0.000.041	0.000.001		
a	Well Const. & Maint.	2,222,011.	2,222,011.		
b	Burundi Operations	641,507.	641,507.	444	
C	Shipping & Freight	241,497.	241,386.	111.	
d	Dues and Subscriptions	20,776.	15,336.	5,440.	
e oe	All other expenses	6,785,818.	6,524,557.	231,245.	30,016.
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	0,705,616.	0,324,337.	231,243.	30,016.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	[] II IOIIOWIII GOOI 90-2 (NOO 900-120)				F 000 (0000)

Form 990 (2022)
Part X Balance Sheet 47-4782701 Amazi Water Page **11**

Га	IL A	Daiance Sneet					
		Check if Schedule O contains a response or	note to an	ny line in this Part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,587,053.	1	307,322.
	2	Savings and temporary cash investments			, ,	2	· ·
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		2,827.	4	9,055.	
	5	Loans and other receivables from any currer	·		·		
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
ι	7	Notes and loans receivable, net			11,500.	7	
Assets	8	Inventories for sale or use			1,214,351.	8	758,415.
¥	9	Prepaid expenses and deferred charges			211,715.	9	755,025.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		6,416,696.			
	b	Less: accumulated depreciation		1,183,879.	4,114,631.	10c	5,232,817.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			7,142,077.	16	7,062,634.
	17	Accounts payable and accrued expenses			434,110.	17	340,901.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
Se	22	Loans and other payables to any current or	former offic	cer, director,			
Ĕ		trustee, key employee, creator or founder, su	ubstantial (contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	ons		22	
	23	Secured mortgages and notes payable to ur	related thi	ird parties		23	
	24	Unsecured notes and loans payable to unrel	ated third	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on l	ines 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			434,110.	26	340,901.
G		Organizations that follow FASB ASC 958,	check her	e X			
Š		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			6,707,967.	27	6,721,733.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB AS	C 958, ch	eck here			
F		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current fur			29		
sse	30	Paid-in or capital surplus, or land, building, o				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulate				31	
Š	32	Total net assets or fund balances			6,707,967.	32	6,721,733.
	33	Total liabilities and net assets/fund balances			7,142,077.	33	7,062,634.

Form **990** (2022)

Amazi Water 47-4782701 Page 12 Form 990 (2022) Part XI Reconciliation of Net Assets Х Check if Schedule O contains a response or note to any line in this Part XI 7,122,169. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 2 6,785,818. 336,351. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6,707,967. 4 Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) -322,585. 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 6,721,733. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual __ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

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)

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

Employer identification number

Name of the organization

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

Inspection

OMB No. 1545-0047

		Amazi						47	7-4782701	
Pa	ırt I	Reason for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructions.			
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).			
2		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,								
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit	describ	ped in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local go	vernment or governn	mental unit described in	section 17	70(b)(1)(A)	(v).			
7	Х	An organization that norma						general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				ed in conju	unction with a lan	d-grant	college	
		or university or a non-land-g								
		university:								
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membership	fees, ar	nd gross receipts from	
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its s	support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the organ	nization	after June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry	out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509	(a)(3). C	Check the box on	
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line:	s 12e, 12f, and 12	2g.		
a	ıL		anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typi	cally by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees	of the s	supporting	
	_	organization. You must o	complete Part IV, Se	ections A and B.						
b	, L		anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving	
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage	the sup	ported	
	_	organization(s). You mus	t complete Part IV,	Sections A and C.						
c	: L		egrated. A supporting	g organization operated	in connec	tion with,	and functionally i	ntegrate	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
C	ıL		y integrated. A supp	orting organization oper	ated in co	nnection v	with its supported	l organi	ization(s)	
		that is not functionally int	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and ar	ո attent	iveness	
		requirement (see instruct								
e		☐ Check this box if the orga					a Type I, Type II, ⁻	Гуре III		
		functionally integrated, or								
		er the number of supported o								
		vide the following information i) Name of supported			(iv) Is the orga	inization listed	1 (-) A many ont of man	n atau	(vi) Amount of other	
	(organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of mo support (see instru		(vi) Amount of other support (see instructions)	
				above (see instructions))	Yes	No		101.01	cappert (eee met detiene)	
Tot	al .									
Tota	al						I	,	I	

