

## Forms 990 / 990-EZ Return Summary

For calendar year 2014, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

20-8877288

### WINE TO WATER

Net Asset / Fund Balance at Beginning of Year 138,637

**Revenue**

Contributions	<u>894,240</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>39,040</u>	

**Total revenue** 933,280

**Expenses**

Program services	<u>624,332</u>	
Management and general	<u>122,854</u>	
Fundraising	<u>189,708</u>	

**Total expenses** 936,894

**Excess / (deficit)** -3,614

Changes

Net Asset / Fund Balance at End of Year 135,023

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**Reconciliation of Revenue**

Total revenue per financial statements	<u>933,280</u>	
Less:		
Unrealized gains	_____	
Donated services	_____	
Recoveries	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	_____	
<b>Total revenue per return</b>	<u><u>933,280</u></u>	

**Reconciliation of Expenses**

Total expenses per financial statements	<u>936,894</u>	
Less:		
Donated services	_____	
Prior year adjustments	_____	
Losses	_____	
Other	_____	
Plus:		
Investment expenses	_____	
Other	_____	
<b>Total expenses per return</b>	<u><u>936,894</u></u>	

**Balance Sheet**

	Beginning	Ending	
Assets	<u>144,156</u>	<u>187,241</u>	
Liabilities	<u>5,519</u>	<u>52,218</u>	
Net assets	<u><u>138,637</u></u>	<u><u>135,023</u></u>	<u><u>-3,614</u></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/16/15  
 Failure to file penalty \_\_\_\_\_

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1678

Form 8879-EO

For calendar year 2014, or fiscal year beginning ... 2014, and ending ... 20...

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2014

Department of the Treasury Internal Revenue Service

Name of exempt organization

WINE TO WATER

Employer identification number

20-8877288

Name and title of officer

DICKSON B HENDLEY PRESIDENT

Part I Type 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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

Table with 5 rows: 1a Form 990 check here, 2a Form 990-EZ check here, 3a Form 1120-POL check here, 4a Form 990-PF check here, 5a Form 8868 check here. Includes columns for 'b' Total revenue, Total tax, Tax based on investment income, and Balance Due.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize BRYCE HOLDER CPA PA to enter my PIN 77288 as my signature. ERO firm name. Enter five numbers, but do not enter all zeros.

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

[Handwritten signature]

Date

10/15/15

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.

56809400004

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

[Blank line for signature]

Date

10/15/15

ERO Must Retain This Form—See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2014)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2014**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2014 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **WINE TO WATER**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 2567**  
 City or town, state or province, country, and ZIP or foreign postal code: **BOONE NC 28607**

**D** Employer identification number: **20-8877288**

**E** Telephone number: **828-355-9655**

**F** Name and address of principal officer:  
**DICKSON B HENDLEY**  
**PO BOX 2567**  
**BOONE NC 28607**

**G** Gross receipts \$: **988,803**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.WINETOWATER.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2007**

**M** State of legal domicile: **NC**

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWARENESS ABOUT THE GLOBAL WATER CRISIS</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	8	
	6 Total number of volunteers (estimate if necessary)	6	0	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	752,186	894,240	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,194	39,040	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	783,380	933,280	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	237,561	270,045
		14 Benefits paid to or for members (Part IX, column (A), line 4)		0
		15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	232,180	326,140
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) <b>189,708</b>				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		283,464	340,709	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		753,205	936,894	
19 Revenue less expenses. Subtract line 18 from line 12	30,175	-3,614		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	144,156	187,241	
	22 Net assets or fund balances. Subtract line 21 from line 20	5,519	52,218	
		138,637	135,023	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: *[Signature]* Date: \_\_\_\_\_  
**DICKSON B HENDLEY** **PRESIDENT**  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **KEVIN OLIVER** Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check  if self-employed PTIN: **P00705260**

Firm's name: **BRYCE HOLDER CPA PA** Firm's EIN: **56-1433465**  
 PO BOX 1908  
 Firm's address: **BOONE, NC 28607** Phone no.: **828-264-3595**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

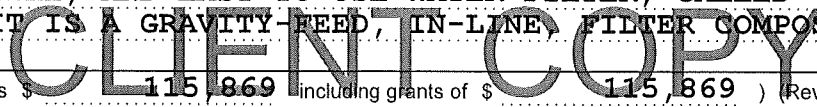
1 Briefly describe the organization's mission:  
**TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWARENESS ABOUT THE GLOBAL WATER CRISIS**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 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?  Yes  No  
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ **83,459** including grants of \$ **83,459** ) (Revenue \$ )  
**PHILIPPINES SAWYER RELIEF PROJECT. TYPHOON HAIYAN (YOLANDA) WAS AN EXCEPTIONALLY POWERFUL TROPICAL CYCLONE THAT DEVASTATED THE MIDDLE ISLANDS OF THE PHILIPPINES ON NOVEMBER 8, 2013. IT WAS THE DEADLIEST PHILIPPINE TYPHOON ON RECORD AND THE STRONGEST STORM RECORDED AT LANDFALL, KILLING THOUSANDS AND DISPLACING MILLIONS. THE MOST BASIC NEEDS FOR SURVIVAL WERE THE MOST CRUCIAL (WATER, FOOD, SHELTER, AND MEDICINE). MANY WATER SYSTEMS WERE DESTROYED OR HAD BECOME CONTAMINATED WITH FECAL COLIFORM. WINE TO WATER WAS ABLE TO QUICKLY RAISE FUNDS AND GET PROGRAMS WORKING ON THE GROUND WITHIN TWO WEEKS OF THE STORM. THE PROJECT UTILIZED A VERY EFFECTIVE, PORTABLE, AND EASY TO USE WATER FILTER, CALLED "SAWYER POINTONE" WATER FILTER. IT IS A GRAVITY-FEED, IN-LINE FILTER COMPOSED OF A HOLLOW**



