Form	<u>99</u>	0

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

FOIIII	55	•	Neturn		emperion	meome	Τάλ		2020
				527, or 4947(a)(1) of the Inte				ations)	
Departn	nent of th	e Treasury	Do not er	ter social security numbers	on this form as it	may be mad	le public.		Open to Public
	Revenue		Go to	www.irs.gov/Form990 for ins	structions and th	e latest infor	rmation.		Inspection
A Fo	or the 2	2020 calendar	year, or tax year begin	ning	07-01 ,2	2020, and end	ling	0	6-30 , <b>20</b> 21
B Ch	neck if ap	plicable:	C Name of organization2(	Liters				D Emp	loyer identification number
Ac	dress ch	ange	Doing business as						27-3378656
🗌 Na	ame chan	ge	Number and street (or P	O. box if mail is not delivered to street a	address)	Room/s	uite	E Telep	phone number
Ini	tial return	1	2900 Wilson A	7e SW			110		(616)528-0314
Fir	nal return	/terminated	City or town, state or pro	vince, country, and ZIP or foreign posta	l code			G Gros	s receipts
Ar	nended re	eturn	Grandville, M	t 49418				\$	322,169
Ap	plication	pending	F Name and address of pr	incipal officer: Christopher	Kragt		H(a) Is this a g	group return	for subordinates? Yes X No
			Same as C abov	<i>r</i> e			H(b) Are all s	subordinat	es included? Yes No
I Ta	ax-exemp	t status: X 50	01(c)(3) 501(c) (	) < (insert no.) 4947(a)(1)	or 527		lf "No,"	attach a li	st. See instructions
JW	ebsite:	▶ 201it	cers.org				H(c) Group e	exemption	number 🕨
K Fo	orm of org	anization: 🗴 Co	prporation Trust As	sociation Other ►	L Year o	f formation: 20	10 M S	State of leg	gal domicile: <b>MI</b>
Par	tl	Summary							
	1 6	Briefly describe	the organization's miss	ion or most significant activitie	s: 20 Liter	s was cre	eated to	both	educate and
		engage the	e developed worl	d about the need fo	or clean wat	er and to	o empowe:	r loc	al communities in
Ce	t	the develo	ping world to r	neet their clean wat	er needs th	rough sus	stainabl	e tec	hnologies.
nar	-								<b>v</b>
Activities & Governance	2	Check this box	► ☐ if the organizatio	n discontinued its operations or	r disposed of more	e than 25% of	its net asse	ts.	
8			v	erning body (Part VI, line 1a)	•			1	7
<u>م</u>			с с	rs of the governing body (Part					7
ties				n calendar year 2020 (Part V, I	, ,				2
tivit			f volunteers (estimate if						133
Ac			,	Part VIII, column (C), line 12				-	0
				e from Form 990-T, Part I, line		<u></u>		0	0
	8 (	Contributions of	nd grapta (Dart VIII, ling	16)			Prior Year	220	Current Year
a a			•	1h) e2g)				3,329	321,916
Revenue		0		0,				,037	0
eve				A), lines 3, 4, and 7d)				,681	93
Ř				nes 5, 6d, 8c, 9c, 10c, and 11e)				2,000	160
				(must equal Part VIII, column (/				,047	322,169
			· · ·	IX, column (A), lines 1-3)			112	,000	112,000
				X, column (A), line 4)					0
s				e benefits (Part IX, column (A)	,	••••	126	,231	102,213
Expense				column (A), line 11e)		••••			0
bei			ig expenses (Part IX, co		55,				
ũ		•		nes 11a-11d, 11f-24e)				,483	94,872
		•		tequal Part IX, column (A), line	,			,714	309,085
	19 I	Revenue less e	expenses. Subtract line	18 from line 12	•••••			,333	13,084
ces							ginning of Curre		End of Year
sets alan		,	,				100	,064	113,156
Net Assets or Fund Balances							7	,251	7,259
				line 21 from line 20			92	2,813	105,897
Par		Signature							
				Irn, including accompanying schedules a ficer) is based on all information of which			owledge and bel	ief, it is	
				,		0			
0:			opher Kragt						01-19-2022
Sign		Signature of	fofficer					Da	ate
Here	) (	Christ	opher Kragt, Di	rector of Programs	and Operati	ons			
		Type or prin	t name and title						
		Print/Type prepar	rer's name	Preparer's signature	Date		Check	X if	PTIN
Paid		James H Q	Quist CPA		01-1	9-2022	self-em	ployed	P00958612
Prep	arer	Firm's name	James H	Quist CPA PLC	<del></del>		Firm's EIN		
Use	Only	Firm's address		on Ave SW			Phone no.		
	-			MI 49519				616-	443-5344
May t	he IRS	discuss this ret		nown above? (see instructions)					X Yes No
				. /					