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,900,364.	4,235,220.	4,687,392.	6,231,406.	7,122,169.	24,176,551.
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	1,900,364.	4,235,220.	4,687,392.	6,231,406.	7,122,169.	24,176,551.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,089,794.
6	Public support. Subtract line 5 from line 4.						23,086,757.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,900,364.	4,235,220.	4,687,392.	6,231,406.	7,122,169.	24,176,551.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			11,630.			11,630.
11	Total support. Add lines 7 through 10						24,188,181.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	i01(c)(3)	
	organization, check this box and stop	here					<u></u>
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	95.45 %
	Public support percentage from 2021					15	91.22 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact			=		VI how the organiz	ation
	meets the facts-and-circumstances to	•			•		
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	nstances test, che	ck this box and st o	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ		-		•		
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s

Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(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						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
			-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 $1/3\%$, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

 Schedule A (Form 990) 2022
 Amazi Water
 47-4782701
 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	0-		
	За		
	3b		
	SD		
	3с		
	30		
	4a		
	70		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	Ja		
	9b		
	90		
	9с		
	10a		
	10b		
ماددا	A /Earr		2022

Par	t IV	Supporting Organizations (continued)			<u> </u>
		1. Commody		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•		in Part VI.	11c		
Sec		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
-		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	_	prized organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	•	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		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	structio	ns).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

 Schedule A (Form 990) 2022
 Amazi Water
 47-4782701
 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
С	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting org	anization (see				

Schedule A (Form 990) 2022

instructions).

on D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemply organizations, in excess of income from activity			1	Current Year			
Amounts paid to perform activity that directly furthers exemp			1				
	at numerous of supported		-				
organizations, in excess of income from activity	or purposes or supported						
Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3				
Amounts paid to acquire exempt-use assets			4				
Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
Other distributions (describe in Part VI). See instructions.			6				
Total annual distributions. Add lines 1 through 6.			7				
Distributions to attentive supported organizations to which t	he organization is responsive	е					
(provide details in Part VI). See instructions.			8				
Distributable amount for 2022 from Section C, line 6			9				
Line 8 amount divided by line 9 amount			10				
	(i)	(ii)		(iii)			
on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022			
Distributable amount for 2022 from Section C, line 6							
Underdistributions, if any, for years prior to 2022 (reason-							
able cause required - explain in Part VI). See instructions.							
Excess distributions carryover, if any, to 2022							
From 2017							
From 2018							
From 2021							
Total of lines 3a through 3e							
Applied to underdistributions of prior years							
Applied to 2022 distributable amount							
Carryover from 2017 not applied (see instructions)							
Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
Distributions for 2022 from Section D,							
line 7: \$							
··							
•							
-							
•							
	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which ti (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount Tion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to underdistributions of prior years Applied to 2022 distributable amount	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. 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. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess from 2018 Excess from 2018 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2020 Excess from 2021	Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount (i) Excess Distributions Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3f from line 3f. Distributions for 2022 from Section D, line 7: \$ Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for pozes. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021	Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. Total annual distributions, Add lines 1 through 6. Total annual distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Bistributable amount for 2022 from Section C, line 6 9 Line 8 amount divided by line 9 amount (i) Excess Distributions Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e Applied to underdistributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: S Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4 and 4b from line 4. Remaining underdistributions for years prior to 2022, if any, Subtract lines 4 and 4b from line 4. Remaining underdistributions for 2022. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Excess from 2018 Excess from 2019 Excess from 2021			

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Amazi Wat	er					47-4782701	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, 4b lines 2 and 3;	o, 4c, 5a, 6, Part IV, Se	, 9a, 9b, 9c, 11a ection E, lines 1d	a, 11b, and 11 c, 2a, 2b, 3a,	c; Part IV, Sectio and 3b; Part V, lir	n B, lines 1 ne 1; Part V,	and 2; Part IV, Se Section B, line 1	12; ection C,

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schedule B (Form 990) (2022)

A	Amazi Water 47-4782701				
Organization type (check	:k one):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in mone any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.	y or			
Special Rules					
sections 509(a)(contributor, duri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations und 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any tring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h -EZ, line 1. Complete Parts I and II.	one			
contributor, duri literary, or educa	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Part IV, li	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify filing requirements of Schedule B (Form 990).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

Employer identification number

47-4782701

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,435,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