4b (Code: ) (Expenses \$ **115,869** including grants of \$ **115,869** ) (Revenue \$ )  
**UGANDA CLEAN WATER PROJECT- SINCE 2008, WINE TO WATER HAS PARTNERED WITH SAMARITAN'S PURSE UK, DOING MANY DIFFERENT WATER/SANITATION PROGRAMS THROUGH A LOCAL UGANDAN NGO CALLED CONNECT AFRICA, WHO OPERATES FOUR COMMUNITY RESOURCE CENTERS IN UGANDA (MIGADDE, KIGUMBA, OPIT, AND ATTIK). MOST OF THE WORK DONE IS FUNDED THROUGH A GRANT FROM SAMARITAN'S PURSE UK (\$47,814), WHERE WINE TO WATER IS RESPONSIBLE FOR MANAGING IT. THIS WORK ENCOMPASSES THREE DIFFERENT CLEAN WATER PROGRAMS; BIO-SAND WATER FILTERS, RAINWATER HARVEST TANKS, AND HANDPUMP REPAIRS. THE BIO-SAND WATER FILTERS (\$100 EACH) ARE MADE OF CONCRETE, GRAVEL, AND MEDIA SAND FOR THE 38% OF THE COUNTRY'S POPULATION DOES NOT HAVE ACCESS TO CLEAN WATER. THE RAINWATER HARVEST TANKS (\$1,500 EACH) ARE**

4c (Code: ) (Expenses \$ **52,112** including grants of \$ **52,112** ) (Revenue \$ )  
**CAMBODIA RELIEF AND DEVELOPMENT ASSISTANCE PROGRAM- SINCE 2008, WINE TO WATER HAS PARTNERED WITH A LOCAL COMMUNITY BASED ORGANIZATION IN PHNOM PENH, CAMBODIA CALLED KONE KMENG. WINE TO WATER COMPLETELY FUNDS THEIR RELIEF AND DEVELOPMENT ASSISTANCE (RDA) PROGRAM THAT PROVIDES CLEAN WATER AND SANITATION FOR THE 60% OF THE CAMBODIAN POPULATION THAT LIVES WITHOUT CLEAN WATER. MOST OF THE WORK IS FOCUSED IN THE VILLAGES OF SVAY RIENG AND PREY VENG PROVINCES. THERE ARE 4 ASPECTS TO KONE KMENG'S RDA PROGRAM: DRILLING SHALLOW WELLS, BUILDING LATRINES, DISTRIBUTING CERAMIC WATER FILTERS, AND PROVIDING EDUCATION ON SANITATION AND HYGIENE. IN 2013, 120 WELLS WERE DRILLED AND 120 LATRINES WERE BUILT SERVING 2,525 PEOPLE, INCLUDING 1,445 OF WHICH ARE CHILDREN. GPS LOCATIONS, PICTURES, AND DATA**

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ **372,892** including grants of \$ **18,605** ) (Revenue \$ )

4e Total program service expenses **624,332**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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)		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
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		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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?	<input checked="" type="checkbox"/>	
<b>3</b>	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?		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
<b>7a</b>	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?		<input checked="" type="checkbox"/>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
<b>15b</b>	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
<b>15c</b>	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KATY COOK**  
**BOONE** **PO BOX 2567** **NC 28607** **828-355-9655**



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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN PETERSON BOARD CHAIRMAN	40.00 0.00	X		X			0	0	0	
(2) DICKSON B HENDLEY PRESIDENT	40.00 0.00	X		X			0	0	0	
(3) ANNIE C MARION VICE PRESIDENT	20.00 0.00	X		X			0	0	0	
(4) TERRIE BLEVINS TREASURER	15.00 0.00	X		X			0	0	0	
(5) WENDY FUSCOE BOARD MEMBER	15.00 0.00	X					0	0	0	
(6) LEONARD C BLEVINS BOARD MEMBER	15.00 0.00	X					0	0	0	
(7) JERRY BUTLER BOARD MEMBER	15.00 0.00	X					0	0	0	
(8) RAY BUCHANAN INTERIM CHAIRMAN	15.00 0.00	X					0	0	0	
(9) ALAN YAWN BOARD MEMBER	15.00 0.00	X					0	0	0	
(10)										
(11)										

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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	894,240				
	g Noncash contributions included in lines 1a-1f: \$						
	<b>h Total. Add lines 1a-1f</b>			894,240			
<b>Program Service Revenue</b>	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>						
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	94,563					
b Less: cost of goods sold	b	55,523					
c Net income or (loss) from sales of inventory			39,040			39,040	
<b>Miscellaneous Revenue</b>	11a	Busn. Code					
	b						
	c						
	d All other revenue						
	<b>e Total. Add lines 11a-11d</b>						
<b>12 Total revenue. See instructions.</b>			933,280	0	0	39,040	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	270,045	270,045		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	244,044	119,811	46,374	77,859
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	58,828	20,499	12,393	25,936
10 Payroll taxes	23,268	11,824	3,622	7,822
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e 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.)	13,496		3,425	10,071
12 Advertising and promotion	9,315	2,120	1,853	5,342
13 Office expenses	44,178	1,887	14,415	27,876
14 Information technology				
15 Royalties				
16 Occupancy	24,640	7,635	5,309	11,696
17 Travel	50,723	37,379	2,892	10,452
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,897	578	4,319	
23 Insurance	9,151	4,026	5,125	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>EMERGENCY RELIEF</b>	73,997	73,997		
b <b>SUPPLIES</b>	63,482	63,482		
c <b>BANK CHARGES</b>	15,952	270	15,682	
d <b>TELEPHONE &amp; INTERNET</b>	15,306	7,287	2,640	5,379
e All other expenses	15,572	3,492	4,805	7,275
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>936,894</b>	<b>624,332</b>	<b>122,854</b>	<b>189,708</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	94,102	1	110,102
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,467	4	29,975
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	393	7	
	8 Inventories for sale or use	12,861	8	14,973
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 66,787		
	b Less: accumulated depreciation	10b 34,596	34,333	10c 32,191
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		144,156	16	187,241
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	22,186
	18 Grants payable		18	
	19 Deferred revenue		19	20,615
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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	5,519	25	9,417
	26 <b>Total liabilities.</b> Add lines 17 through 25	5,519	26	52,218
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	138,637	27	135,023
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	138,637	33	135,023
34 <b>Total liabilities and net assets/fund balances</b>	144,156	34	187,241	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	933,280
2	Total expenses (must equal Part IX, column (A), line 25)	2	936,894
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,614
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	138,637
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	135,023