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	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	20 Liters was created to both educate and engage the developed world about the need for clean
	water and to empower local communities in the developing world to meet their clean water needs
	through sustainable technologies.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 191,560 including grants of \$ 112,000 ) (Revenue \$ )
	Between July 2020 and June 2021, we continued our work in Rwanda, Africa. In the sectors of
	Kibungo, Rilima and Rukumberi we reached at least 17,903 people with access to clean water. We
	provided in-depth health and hygiene training and household filter systems to 1,508 families,
	built and distributed 8 community filters to schools and health clinics, and constructed 9
	rainwater harvesting systems at local churches. Our volunteers in Rwanda also visited 2,323
	families that have previously received filters to reinforce health & hygiene behaviors and ensu
	their filters are still working. We also performed maintenance checks on 87 community filters a
	139 rainwater harvest systems.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses  191,560
	Form 990 (2020

Form 990 (2020)

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Pa	rt 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
	VII, VIII, IX, or X as applicable.			
а				
u	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more		- 11	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	x	
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
<b></b>	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation or the second secon	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	rt 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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		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 or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	Γ			
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				
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
b	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 lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	· · · [	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	•••	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	•••	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II	•••	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	•••	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				l
	or IV, and Part V, line 1	-	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	•••	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	•••	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	•••	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	•••	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
-	19? Note: All Form 990 filers are required to complete Schedule O.		38	х	
Par					
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	•••		┍┶┷
4 -	Enter the number reported in Day 2 of Form 1000. Enter 0, if not applicable	~ [		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1a         Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable       1b	2			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
U	reportable gaming (gambling) winnings to prize winners?		1c	x	
		••		-	

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Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this returm	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	[			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	F	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	Ī			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x
b	If "Yes," enter the name of the foreign country	Ī			
	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?	F	5b		x
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	F	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
ou	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	••••			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?		7a		v
h		-	7a 7b		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	••••	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		
	required to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	F	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	F	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	F	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 amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	Ī			
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		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	F	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		x
	If "Yes," see instructions and file Form 4720, Schedule N.		1.3		~
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		v
10	If "Yes," complete Form 4720, Schedule O.		10		x

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Par	T VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ıs.		
	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
1a	Enter the number of voting members of the governing body at the end of the tax year	_		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	71-		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
•		80	v	
a b	The governing body?	8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00	х	
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		~
000			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	x
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?		х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in 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  Michigan			
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) available for public inspection. Indicate how you made these available. Check all that apply.			
	X       Own 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 financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Christopher Kragt (616)528-0314, 2900 Wilson Ave SW, Grandville, MI 49418			

Form 990 (202	0) 20 Liters	27-3378656	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employee	es, and
	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 t	his table for all persons required to be listed. Report compensation for the calendar year ending v	vith or within the	
organization's	ax year.		

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

			проп		(C)	iy oun				
					sition					
(A)	(B)			ck m	ore th	an one		(D)	(E)	(F)
Name and title	Average hours					both ar (trustee)		Reportable compensation	Reportable compensation	Estimated amount of other
	per week	Unice		a uli	ector	(lusiee)		from the	from related	compensation
	(list any	2 7	-	o	х	фт	Ţ	organization	organizations	from the
	hours for	r dire	istitu	Officer	ey e	mplc	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	related	dual	tiona		Key employee	st co	Ÿ			· · · · · · · · · · · · · · · · · · ·
	organizations below	Individual trustee or director	Institutional trustee		yee	ompe				
	dotted line)	ee	stee			Highest compensated employee				
						led				
(1) Amanda Mulder	45.00									
Director of Outreach/Secretary		x		х				44,145	0	9,428
(2) Christopher Kragt	45.00									
Director of Programs and Operations				х				39,252	0	9,507
(3) Sydney Bollaert	1.00									
Director		х						0	0	0
(4) Andrew VanTimmeren	1.00									
Director		х						0	0	0
(5) Randal Meyering	1.00									
Director		х						0	0	0
(6) Michael Yoder	1.00									
Director		х						0	0	0
(7) Hilary Smith	2.00									
Treasurer		х		х				0	0	0
(8) Ed Zwyghuizen	2.00									
Chair		x		х				0	0	0
(9) Sue Hulst	2.00									
Vice Chair		x		x				0	0	0
(10)										
<u>(11)</u>										
(12)										
(13)										
<u>(14)</u>										
										<b>E</b>

	90 (2020) 20 Liters										7-33786	556	P	9age <b>8</b>
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, aı		_	est Co	ompe	ensated Employe	es (contin	ued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box,	, unle	Po leck m ss pel	rson is	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reporta compens from rela	able ation ated	con	(F) ated am of other opensat	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		orgar	om the nization organiz	
(15)														
(16)														
(17)														
<u>(18)</u>														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b	Subtotal		• • •			•••	•••	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		· · ·	· ·	•••	•••	••••	• •	83,397		0		18,9	935
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I								of	I			(
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If "Yes," complete Schedu</i>	ctor, trustee,			-		-					3	Yes	No
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th	eportable cor	mpensa	ation	n and	l oth	er com	npen	sation from the					
	individual											4		x
5	Did any person listed on line 1a receive or accrue	•		-			-					E		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scheu	uie .	J 101	Suc	in pers	011			••••	5		x
1	Complete this table for your five highest compensation													
	compensation from the organization. Report comp (A)	Densation for	the cal	ena	ar ye	ear e	enaing	with	or within the organ (B)	nization's t	ax year.	(C)		
	Name and business addres	55							Description of service	es		Compensa	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-				ted a	above)	) who	0					