47-4782701

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page **4**

n \$1,000 for the year
n \$1,000 for the year
eree
eree
eree
ift is held
eree
ift is held
eree
ift is held
eree
ii

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

Amazi Water $47\!-\!4782701$

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring
			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that ap <u>ply).</u>	
	Preservation of land for public use (for example, recreation	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, $ \\$	handling of violations, and enforcing cor	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
		on antich other was vivous anticas of a cation 4.77	V/L\/4\/D\/3\
8	Does each conservation easement reported on line 2(d) above		
9	and section 170(h)(4)(B)(ii)?		
9	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	iote to the organization's illiancial staten	ients that describes the
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures. or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	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	· ·	
	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 trea		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 900, Part Y		¢

	dule D (Form 990) 2022 Amazi Water						82701		ige 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, o	r Other	Similar As	ssets(contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, check any of tl	ne following that	t make sig	nificant use o	f its		
	collection items (check all that apply):								
а									
b	b Company research e Other								
С	Preservation for future generations								
4	Provide a description of the organization's control of the organization of the organiz	ollections and explai	n how they furthe	r the organization	on's exemp	ot purpose in	Part XIII.		
5	During the year, did the organization solicit of		•	•					1
	to be sold to raise funds rather than to be m						Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organiza	tion answered "	Yes" on F	orm 990, Part	IV, line 9, or	•	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod								1
	on Form 990, Part X?						└── Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:				Amoun		
_	Designation to be less as					4-	Amoun		
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e 1f			
	Ending balance						Yes		No
	If "Yes," explain the arrangement in Part XIII.		•		•				
Pai									
		(a) Current year	(b) Prior year) Three years b	ack (e) Four	years l	pack
1a	Beginning of year balance						1		
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, columr	n (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	d and administer	red for the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			ጓ?			3b		
4	Describe in Part XIII the intended uses of the		owment funds.						
Pai	t VI Land, Buildings, and Equipm		0 David IV line 44.	Caa Farra 000	David V. Um	10			
	Complete if the organization answere		 						
	Description of property	(a) Cost or o	1 ' '	ost or other	٠,	umulated	(d) Boo	k value	;
	Land	basis (investr	Das	is (other)	depre	eciation		071	002
	Land			871,992.		10 060		871,	
	Buildings			2,112,978.		18,060.		,094,	<u>это.</u>
	Leasehold improvements		-	2,012,049.		714,895.	1	,297,	154
	Equipment			1,419,677.		450,924.	т	968,	
	Other		X column (R) line			· ·	5	,232,	
1010	i raa iiiloo Ta tiliougii Te. joolulliii juj Illust e	gaari omi ooo, i ait	λ , column (D), iiii	<i>,,,,,,,,,,,,</i>				, ,	

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 000 Port IV line	a 11h San Form 000 Part V line 12	ý
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	t-of-vear market value
(1) Financial derivatives	(b) Book value	(c) Welfied of Valuation. Cost of the	or your market value
(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"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 D . W.		
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	(In) Dead
	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	a 15)		
Part X Other Liabilities.	- 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	0111 01111 000, 1 01111, 1111	5 110 01 111. 000 1 0111 000, 1 at 7, iii 0 20	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25)		
2 Liability for uncertain tax positions. In Part XIII. provide	·		that renorts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Pa	rt XI Reconciliation of Revenue per Audited Financ	cial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial staten	nents	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С				
d				
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part			
Pa	rt XII Reconciliation of Expenses per Audited Finan	-	es per Return.	
	Complete if the organization answered "Yes" on Form 990, F			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	, , , , , , , , , , , , , , , , , , , ,			
С				
d	,	·		
е	• • • • • • • • • • • • • • • • • • • •			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Par	4b		
с 5 Ра	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	4b rt I, line 18.)	5	uł VI
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information.	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,
5 Pa Prov	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	4b rt I, line 18.) s 1a and 4; Part IV, lines 1b and 2b; Par	5	rt XI,