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  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?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?  
 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
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in 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?
- 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 in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WINE TO WATER**

Employer identification number

**20-8877288**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	545,580	420,167	599,660	752,186	741,673	3,059,266
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	545,580	420,167	599,660	752,186	741,673	3,059,266
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						3,059,266

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	545,580	420,167	599,660	752,186	741,673	3,059,266
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		34,193	39,226	66,503	94,563	234,485
11 <b>Total support.</b> Add lines 7 through 10						3,293,751
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	92.88 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	94.94 %
16a <b>33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> 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).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> 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.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
<b>b</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.)		

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> <b>Activities Test. Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> <b>Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> 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? Provide details in <b>Part VI</b> .		
<b>b</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.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: <span style="float: right;">\$</span>			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 <b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013 . . .			
e Excess from 2014 . . .			

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**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 234,485

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Schedule B  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

### Schedule of Contributors

OMB No. 1545-0047

# 2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

**WINE TO WATER**

**20-8877288**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

WINE TO WATER

Employer identification number

20-8877288

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAYNILAD [REDACTED]	\$ 98,925	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TEXAS ROADHOUSE HOLDINGS [REDACTED]	\$ 19,084	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SOLERA HOLDINGS INC. [REDACTED]	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2014

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form with multiple sections: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Includes sub-sections 2a-2d and a table 'Held at the End of the Tax Year'), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with sections: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not 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, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (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) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII  Yes  No

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations  Yes  No
  - (ii) related organizations  Yes  No
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		26,500		26,500
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		40,287	34,596	5,691
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>32,191</b>

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" to 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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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) <b>PAYROLL TAX LIABILITIES</b>	<b>7,960</b>	
(3) <b>SALES TAX PAYABLE</b>	<b>1,457</b>	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>9,417</b>	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

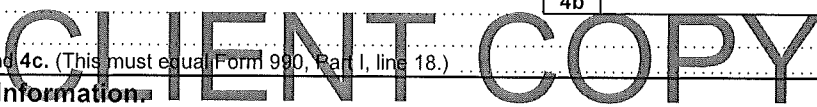
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>933,280</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>933,280</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>933,280</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>936,894</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>936,894</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>936,894</b>



**Part 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.

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**Part XIII** Supplemental Information (continued)

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**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WINE TO WATER**

Employer identification number  
**20-8877288**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA			PROGRAM SERVICES	WATER FILTERS, WELLS	66,109
(1) EAST ASIA			PROGRAM SERVICES	WATER FILTERS, WELLS	22,540
(2) PHILIPPINES			PROGRAM SERVICES	WATER FILTERS, WELLS	36,099
CENTRAL AMERICA & CARIBBEAN			PROGRAM SERVICES	WATER FILTERS, WELLS	12,204
(4) COLOMBIA			PROGRAM SERVICES	WATER FILTERS, WELL	2,070
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					139,022
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					139,022

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20-8877288

**WINE TO WATER**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)				WATER FILTERS	83,459	ELEC TRANSFERS			
(2)				WELLS, WATER FILTERS	115,869	ELEC TRANSFERS			
(3)				WATER FILTERS, WELLS	52,112	ELEC TRANSFERS			
(4)				WATER FILTERS, WELLS	18,605	ELEC TRANSFERS			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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**Part IV Foreign Forms**

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

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**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).

**PART I, LINE 3 - ACTIVITIES PER REGION**

REGION	EXPENDITURES	INVESTMENTS
SUB-SAHARAN AFRICA	\$ 66,109	\$ 0
EAST ASIA	\$ 22,540	\$ 0
PHILIPPINES	\$ 36,099	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 12,204	\$ 0
COLOMBIA	\$ 2,070	\$ 0

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**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

WINE TO WATER

Employer identification number

20-8877288

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

FIBER MEMBRANE CAPABLE OF REMOVING 99.9999% OF ALL HARMFUL BACTERIA, PROTAZOA, AND CYSTS. EACH UNIT CAN FILTER A LITER OF WATER PER MINUTE, LAST UP TO 10 YEARS, AND COST BETWEEN \$28 AND \$46. THE MORE REMOTE AREAS THAT WERE HIT THE HARDEST WERE TARGETED, LIKE EASTERN SAMAR, LEYTE (TACLOBAN), NORTHERN CEBU, AND ILOILO ISLAND. OUR TEAMS WOULD TYPICALLY GO INTO THE VILLAGES (CALLED BARANGAY'S) AND INSTRUCT THE COMMUNITY AS A WHOLE ON HOW TO USE AND MAINTAIN THE FILTER, AS WELL AS THE IMPORTANCE OF PROPER HYGIENE. THEN THE FILTERS AND BUCKETS WOULD BE DISTRIBUTED, RECORDING ALL RELEVANT INFORMATION NEEDED FOR FOLLOW-UP EVALUATIONS. ALL OF THE \$83,459 WAS SPENT ON 4,559 SAWYER POINTONE FILTER KITS, REACHING AN ESTIMATED 45,590 FILIPINOS WITH MORE THAN RELIEF, BUT A MUCH MORE PROLONGED CLEAN WATER SOLUTION.