Form 9	90 (20	20) <b>20 Li</b>	ters					27-33786	56 Page 9
Part	VIII	Statement of Rev	enue						
	,	Check if Schedule O co	ontains a respon	se or n	ote to any line in th	is Part VIII			[
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
	b	Membership dues		1b					
ants unts	c	Fundraising events		1c					
ng G	d	Related organizations .		1d		]			
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contr	ibutions)	1e		_			
imil.	f	All other contributions, gift	-						
utio er S		and similar amounts not in		1f	321,916				
Gth	g	Noncash contributions inc							
Con and		lines 1a-1f		1g					
	h	Total. Add lines 1a-1f				321,916			
	2a				Business Code				
8	b								<u> </u>
ervi ue	c								<u> </u>
Program Service Revenue	d								
grai Re	е								
P.	f	All other program service r	revenue						
	g	Total. Add lines 2a-2f .			•••••				
	3	Investment income (includi							
		other similar amounts) .				93			93
	4	Income from investment of		•					
	5	Royalties							
		0	(i) Rea	al	(ii) Personal	-			
		Gross rents	6a			-			
		Less: rental expenses Rental income or (loss)	6b 6c						
		Net rental income or (loss)			└ · · · · · · ►				
		, , , , , , , , , , , , , , , , , , ,	(i) Securi		(ii) Other				
	/a	Gross amount from sales of assets	(.) 0000		() 6	-			
		other than inventory	7a						
	b	Less: cost or other basis				]			
ne		and sales expenses	7b			_			
ven	С	Gain or (loss)	7c						
Re		Net gain or (loss)		• • •	<u></u> ▶				
Other Revenue	8a	Gross income from fundrai	sing						
ō		events (not including \$		-					
		of contributions reported o							
	h	1c). See Part IV, line 18 Less: direct expenses .				-			
		Net income or (loss) from f			′ <u> </u>				
		Gross income from gaming	-						
		activities, See Part IV, line		9a					
	b	Less: direct expenses .							
	с	Net income or (loss) from g	gaming activities	s	· · · · · · •				
	10a	Gross sales of inventory, le	ess						
		returns and allowances .		1 <b>0</b> a	1	_			
		Less: cost of goods sold							
	C	Net income or (loss) from s	sales of invento	ry	•••••				
					Business Code				
Miscellanous Revenue	11a								
lan enu	b								
Rev	c d	All other revenue			900099	160	160		
Ξ.		Total. Add lines 11a-11d				160			
		Total revenue. See instru				322,169		0	93

	990 (2020) 20 Liters			27-
	TIX Statement of Functional Expenses		·	(A)
Secti	on 501(c)(3) and 501(c)(4) organizations must complete all co	0	izations must complet	e column (A).
	Check if Schedule O contains a response or note to a		(B)	
	ot include amounts reported on lines 6b, 7b,	Total expenses	Program service	Management an
	b, and 10b of Part VIII.		expenses	general expense
1	Grants and other assistance to domestic organizations			
~	and domestic governments. See Part IV, line 21			
2	Grants and other assistance to domestic			
2	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	112,000	112,000	
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
_	trustees, and key employees	95,611	27,551	30,
6	Compensation not included above, to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages			
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
10	Payroll taxes	6,602	1,902	2,
11	Fees for services (nonemployees):			
а	Management			
b	Legal			
С	Accounting	16,052		16,
d	Lobbying			
е	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 Schedule O.)			
12	Advertising and promotion	1,843	535	
13	Office expenses	8,649	689	7,
14	Information technology	7,085	3,184	
15	Royalties			
16	Occupancy	14,610	4,585	4,
17	Travel			
18	Payments of travel or entertainment expenses			
	for any federal, state, or local public officials			
19	Conferences, conventions, and meetings	276		
20	Interest			
21	Payments to affiliates			
22	Depreciation, depletion, and amortization	6,415	3,208	
23		2,859	823	
24	Other expenses. Itemize expenses not covered			
	above (List miscellaneous expenses on line 24e. If			
	line 24e amount exceeds 10% of line 25, column			
	(A) amount, list line 24e expenses on Schedule O.)			
а	Filters and Shipping	37,083	37,083	
b				

(D) Fundraising expenses

30,654 37,406 2,117 2,583 16,052 1,308 7,194 766 836 3,065 4,117 5,908 69 207 3,207 917 1,119 Total functional expenses. Add lines 1 through 24e. . 309,085 191,560 61,956 55,569 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720) . . . .