Schedule D (Form 990) 2022

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

2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
Amazi Water					47-4782701	
	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ		Yes" on
Form 990, Part IV				oto ii tilo organ	mzation anoworda	100 011
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
•	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	tside the
United States.						
3 Activities per Region. (T	he following Part (b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) negion	offices	employees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region		gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
		in the region				
			Grants to Recipients			
Sub-Saharan Africa			Located in Region			125,973.
				Well Produc		
Sub-Saharan Africa	1	211	Program Services	Services, o	offices, etc.	6,360,255.
						+
		_				1
3 a Subtotal	1	211				6,486,228.
b Total from continuation		_				
sheets to Part I	0	C				0.
c Totals (add lines 3a and 3b)	1	211				6,486,228.
and obj						-,-,0,220.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan	Feeding in the local					
			communities	86,820.	Bank Transfer	0.		
2 Enter total number of	recipient organizatio	ns listed above that are	recognized as charities by the	foreign country.	, recognized as a tax			

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ______

3 Enter total number of other organizations or entities .

 Schedule F (Form 990) 2022
 Amazi Water
 47-4782701
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

Part III can be duplicated if	f additional space is nee	ded.					
(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	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	Sub-Saharan						
Porridge Management	Africa	2	38,387.	Wire/Bank Transfer	0.		
	-		•	ı		School	dule F (Form 990) 2022

<u>Schedule F (Form 990) 2022 Amazi Water 47-4782701 Page 4</u>

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

	emental Information
	the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
	nents vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimat	ted number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:	
mbo organization	requests a grant application and budget prior to
The organization	n requests a grant application and budget prior to
disbursement of	funds. Once grants have been distributed, the
organization mor	nitors submitted accounting and reviews publications.
Senior managemer	nt officials are in the foreign region 11 months of the
year. They rout	tinely visit and inspect grant projects to ensure grant
money is used as	intended.
Part I, line 3:	
The organization	n tracked expenses in accordance with accrual basis of
accounting. Fore	eign expenditures are tracked using expense reports and
other appropriat	te documentation.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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.

Open to Public Inspection

Name of the organization							Employer identification number
Amazi Water							47-4782701
Part I General Information on Grants ar							
1 Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
The Conversation Group							
777 Cannon Dr							
Hurst, TX 76054		501(c)(3)	5,150.	0.			General Support
,			†				
			1				
2 Enter total number of section 501(c)(3) ar	nd government o	organizations listed in t	he line 1 table		·····		
3 Enter total number of other organizations							

Schedule I (Form 990) 2022 Amazi Water 47-4782701 Page 2

ochedule i (i olili 990) 2022					1 age
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	vered "Yes" on Form 9	990, 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)	(f) Description of noncash assistance
			-		
			1		
Part IV Supplemental Information. Provide the information rec	nuired in Part I lin	ne 2: Part III. colum	n (h): and any other a	dditional information	
	quilled in Fart 1, iii	ic Z, i art iii, colaiii	ir (b), and any other a	dditional information.	
Part I, Line 2:					
The organization monitors the use of grant funds th	hrough requir	ed reports			
from grant recipients. Reports are provided by gra	ant recipient	s within 6			
	6!	- ml			
months or at the end of the calendar year, whicheve	er comes iirs	t. Those			
reports are then reviewed by Amazi to ensure that g	grant funds a	re used as			
intended.					

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Employer identification number Name of the organization Amazi Water 47-4782701 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (d) Loan to or (i) Written (c) Purpose (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? cómmittee? organization? To From Yes No Yes No Yes No Total \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990) 2022

Schedule L (Form 990) 2022 Amazi Wat	cer		47-4782701		Page 2
Part IV Business Transactions Involv	ing Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	b) Relationship between interested person and the organization (c) Amount of transaction transaction		(e) Sha organiz rever	aring of zation's nues?
				Yes	No
Caelene Peake	Family relationship	27,150.	Wages		Х
John Peake	President	139,167.	Wages		Х
				<u> </u>	
				<u> </u>	
				 	
Part V Supplemental Information.					
	anaca ta guartiana an Cahadula I (aca i	notwictions)			
Provide additional information for response	onses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions 1	involving Interested Persons.				
	involving interested reisons:				
(a) Name of Person: Caelene Peake					
(4, 10110 01 1012011 0001010 100110					
(b) Relationship Between Interested Per	son and Organization:				
Family relationship with John Peake, Pr	resident				
					,