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FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

MADE OF SOIL BRICKS WITH A 1,500 LITER CAPACITY. HANDPUMP REPAIR (\$1,200-\$1,500) IS THE PROCESS OF FIXING A BROKEN WELL AT A FRACTION OF THE COST OF DRILLING A NEW ONE. WITHIN EACH OF THE PROGRAMS, USER MAINTENANCE AND PROPER HYGIENE ARE TAUGHT TO ALL THE BENEFICIARIES. THE TOTALS FOR THE SPUK GRANT ARE 170 BIO-SAND FILTERS (1,190 PEOPLE), 8 RAINWATER HARVEST TANKS (800 PEOPLE), AND 9 HANDPUMP REPAIRS (2,520 PEOPLE). IN ADDITION TO THESE TOTALS, WINE TO WATER HAS FUNDED 65 BIO-SAND FILTERS (455 PEOPLE), 3 RAINWATER HARVEST TANKS (300 PEOPLE), AND 20 HANDPUMP REPAIRS (5,600 PEOPLE). FOR 2014, AN ESTIMATED 10,865 UGANDANS WERE REACHED WITH CLEAN WATER THROUGH ALL OF THESE SERVICES.

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

## FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

ARE TAKEN FOR EACH WELL AND LATRINE. EDUCATION ON SANITATION AND HYGIENE (CALLED "WASH") IS DONE ON A COMMUNITY LEVEL WHILE THE WELLS AND LATRINES ARE BEING INSTALLED. RDA HOSTS A WEEKLY RADIO PROGRAM ON SANITATION AND HYGIENE, WHERE 68 CERAMIC WATER FILTERS WERE GIVEN TO CALLERS WHO ANSWERED CORRECT WASH QUESTIONS. THESE FUNDS COVER ALL ASPECTS OF RDA, FROM SALARIES AND MATERIALS, TO TRANSPORTATION AND PROGRAM ADMINISTRATION.

## FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

SYRIA- REFUGEE WATER RELIEF- IN 2011, THE DEADLY SYRIAN CIVIL WAR ERUPTED, LEAVING 4 MILLION INTERNALLY DISPLACED PEOPLE WITH EXTREMELY LIMITED RESOURCES OR SECURITY. WINE TO WATER RESPONDED BY DISTRIBUTING 1,188 SAWYER POINTONE WATER FILTERS TO REFUGEE CAMPS ALONG THE SYRIA/TURKEY BORDER. THE SAWYER FILTER IS A SMALL SHALLOW FIBER MEMBRANE FILTER THAT USES TECHNOLOGY DERIVED FROM KIDNEY DIALYSIS, CAPABLE OF REMOVING 100% OF ALL HARMFUL BACTERIA, PROTOZOA, AND CYSTS. THE GRAVITY FEED SYSTEM EASILY ATTACHES TO ANY BUCKET OR CONTAINER AND CAN FILTER UP TO 250 GALLONS PER DAY FOR UP TO TEN YEARS. FUNDING FOR THIS PROJECT COVERED THE COST OF FILTERS, BUCKETS, AND TRAVEL EXPENSES TO EDUCATE AND IMPLEMENT THE FILTER PROGRAM IN TAIBA AND KAH REFUGEE CAMPS, WITH AN ESTIMATED 11,880 BENEFICIARIES.

HAITI- CERAMIC WATER FILTER FACTORY- IN RESPONSE TO THE 7.0 MAGNITUDE EARTHQUAKE OF 2010, THE WINE TO WATER/FILTERPURE FILTER FACTORY BECAME FULLY OPERATIONAL IN JANUARY 2011. THE FACTORY PRODUCES SILVER-INFUSED, BUCKET-FIT CERAMIC WATER FILTERS THAT PURIFY WATER UP TO 99.9% PURITY AND CAN PROVIDE CLEAN WATER FOR A FAMILY OF FIVE FOR UP TO FIVE YEARS. THE

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

FACTORY REMAINS SUSTAINABLE AND HAS PRODUCED APPROXIMATELY 17,000 FILTERS. IN 2012, WINE TO WATER FUNDED 260 FILTERS FOR MEDICAL CLINIC PATIENTS IN JACMEL, 50 FILTERS FOR A REMOTE MOUNTAIN VILLAGE IN PICHON, AND 6 FILTERS IN TEST LOCATIONS. AS A RESULT, AN ESTIMATED 1,580 HAITIANS WERE ABLE TO HAVE CLEAN WATER. IN ADDITION, WINE TO WATER FUNDED NECESSARY TOOLS, TRUCK MAINTENANCE, AND UPGRADES NECESSARY FOR THE OPERATION OF THE FACTORY. GUATEMALA- PRIMA VERA FEEDING CENTER PROGRAM- IN PRIMA VERA, GUATEMALA, WINE TO WATER INSTALLED A ROOF WATER DRAINAGE SYSTEM ON A LOCAL FEEDING CENTER SO THAT RAIN WATER DRAINS INTO THE NEW HOLDING TANK PROVIDING WATER TO HUNDREDS OF CHILDREN. ALSO, THREE LARGE CERAMIC WATER FILTERS WERE INSTALLED AND THE KITCHEN STAFF WAS TRAINED ON THEIR PROPER USE. THESE FILTERS WILL PURIFY UNCLEAN WATER AND ELIMINATE THE NEED TO BUY PURE WATER FOR THE 600 CHILDREN WHO COME TO THE CENTER.