d

е 25

26

All other expenses

Par	990 (20 <b>t X</b>	Balance Sheet	2	7-337865	6 Page 11
I UI		Check if Schedule O contains a response or note to any line in this Part X			Г
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	97,160	1	89,368
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	1,654	9	7,855
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38,971			
	b	Less: accumulated depreciation		10c	14,683
	11	Investments - publicly traded securities		11	• • • •
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,250	15	1,250
	16	Total assets. Add lines 1 through 15 (must equal line 33)	100,064	16	113,156
	17	Accounts payable and accrued expenses	7,251	17	7,259
	18	Grants payable	.,	18	.,
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<i>(</i> 0	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lide		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	7,251	26	7,259
		Organizations that follow FASB ASC 958, check here	.,		.,
		and complete lines 27, 28, 32, and 33.			
ces	27	Net assets without donor restrictions	92,813	27	105,897
lan	28	Net assets with donor restrictions	527025	28	2007007
Ba		Organizations that do not follow FASB ASC 958, check here			
pur		and complete lines 29 through 33.			
г Ц	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
ť Aś	32	Total net assets or fund balances	92,813	32	105,897
Re	33	Total liabilities and net assets/fund balances	100,064	33	
	55		100,064	55	113,156

EEA

Form **990** (2020)

Form	990 (2020) 20 Liters 2	7-33786	56	Pa	age <b>12</b>	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			. 🗌	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		322,	169	
2	Total expenses (must equal Part IX, column (A), line 25) 2					
3	Revenue less expenses. Subtract line 2 from line 1	3		13,	084	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		92,	813	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		105,	897	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌	
				Yes	No	
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	x		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		. 2b		x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	x		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	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					
	Single Audit Act and OMB Circular A-133?		. 3a		х	
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	<u></u>	. 3b			
EEA			Form	<b>990</b> (	2020)	

			_						OMB No. 1545-0047
(Form 990 or 990-EZ)			y Status and Pu		• •		2020		
Complete if the organiz			Complete if the organiz		01(c)(3) organization or a s		7(a)(1) none	exempt charitable trus	Open to Public
		of the Treasury enue Service	► Got		th to Form 990 or Form orm990 for instructions		atest info	mation	Inspection
		e organization		o www.iis.gov/i (				Employer identifica	
20	Lit	ers						27-33786	56
Pa	rt I	Reason	for Public Charity	y Status. (All o	organizations must c	complete	this par	t.) See instructio	ns.
The	orga	nization is not a	private foundation bec	ause it is: (For line	s 1 through 12, check onl	y one box.	)		
1		A church, con	vention of churches, or	association of chu	urches described in <b>sect</b>	ion 170(b)	(1)(A)(i).		
2		A school desc	ribed in <b>section 170(b</b>	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)		
3		A hospital or a	cooperative hospital s	service organizatio	n described in section 1	70(b)(1)(A	.)(iii).		
4			• ·	rated in conjunction	on with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the	
_			e, city, and state:						
5		-		-	university owned or opera	ated by a g	jovernmen	tal unit described in	
•			)(1)(A)(iv). (Complete		with the endly of the end of the	470/1.)/4)			
6			•	•	init described in <b>section</b>				
7	х	0	ection 170(b)(1)(A)(vi	•	t of its support from a gov	vernmental	unit of flor	n the general public	
8			rust described in secti	, , ,	,				
9	Н	•			ion 170(b)(1)(A)(ix) ope	rated in co	niunction	with a land-grant coll	eae
J		•	•		see instructions). Enter th		•	•	cgc
		university:	a non land grain cone	ge et agricanaie (		o 110.110, 01	.,, and etai	e el lite contege el	
10	П		n that normally receive	s: (1) more than 33	3 1/3% of its support from	n contributi	ons, memb	ership fees, and gros	S
		•	•	( )	subject to certain excepti				
		support from g	ross investment incom	e and unrelated bu	isiness taxable income (le	ess sectior	n 511 tax) f	rom businesses	
		acquired by th	e organization after Ju	ne 30, 1975. See	section 509(a)(2). (Com	plete Part	III.)		
11		An organizatio	on organized and operation	ated exclusively to	test for public safety. Se	e <b>section</b>	509(a)(4).		
12		An organizatio	n organized and opera	ted exclusively for	the benefit of, to perform	the functio	ns of, or to	carry out the purpos	es
		of one or more	e publicly supported or	ganizations descril	oed in <b>section 509(a)(1)</b>	or section	n 509(a)(2)	. See <b>section 509(a</b>	)(3).
			•		ne type of supporting org				•
	а				vised, or controlled by its		-		ving
			0		/ appoint or elect a major	rity of the c	lirectors or	trustees of the	
			-	•	IV, Sections A and B.	·			-
	b			•	ontrolled in connection w		-	., .	•
			on(s). <b>You must com</b>		on vested in the same pe	ISONS LINAL O		nanage the supporter	u
	с		•		anization operated in co	nection w	ith and fu	actionally integrated	with
	U				u must complete Part I				wrur,
	d	_			g organization operated i				ion(s)
					generally must satisfy a d				.,
					e Part IV, Sections A a				
	е		. ,	•	determination from the IF			Type II, Type III	
		functionall	y integrated, or Type II	I non-functionally in	ntegrated supporting org	anization.			
	f	Enter the num	per of supported organ	izations					
	g	Provide the fol	lowing information abo	ut the supported or	rganization(s).				1
	(i	i) Name of supported	lorganization	(ii) EIN	(iii) Type of organization	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)
								·····,	
						Yes	No		
(A)									
(B)									
(C)									
(D)									

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

(E)