SCHEDULE 0 (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Amazi Water

Employer identification number 47-4782701

Form 990, Part VI, Section A, line 2:
John Peake, President, and Caelene Peake, Director, have a family
relationship.
Form 990, Part VI, Section A, line 8b:
The organization has no committees with authority to act on behalf of the
governing body. Therefore, this line was answered no in accordance with
the instructions.
Form 990, Part VI, Section B, line 11b:
Form 990 is prepared by an independent CPA firm and reviewed in detail by
the organization's top management. The reviewed Form 990 is then forwarded
to the independent board of trustees for review prior to filing with the
IRS.
Form 990, Part VI, Section B, Line 12c:
All officers and members of the board annually review and sign the conflict
of interest policy, which is then reviewed by the Human Resources manager.
The policy is strictly monitored by the segregation of duties providing an
awareness to the independent accountants, Treasurer and, if necessary, to
the board. Should any potential conflicts of interest be disclosed, the
board member or officer would be asked to refrain from participation in any
decision with regard to matters affected by the relationship.
Form 990, Part VI, Section B, Line 15a:

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** 47-4782701 Amazi Water determine the compensation for the President. The organization utilizes comparability data and documents the deliberation and the decision when determining the compensation. 15b: The organization does not compensate any other officers or key employees. Therefore, this line was answered no in accordance with the instructions. Form 990, Part VI, Section C, Line 19: The organization's governing documents, conflict of interest policy, and financial statements are available upon request. Form 990, Part XI, line 9, Changes in Net Assets: -322,585. Exchange Rate Loss

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.

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 47-4782701 Amazi Water

Part I Identification of Disregarded Entities. Complet	te if the organization answered "Yes"	on Form 990, Part IV, line 33	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incor	(e) me End-of-year		(f) controlling entity	9
Pump, LLC - 30-1242529 9800 Hillwood Parkway, Ste. 140							
Fort Worth, TX 76177	Well Construction	Texas		0.	0.Amazi Water	•	
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section con	
		· ·		501(c)(3))		Yes	No
	-						

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

Schedule R (Form 990) 2022

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)		(k)														
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign entity entity e.g.	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under		Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	al or F ging er?	Percentage ownership												
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No															

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

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

Schedule R (Form 990) 2022 Amazi Water 47-4782701 Page 3

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

Not	ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one or m	nore re	elated organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	b Gift, grant, or capital contribution to related organization(s)				1b		l		
	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)				1d				
е	e Loans or loan guarantees by related organization(s)				1e				
f	f Dividends from related organization(s)				1f		i		
g	g Sale of assets to related organization(s)				1g		i		
h	h Purchase of assets from related organization(s)				1h		i		
i	Exchange of assets with related organization(s)				1i		1		
j	j Lease of facilities, equipment, or other assets to related organization(s)				1j		i		
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		i		
ī	Performance of services or membership or fundraising solicitations for related organization(s)				11				
m	m Performance of services or membership or fundraising solicitations by related organization(s)				1m		i		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		i		
	Sharing of paid employees with related organization(s)				10		<u> </u>		
	• • • • • • • • • • • • • • • • • • • •								
р	Reimbursement paid to related organization(s) for expenses				1p		i		
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses									
•									
r	r Other transfer of cash or property to related organization(s)				1r		i		
	S Other transfer of cash or property from related organization(s)				1s		i		
2	If the answer to any of the above is "Yes," see the instructions for information on who must comp								
	(a) (b) Name of related organization Transaction type (a-s)	on	(c) Amount involved	(d) Method of determining amount invo	olved				
1)									
<u> </u>									
<u>-, </u>		\rightarrow							
3)									
4)									
5)_									
3)			-						
2016	162 00 14 20			Schedule F	(For	n 990)	2022		

<u>Schedule R (Form 990) 2022 Amazi Water</u> 47-4782701 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners see 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	or- Code V-UBI amount in box 2 of Schedule K-1	General of managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2022 Amazi Water	47-4782701	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
Part I, Identification of Disregarded Entities:		
Name, Address, and EIN of Disregarded Entity:		
Pump, LLC		
EIN: 30-1242529		
9800 Hillwood Parkway, Ste. 140		
Fort Worth, TX 76177		
Primary Activity: Well Construction		
Direct Controlling Entity: Amazi Water		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 47-4782701 Amazi Water File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for 1540 Keller Parkway, PMB 309, 108 filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Keller, TX 76248 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) Jacob McKee Telephone No. ► 682-312-9088 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by 0. using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)