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FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

LEONARD BLEVINS

TERRIE BLEVINS

BOARD MEMBER

BOARD MEMBER

SPOUSES

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS FOR REVIEW BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE PROCESS FOR DETERMINING COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL INCLUDES RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE ORGANIZATIONS.

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS INCLUDES

RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE

ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

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Form **4562**

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2014**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Attachment Sequence No. **179**

Name(s) shown on return

**WINE TO WATER**

Identifying number

**20-8877288**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(b)(1) election	15	
16	Other depreciation (including ACRS)	16	266

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2014	17	4,053
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property		205	3.0	HY	200DB	68
b 5-year property		2,550	5.0	HY	200DB	510
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,897
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

Year Ended: December 31, 2014

20-8877288

WINE TO WATER  
PO BOX 2567  
BOONE, NC 28607

**Electing out of Bonus Depreciation Allowance  
for 3-Year Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 3-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.



Year Ended: December 31, 2014

20-8877288

WINE TO WATER  
PO BOX 2567  
BOONE, NC 28607

**Electing out of Bonus Depreciation Allowance  
for 5-Year Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 5-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>3-year GDS Property:</b>									
87	MICROPHONE	10/14/14	205			205	3 HY 200DB	0	68
			<u>205</u>			<u>205</u>		<u>0</u>	<u>68</u>
<b>5-year GDS Property:</b>									
85	CAMERA	2/27/14	1,460			1,460	5 HY 200DB	0	292
86	COMPUTER	5/14/14	1,090			1,090	5 HY 200DB	0	218
			<u>2,550</u>			<u>2,550</u>		<u>0</u>	<u>510</u>
<b>Prior MACRS:</b>									
56	MAC COMPUTER	2/14/07	1,804			1,804	5 HY 200DB	1,804	0
57	COMPUTER, FAX, PRINTER	3/30/07	3,000			3,000	5 HY 200DB	3,000	0
58	OFFICE CHAIR	4/10/07	25			25	7 HY 200DB	24	1
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 200DB	53	3
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 200DB	754	46
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 200DB	707	43
62	SATELLITE PHONE	2/14/08	170			170	5 HY 200DB	170	0
63	VIDEO CAMERA	3/30/08	766			766	5 HY 200DB	766	0
64	CAMERA	10/01/08	1,470			1,470	5 HY 200DB	1,470	0
65	LCD PROJECTOR	2/02/09	515			515	5 HY 200DB	474	41
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 200DB	119	10
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 200DB	1,728	150
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 200DB	499	0
69	GPS	10/19/09	378			378	5 HY 200DB	348	30
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 200DB	738	0
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 200DB	480	88
72	OFFICE 2007	2/28/10	173			173	3 HY 200DB	173	0
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 200DB	5,883	1,081
74	CAMERA	2/01/11	580			580	5 HY 200DB	413	67
75	LAPTOP	1/04/11	918			918	5 HY 200DB	654	105
76	LAPTOP	6/02/11	377			377	5 HY 200DB	257	48
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 200DB	532	134
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 200DB	3,120	378
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 200DB	3,908	744
80	COMPUTER	6/18/12	534			534	5 HY 200DB	278	102
81	COMPUTER	10/25/12	583			583	5 HY 200DB	303	112
82	LAPTOP	12/10/12	587			587	5 HY 200DB	305	113
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 200DB	474	757
			<u>36,736</u>			<u>36,736</u>		<u>29,434</u>	<u>4,053</u>
<b>Other Depreciation:</b>									
84	Software	1/17/13	796			796	3 MOAmort	265	266
88	LAND	4/02/13	26,500			26,500	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>27,296</u>			<u>27,296</u>		<u>265</u>	<u>266</u>
	<b>Total ACRS and Other Depreciation</b>		<u>27,296</u>			<u>27,296</u>		<u>265</u>	<u>266</u>
	<b>Grand Totals</b>		66,787			66,787		29,699	4,897
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Less: Start-up/Org Expense</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>66,787</u>			<u>66,787</u>		<u>29,699</u>	<u>4,897</u>

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**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>3-year GDS Property:</b>									
87	MICROPHONE	10/14/14	205			205	3 HY 150DB	0	51
			<u>205</u>			<u>205</u>		<u>0</u>	<u>51</u>
<b>5-year GDS Property:</b>									
85	CAMERA	2/27/14	1,460			1,460	5 HY 150DB	0	219
86	COMPUTER	5/14/14	1,090			1,090	5 HY 150DB	0	163
			<u>2,550</u>			<u>2,550</u>		<u>0</u>	<u>382</u>
<b>Prior MACRS:</b>									
56	MAC COMPUTER	2/14/07	1,804			1,804	5 HY 150DB	1,804	0
57	COMPUTER, FAX, PRINTER	3/30/07	3,000			3,000	5 HY 150DB	3,000	0
58	OFFICE CHAIR	4/10/07	25			25	7 HY 150DB	23	2
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 150DB	53	3
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 150DB	751	49
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 150DB	704	46
62	SATELLITE PHONE	2/14/08	170			170	5 HY 150DB	170	0
63	VIDEO CAMERA	3/30/08	766			766	5 HY 150DB	766	0
64	CAMERA	10/01/08	1,470			1,470	5 HY 150DB	1,470	0
65	LCD PROJECTOR	2/02/09	515			515	5 HY 150DB	472	43
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 150DB	118	11
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 150DB	1,722	156
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 150DB	499	0
69	GPS	10/19/09	378			378	5 HY 150DB	346	32
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 150DB	738	0
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 150DB	459	102
72	OFFICE 2007	2/28/10	173			173	3 HY 150DB	173	0
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 150DB	5,629	1,250
74	CAMERA	2/01/11	580			580	5 HY 150DB	338	97
75	LAPTOP	1/04/11	918			918	5 HY 150DB	536	153
76	LAPTOP	6/02/11	377			377	5 HY 150DB	220	63
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 150DB	449	122
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 150DB	3,060	438
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 150DB	3,140	1,256
80	COMPUTER	6/18/12	534			534	5 HY 150DB	216	95
81	COMPUTER	10/25/12	583			583	5 HY 150DB	236	104
82	LAPTOP	12/10/12	587			587	5 HY 150DB	238	105
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 150DB	355	604
			<u>36,736</u>			<u>36,736</u>		<u>27,685</u>	<u>4,731</u>
<b>Other Depreciation:</b>									
88	LAND	4/02/13	26,500			26,500	0 -- Land	0	0
	<b>Total Other Depreciation</b>		<u>26,500</u>			<u>26,500</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>26,500</u>			<u>26,500</u>		<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		65,991			65,991		27,685	5,164
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		<u>65,991</u>			<u>65,991</u>		<u>27,685</u>	<u>5,164</u>