Sche	dule A (Form 990 or 990-EZ) 2020 20 Liters					27-33786	56 Page <b>2</b>
	rt II Support Schedule for Organiza	ations Descri	bed in Secti	ons 170(b)(1	)(A)(iv) and		
	(Complete only if you checked th						
	Part III. If the organization fails to						
Se	ction A. Public Support			, p			
	endar year (or fiscal year beginning in)►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and	(u) 2010	(10) 2011	(0) 2010	(4) 2010	(0) 2020	(i) i otai
•	membership fees received. (Do not						
	include any "unusual grants.")	399,586	350,118	356,026	348,329	321,916	1,775,975
2	Tax revenues levied for the	333,300	550,110	330,020	540,529	521,910	1,113,915
~	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	<b>Total.</b> Add lines 1 through 3	399,586	350,118	356,026	348,329	321,916	1 775 075
5	The portion of total contributions by	399,500	350,118	350,020	540,529	521,910	1,775,975
5	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)						230,942
	Public support. Subtract line 5 from line 4						1,545,033
	ction B. Total Support	(-) 2010	(h) 0047	(a) 2010	(4) 2010	(-) 2020	
	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	399,586	350,118	356,026	348,329	321,916	1,775,975
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	58	8	13	1,681	93	1,853
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.)	7					7
	Total support. Add lines 7 through 10						1,777,835
12	Gross receipts from related activities, etc. (se	,				12	25,197
13	First five years. If the Form 990 is for the or	•			•	•	
	organization, check this box and stop here						🕨 🗌
	ction C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6, c		-			14	86.91 %
15	Public support percentage from 2019 Sched					15	84.84 %
16a	33 1/3% support test - 2020. If the organization	tion did not che	eck the box on	line 13, and lin	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization qualified	es as a publicly	supported orga	anization			► <u>x</u>
k	33 1/3% support test - 2019. If the organiza	tion did not che	eck a box on lir	ne 13 or 16a, a	nd line 15 is 3	3 1/3% or more	e, check
	this box and stop here. The organization qu	alifies as a pub	licly supported	organization .			►
17a	10%-facts-and-circumstances test - 2020.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meets t	he facts-and-ci	rcumstances te	est, check this	box and stop	here. Explain i	n
	Part VI how the organization meets the facts	-and-circumsta	nces test. The	organization q	ualifies as a p	ublicly supporte	ed
	organization						► 🗌
k	10%-facts-and-circumstances test - 2019.	If the organizat	tion did not che	eck a box on lir	ne 13, 16a, 16	b, or 17a, and I	ine
	15 is 10% or more, and if the organization m	-					
	in Part VI how the organization meets the fac						
	organization			-	-		_
18	Private foundation. If the organization did n						
-	instructions						ト 🗆
							m 990 or 990-EZ) 2020

Sche	dule A (Form 990 or 990-EZ) 2020 20 Liters					27-337865	56 Page 3
Pa	rt III Support Schedule for Organiz	ations Desc	cribed in Sec	tion 509(a)(2	2)		
	(Complete only if you checked t	he box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify und	der Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
See	ction A. Public Support			-			
_	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, or facilities						
	fumished 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						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
74	received from disqualified persons						
h	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
•	line 6.)						
Sec	ction B. Total Support						
-	endar year (or fiscal year beginning in)►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(4) 2010	(,	(0) _0.0	(4) _0.0		(.) ! ! !
-	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1				
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	second. third.	fourth, or fifth	tax vear as a s	section $501(c)(3)$	
	organization, check this box and stop here						
Sec	ction C. Computation of Public Suppor	t Percentag	e				<u> </u>
	Public support percentage for 2020 (line 8, c			column (f)) .		15	%
	Public support percentage from 2019 Sched		-			16	%
	ction D. Computation of Investment In						
17				line 13, columr	n (f))	17	%
18	Investment income percentage from 2019 So					18	%
19a	33 1/3% support tests - 2020. If the organiz					e than 33 1/3%,	
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	-	-				
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did n	ot check a bo	x on line 14, 19	9a, or 19b, che	ck this box and	d see instruction	s 🕨 🗌

Part	A (Form 990 or 990-EZ) 2020         20 Liters         27-3378           IV         Supporting Organizations         27			age 4
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, compl and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Pa Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and comple	art I, con	nplete	
Sect	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NU
	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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	38		
D	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
1a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	10		
5-2	<i>purposes.</i> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes,"</i>	4c		
d	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor $(22.6)^{1/2}$ of the particular payment is a substantial contributor of a su			
	(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 "Yea" complete Part L of Schedula L (Form 000 or 000 FZ)	7		
R	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
B	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8		
Эа	Was the organization controlled directly or indirectly at any time during the tax year by one or more	0		
-4	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	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 10b below.	10a		
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.)	10b		

Schedule A (Form 990 or 990-EZ) 2020

Sched	ule A (Form 990 or 990-EZ) 2020 20 Liters 27-33786	56	F	Page 5
	rt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a	-	
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	2		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations	•		<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	).
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	<ul> <li>The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i></li> <li>The organization supported a governmental entity. <i>Describe in Part VI how you supported a government enti</i></li> </ul>	tu (soo i	notruo	tional
с 2	Activities Test. Answer lines 2a and 2b below.	y (see ii		<b>No</b>
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
<b>FF</b> A	O-to-to-to-to-	(F		-7) 0000