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# Depreciation Adjustment Report

## All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	56	MAC COMPUTER	0	0	0
Page 1	1	57	COMPUTER, FAX, PRINTER	0	0	0
Page 1	1	58	OFFICE CHAIR	1	2	-1
Page 1	1	59	FOLDING CHAIRS	3	3	0
Page 1	1	60	2 DESKS & CHAIRS	46	49	-3
Page 1	1	61	TABLE W/ 4 STOOLS	43	46	-3
Page 1	1	62	SATELLITE PHONE	0	0	0
Page 1	1	63	VIDEO CAMERA	0	0	0
Page 1	1	64	CAMERA	0	0	0
Page 1	1	65	LCD PROJECTOR	41	43	-2
Page 1	1	66	BACKUP HARD DRIVE	10	11	-1
Page 1	1	67	MAC COMPUTER	150	156	-6
Page 1	1	68	DONOR SOFTWARE	0	0	0
Page 1	1	69	GPS	30	32	-2
Page 1	1	70	QUICKBOOKS 2010	0	0	0
Page 1	1	71	DESKTOP COMPUTER	88	102	-14
Page 1	1	72	OFFICE 2007	0	0	0
Page 1	1	73	PRINTER/COPIER	1,081	1,250	-169
Page 1	1	74	CAMERA	67	97	-30
Page 1	1	75	LAPTOP	105	153	-48
Page 1	1	76	LAPTOP	48	63	-15
Page 1	1	77	DESKS (5)	134	122	12
Page 1	1	78	DONOR SOFTWARE	378	438	-60
Page 1	1	79	DONOR SOFTWARE UPGRADE	744	1,256	-512
Page 1	1	80	COMPUTER	102	95	7
Page 1	1	81	COMPUTER	112	104	8
Page 1	1	82	LAPTOP	113	105	8
Page 1	1	83	2 Mac Computers	157	604	153
Page 1	1	85	CAMERA	292	219	73
Page 1	1	86	COMPUTER	218	163	55
Page 1	1	87	MICROPHONE	68	51	17
				<u>4,631</u>	<u>5,164</u>	<u>-533</u>

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Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
56	MAC COMPUTER	2/14/07	1,804	0	0
57	COMPUTER, FAX, PRINTER	3/30/07	3,000	0	0
58	OFFICE CHAIR	4/10/07	25	0	0
59	FOLDING CHAIRS	4/10/07	56	0	0
60	2 DESKS & CHAIRS	4/10/07	800	0	0
61	TABLE W/ 4 STOOLS	4/10/07	750	0	0
62	SATELLITE PHONE	2/14/08	170	0	0
63	VIDEO CAMERA	3/30/08	766	0	0
64	CAMERA	10/01/08	1,470	0	0
65	LCD PROJECTOR	2/02/09	515	0	0
66	BACKUP HARD DRIVE	3/12/09	129	0	0
67	MAC COMPUTER	5/18/09	1,878	0	0
68	DONOR SOFTWARE	10/05/09	499	0	0
69	GPS	10/19/09	378	0	0
70	QUICKBOOKS 2010	1/26/10	738	0	0
71	DESKTOP COMPUTER	1/26/10	612	44	51
72	OFFICE 2007	2/28/10	173	0	0
73	PRINTER/COPIER	4/14/10	7,504	540	625
74	CAMERA	2/01/11	580	66	96
75	LAPTOP	1/04/11	918	106	153
76	LAPTOP	6/02/11	377	48	63
77	DESKS (5)	6/01/11	1,000	95	123
78	DONOR SOFTWARE	11/16/11	3,498	0	0
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024	372	628
80	COMPUTER	6/18/12	534	62	89
81	COMPUTER	10/25/12	583	67	97
82	LAPTOP	12/10/12	587	68	97
83	2 Mac Computers	1/12/13	2,368	155	223
85	CAMERA	2/27/14	1,460	467	572
86	COMPUTER	5/14/14	1,090	349	278
87	MICROPHONE	10/4/14	205	91	77
			<u>39,491</u>	<u>2,830</u>	<u>3,172</u>
<b>Other Depreciation:</b>					
84	Software	1/17/13	796	265	0
88	LAND	4/02/13	26,500	0	0
	<b>Total Other Depreciation</b>		<u>27,296</u>	<u>265</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>27,296</u>	<u>265</u>	<u>0</u>
	<b>Grand Totals</b>		<u>66,787</u>	<u>3,095</u>	<u>3,172</u>

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Form **990**

**Two Year Comparison Report**

**2013 & 2014**

For calendar year 2014, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**WINE TO WATER**

**20-8877288**

		2013	2014	Differences
Revenue	1. Contributions, gifts, grants	1. 752,186	894,240	142,054
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5.		
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 31,194	39,040	7,846
	11. Other revenue	11.		
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 783,380	933,280	149,900
Expenses	13. Grants and similar amounts paid	13. 237,561	270,045	32,484
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 232,180	326,140	93,960
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 9,429	13,496	4,067
	19. Occupancy, rent, utilities, and maintenance	19. 26,203	24,640	-1,563
	20. Depreciation and Depletion	20. 6,908	4,897	-2,011
	21. Other expenses	21. 240,924	297,676	56,752
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 753,205	936,894	183,689
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 30,175	-3,614	-33,789
Other Information	24. Total exempt revenue	24. 783,380	933,280	149,900
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 31,194	39,040	7,846
	27. Total assets	27. 117,656	187,241	69,585
	28. Total liabilities	28. 5,519	52,218	46,699
	29. Retained earnings	29. 112,137	135,023	22,886
	30. Number of voting members of governing body	30. 7	8	
31. Number of independent voting members of governing body	31. 6	8		
32. Number of employees	32. 6	8		
33. Number of volunteers	33.			

Form **990T** **Two Year Comparison Report** **2013 & 2014**  
 For calendar year 2014, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

Name

Taxpayer Identification Number

**WINE TO WATER**

**20-8877288**

		2013	2014	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. <b>Total deductions.</b> Add lines 12 through 22	23.			
	24. <b>Taxable income before NOI.</b> Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000		-1,000
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>		<b>1,000</b>
Tax & Credits	28. Income tax (corporate or trust)	28.			
	29. Proxy tax	29.			
	30. Alternative minimum tax	30.			
	<b>31. Total taxes</b>	<b>31.</b>			
	32. Other credits	32.			
	33. General business credit	33.			
	34. Credit for prior year minimum tax	34.			
	<b>35. Total credits</b>	<b>35.</b>			
	<b>36. Net tax after credits</b>	<b>36.</b>			
	37. Recapture taxes	37.			
<b>38. Total Taxes</b>	<b>38.</b>				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			

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Form **990**

**Tax Return History**

**2014**

Name

**WINE TO WATER**

Employer Identification Number  
**20-8877288**

	2010	2011	2012	2013	2014	2015
Contributions, gifts, grants			599,660	752,186	894,240	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue			7,574	31,194	39,040	
<b>Total revenue</b>			607,234	783,380	933,280	
Grants and similar amounts paid			267,324	237,561	270,045	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			180,174	232,180	326,140	
Professional fees				9,429	13,496	
Occupancy costs			24,214	26,203	24,640	
Depreciation and depletion			8,278	6,908	4,897	
Other expenses			142,237	240,924	297,676	
<b>Total expenses</b>			622,227	753,205	936,894	
<b>Excess or (Deficit)</b>			-14,993	30,175	-3,614	
Total exempt revenue			607,234	783,380	933,280	
Total unrelated revenue						
Total excludable revenue			607,234	31,194	39,040	
Total Assets			86,136	117,656	187,241	
Total Liabilities			4,174	5,519	52,218	
Net Fund Balances			81,962	112,137	135,023	

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Form **990T**

**Tax Return History**

**2014**

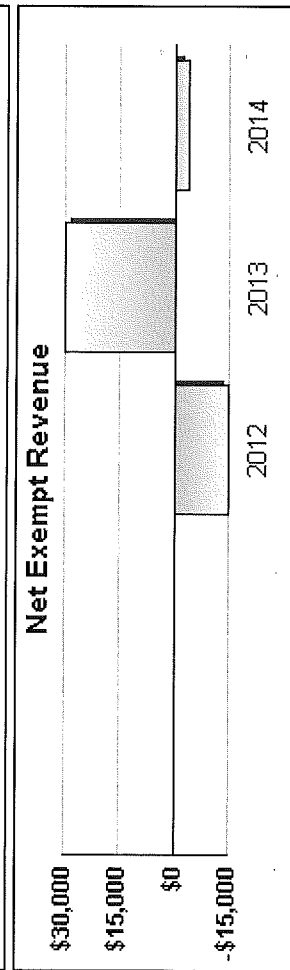
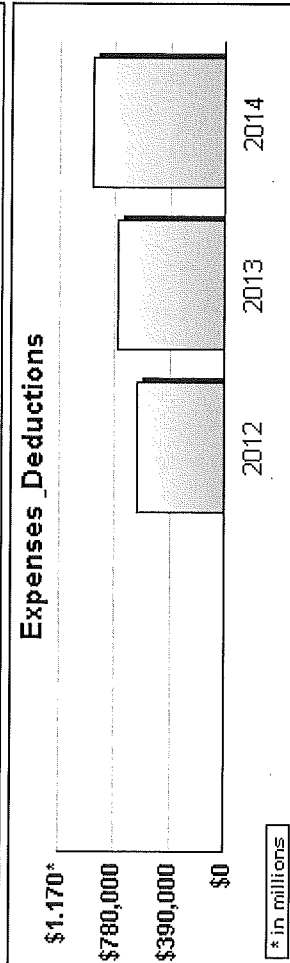
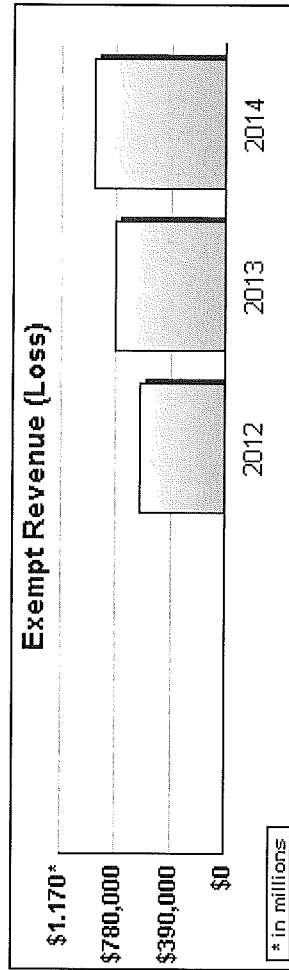
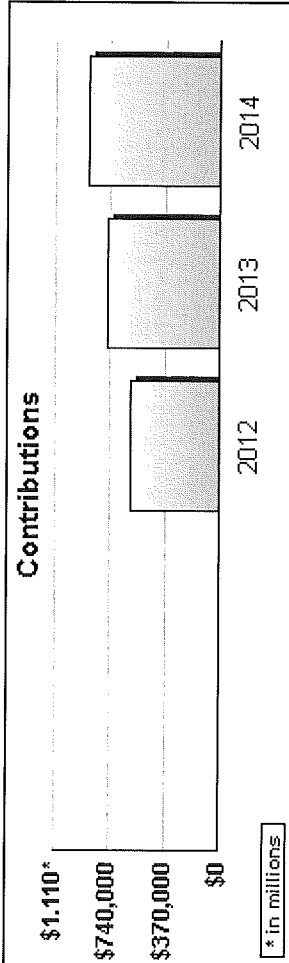
Name