Schedule A (Form 990 or 990-EZ) 2020

g trust or	Nov 20 1070 (ovalo	
		in in <b>Part VI</b> ). See
nizations	must complete Sectio	
	(A) Prior Year	(B) Current Yea (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
1a		
1b		
1c		
1d		
2		
3		
4		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
y integra	ted Type III supporting	organization
	2 3 4 5 6 7 8 1 1 1 1 1 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1	1         2         3         4         5         6         7         8         (A) Prior Year         1a         1b         1c         1d         2         3         4         5         6         7         8         2         3         4         5         6         7         8         1         2         3         4         5         6         7         8         1         2         3         4         5         3         4         5         3         4         5         3         4         5

Schedule A (Form 990 or 990-EZ) 2020

Schedu	le A (Form 990 or 990-EZ) 2020 20 Liters			378656 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	1
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat		3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required) - p	rovide details in <b>Part VI</b> )		5
	Other distributions (describe in <b>Part VI</b> ). See instructions.			-
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	e organization is respons		
	(provide details in <b>Part VI</b> ). See instructions.			8
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	-
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
С	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2021</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-	Excess from 2020			
EEA			Sc	hedule A (Form 990 or 990-EZ) 2020

Schedule A (Fo	m 990 or 990-EZ) 2020 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

# **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.

2020 Open to Public Increation

OMB No. 1545-0047

•	Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.         Inspection						
Name	of the organization			Employer identification	on number		
20	Liters			27-337865	6		
Pa	rt I Organiza	tions Maintaining Donor Advised Fu	unds or Other Similar Funds or Acco	ounts.			
	Complete	if the organization answered "Yes" on	Form 990, Part IV, line 6.				
			(a) Donor advised funds	(b) Funds	and other accounts		
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3	Aggregate value o	f grants from (during year)					
4	Aggregate value a	tend of year					
5	Did the organization	on inform all donors and donor advisors in w	riting that the assets held in donor advised				
	funds are the orga	inization's property, subject to the organization	on's exclusive legal control?		. 🗌 Yes 🗌 No		
6	Did the organization	on inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	d			
	only for charitable	purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose				
	conferring impermi	issible private benefit?			. 🗌 Yes 🗌 No		
Pa	rt II Conser	vation Easements.					
	Complete	e if the organization answered "Yes" or	n Form 990, Part IV, line 7.				
1	Purpose(s) of cons	servation easements held by the organizatio	n (check all that apply).				
	Preservation of	of land for public use (e.g., recreation or edu	cation) Preservation c	of a historically impo	tant land area		
	Protection of r	natural habitat	Preservation of	of a certified historic	structure		
	Preservation of	of open space					
2	Complete lines 2a tl	hrough 2d if the organization held a qualified	l conservation contribution in the form of a c	onservation			
	easement on the la	ast day of the tax year.		Held a	the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	Total acreage rest	ricted by conservation easements		2b			
с	Number of conserv	vation easements on a certified historic struc	cture included in (a)	2c			
d	Number of conserv	vation easements included in (c) acquired at	fter 7/25/06, and not on a				
	historic structure lis	sted in the National Register		2d			
3	Number of conserv	vation easements modified, transferred, rele	ased, extinguished, or terminated by the org	ganization during the			
	tax year						
4	Number of states	where property subject to conservation ease	ement is located				
5	Does the organization	tion have a written policy regarding the peric	odic monitoring, inspection, handling of				
	violations, and enfo	orcement of the conservation easements it h	olds?		. 🗌 Yes 🗌 No		
6	Staff and volunteer	r hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservat	tion easements durir	ng the year		
	▶						
7	Amount of expense	es incurred in monitoring, inspecting, handlir	ng of violations, and enforcing conservation	easements during th	e year		
	▶\$						
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(	4)(B)(i)			
	and section 170(h)	)(4)(B)(ii)?			. 🗌 Yes 🗌 No		
9	In Part XIII, descrit	be how the organization reports conservatio	n easements in its revenue and expense sta	atement and			
	balance sheet, and	I include, if applicable, the text of the footnote	e to the organization's financial statements t	hat describes the			
		ounting for conservation easements.					
Pa	rt III Organi	zations Maintaining Collections	of Art, Historical Treasures, or (	Other Similar A	ssets.		
	Comple	te if the organization answered "Yes" o	on Form 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 958	, not to report in its revenue statement and l	balance sheet works			
	of art, historical tre	asures, or other similar assets held for publi	c exhibition, education, or research in furthe	erance of public			
	service, provide, in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	provide the following amounts relating to these items:						
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1		· · · · · · ▶ \$_			
	(ii) Assets include	ed in Form 990, Part X		▶ \$			
2	If the organization	received or held works of art, historical treas	sures, or other similar assets for financial ga	ain, provide the			
	following amounts	required to be reported under FASB ASC 9	58 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1		▶\$_			
b	Assets included in	Form 990, Part X		▶\$			

	ule D (Form 990) 2020 <b>20 Liters</b>						27-337		Page 2
Pa	rt III Organizations Maintaining C	Collections of	Art, His	torical T	reasures	, or Ot	her Similar A	Assets (c	ontinued)
3	Using the organization's acquisition, accession,	and other records	, check any	of the follo	wing that ma	ake signi	ficant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan d	or exchange	program	IS		
b	Scholarly research		е	Other	-				
c	Preservation for future generations		•						
4									
-	XIII.		now they i		nganizationa	evenib			
-			(			:			
5	During the year, did the organization solicit or re								
De	assets to be sold to raise funds rather than to b		art of the of	rganization	s collection?			🗌 Ye	s 🗌 No
Pa	rt IV Escrow and Custodial Arran		<b>-</b>	000 0-	ut IV / Base	0			<b>-</b>
	Complete if the organization ar	iswered res		1990, Pa	urt iv, ime	9, 01 16	eponeo an an	nount on i	FOITH
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian of		-						
								Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing table	e:					
							A	mount	
С	Beginning balance					. 10	:		
d	Additions during the year					. 1c	1		
е	Distributions during the year					. 1e			
f	Ending balance					. 1f			
2a	Did the organization include an amount on Form	n 990, Part X, line 2	21, for escr	ow or custo	odial account	liability	?	🗌 Ye	s 🗌 No
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation h	as been pr	ovided on Pa	art XIII			
Pa	rt V Endowment Funds.								
	Complete if the organization ar	nswered "Yes"	on Form	i 990, Pa	rt IV, line	10.			
		(a) Current year	<b>(b)</b> Pri	or year	(c) Two years	s back	(d) Three years bac	k (e) Fou	r years back
1a	Beginning of year balance	() )					() )		,
b	Contributions								
c	Net investment earnings, gains, and								
•									
Ч	Grants or scholarships								
ů	Other expenditures for facilities and								
е	'								
t	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the current	•	(line 1g, co	blumn (a)) i	neld as:				
a	Board designated or quasi-endowment	%							
b	Permanent endowment  %								
С	Term endowment   %								
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possessi	ion of the organiza	tion that are	e held and	administered	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	ons listed as requir	ed on Sche	edule R?.				3b	
4	Describe in Part XIII the intended uses of the o	rganization's endo	wment fund	ds.					
Pa	rt VI Land, Buildings, and Equipm	nent.							
	Complete if the organization ar	nswered "Yes"	on Form	n 990, Pa	rt IV, line	11a. S	ee Form 990	, Part X, li	ne 10.
	Description of property	(a) Cost or oth	ner basis	(b) Cost o	r other basis	(c)	Accumulated	( <b>d</b> ) Boo	k value
		(investm	ient)	(0	other)	d	epreciation		
1a	Land								
b	Buildings								
с	Leasehold improvements				19,719		6,338		13,381
d					1,378		76		1,302
e	Other				17,874		17,874		_,
-	I. Add lines 1a through 1e. (Column (d) must ed		rt X. colum	n (B), line	-		-		14,683
		,		$\dots$ $(-), \dots$					

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20 Liters

Complete if the organization answered "Yes" on For	m 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (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 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) 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 15.).	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) . 🕨	

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

Sched	ule D (Form 990) 2020 20 Liters	27-3378656	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants   2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	
Pa	rt XIII Supplemental Information.		

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

SCHEDULE F	Statement of Activities Outside the United States	S OMB No. 1545-0047
(Form 990)		2020
	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 1</li> <li>Attach to Form 990.</li> </ul>	Open to Public
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Name of the organization		Employer identification number
20 Liters		27-3378656
Part I Genera	Information on Activities Outside the United States. Complete if the organization a	answered "Yes" on
Form 99	0, Part IV, line 14b.	
1 For grantmake	rs. Does the organization maintain records to substantiate the amount of its grants and	
other assistance	e, the grantees' eligibility for the grants or assistance, and the selection criteria used to	
award the grant	s or assistance?	🗴 Yes 🗌 No

2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance
	outside the United States.

### 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)Sub-Saharan Africa			Grant making	Filter install/edu	112,000
_(2)					
(3)					
(4)					
_(5)					
_(6)					
_(7)					
_(8)					
_(9)					
(10)					
(11)					
(12)					
(13)					
<u>(14)</u>					
(15)					
(16)					
(17)					
<ul><li>3a Subtotal</li></ul>					112,000
sheets to Part I					
c Totals (add lines 3a and 3b)					112,000

Schedule F (Form 990) 2020	20 Liters	
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#### 27-3378656

Page **2** 

Part II			rganizations or Entities					ed "Yes" on Fo	rm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	co received more than \$5,00 (c) Region	(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)
(1)			Sub-Saharan Africa	H2O Filters,	112,000	АСН			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)			-						
(14)									
(15)									
(16)									
ex	empt 501(c)(3) organizatio	on by the IRS, or for whic	bove that are recognized as chari on the grantee or counsel has pro	vided a section 501(c)	(3) equivalency letter.				

(a) Type of grant or assistance	if additional space is needed (b) Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV appraisal, othe
1)							
2)							
31							
l)							
5)							
i)							
7)							
3)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
<b>8)</b> A						Sched	ule F (Form 990)

Page 3 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

Schedule F	(Form 990) 2020 <b>20 Liters</b>	27-33786	56	F	Page 4
Part I	/ Foreign Forms				
t	Vas the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," he 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
k F	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 J.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	ſ	Yes	X	No
<b>3</b> [ t	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," he 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
c I	Vas 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, nformation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	[	Yes	X	No
t	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," he 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
"	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 nstructions for Form 5713; don't file with Form 990)	[	Yes	x	No
EEA		Sche	dule F (F	orm 99	0) 2020

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public

Inspection

Employer identification number 27 – 3378656

#### 20 Liters

#### 01. Form 990 governing body review (Part VI, line 11)

The 990 was reviewed by the co-director and the board treasurer. A copy was provided to

each board member before filing.

02. Conflict of interest policy compliance (Part VI, line 12c)

Annually, the board of directors are required to sign the conflict of interest statement,

which requires them to disclose any possible conflicts and to abstain from discussion and

voting on matters that might pose a conflict of interest.

## 03. Governing documents, etc, available to public (Part VI, line 19)

The governing documents, conflict of interest policy and financial statements are

available upon request and approval by the board of directors.

Form	8868	
(Rev. Jar	uary 2020)	

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

Department of the Treasury Internal Revenue Service

- File a separate application for each return.
- ► Go to www.irs.gov/Form8868 for the latest information.

**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 Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

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	20 Liters	27-3378656		
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.			
due date for	2900 Wilson Ave SW STE 110			
filing your return. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
instructions.	Grandville MI 49418			

Application		Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL		Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
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)	06	Form 8870	12

• The books are in the care of > Christopher Kragt, 2900 Wilson Ave SW Grandville MI 49418

Τe	elephone No.▶ 616-528-0314 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 Retum, enter the organization's four digit Group Exemption Number (GEN) If the second se	his is	
for th	e whole group, check this box 🛛	า	
a list	with the names and TINs of all members the extension is for.		
1	I request an automatic 6-month extension of time until05-16, 20 22, to file the exempt organization ret         the organization named above. The extension is for the organization's return for:         ▶		
3а	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
с	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by		
	using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$
Caut	ion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Fo	rm 88	79-EO for payment
instru	ctions.		
For F	vivacy Act and Paperwork Reduction Act Notice, see instructions.	Forr	m 8868 (Rev. 1-2020)

EEA

Form	88	79-	-EO
Form	ØØ	19	-EO

Department of the Treasury

### IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning 07-01-2020 , and ending 06-30-2021

Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

2020
------

Taxpayer identification number

27-3378656

Internal Revenue Service	

## ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax	
--	--

20 Liters

Name and title of officer or person subject to tax

## Christopher Kragt, Director of Programs and Operations

Part IType of Return and Return Information (Whole Dollars Only)Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here <b>&gt;</b> X <b>b</b> T	otal revenue, if any (Form 990, Part VIII, column (A), line 12)	322,169
2a	Form 990-EZ check here F	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	<b>b</b> Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ►	Balance due (Form 8868, line 3c)	
6a	Form 990-T check here k	Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here ►	Total tax (Form 4720, Part III, line 1)	
P	art II Declaration and Sigr	ature Authorization of Officer or Person Subject to Tax	

Jnder penalties of perjury, I declare tha	:	I am an officer of the above organization or	] I am a person subject to tax with respect to
		5	

(name of organization) \_\_\_\_\_\_\_\_, (EIN) \_\_\_\_\_\_\_\_, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

FIN. CHECK ONE DOX ONLY				
X lauthorize James H Quist CPA PLC	to enter my PIN _40415 as my signature			
ERO firm name Enter five numbers, but do not enter all zeros				
on the tax year 2020 electronically filed return. If I have indicated v state agency(ies) regulating charities as part of the IRS Fed/State PIN on the return's disclosure consent screen.				
As an officer or person subject to tax with respect to the organizat electronically filed return. If I have indicated within this return that regulating charities as part of the IRS Fed/State program, I will er	a copy of the return is being filed with a state agency(ies)			
Signature of officer or person subject to tax	Date ► 01-19-2022			
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN.	403423 40415			
	Do not enter all zeros			
I certify that the above numeric entry is my PIN, which is my signature on t	the 2020 electronically filed retum indicated above. I confirm			
that I am submitting this return in accordance with the requirements of P	ub. 4163, Modernized e-File (MeF) Information for Authorized			
IRS <i>e-file</i> Providers for Business Returns.				
ERO's signature	Date > 01-19-2022			
ERO Must Retain This	s Form - See Instructions			

#### Do Not Submit This Form to the IRS Unless Requested To Do So

FOR YOUR RECORDS ONLY Federal Supporting Statements				2020 PG01	
Name(s) as shown on return			Tax ID Numbe	r	
20 Liters				27-3378656	
Description	Investments - O <b>Cost/basis</b>	Cost/basis		Book	
of Investment	(Investment)	(Other)	Depr	Value	
Website	0	17,874	17,874	0	
Total	0	17,874	17,874	0	