**WINE TO WATER**

Employer Identification Number  
**20-8877288**

	2010	2011	2012	2013	2014	2015
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

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Form **990T**

**Tax Return History**

**2014**

Name

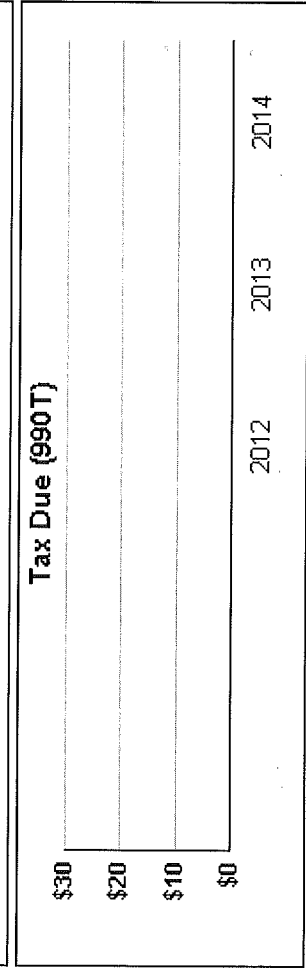
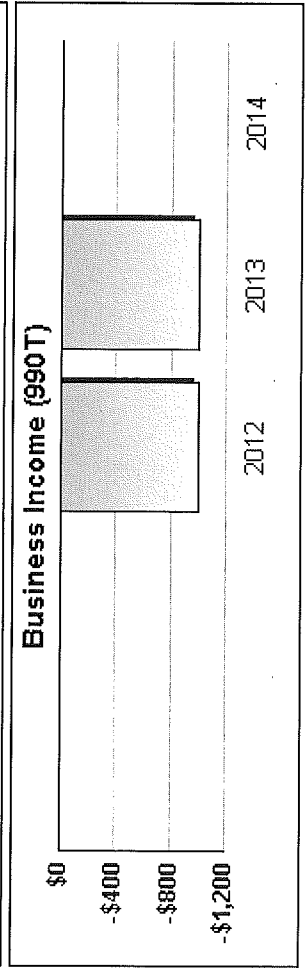
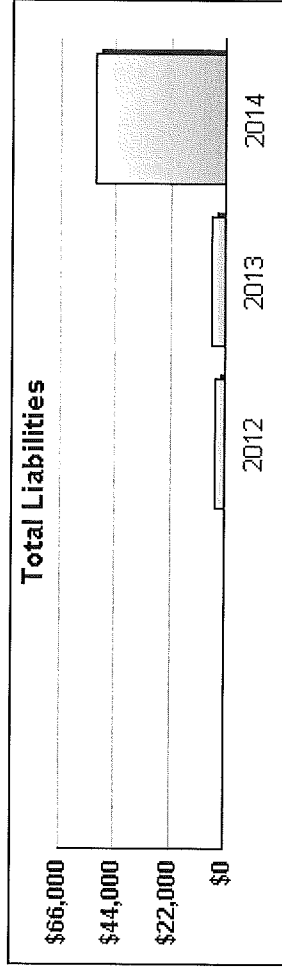
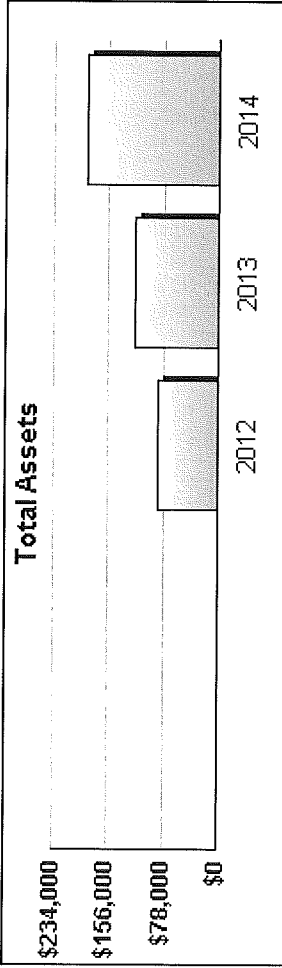
**WINE TO WATER**

Employer Identification Number  
**20-8877288**

	2010	2011	2012	2013	2014	2015
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000		
<b>Income after expense and deductions</b> .....			-1,000	-1,000		
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b> .....						

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\* Income shown net of expenses



**Federal Statements**

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 13,496		\$ 3,425	\$ 10,071
TOTAL	\$ 13,496	\$ 0	\$ 3,425	\$ 10,071

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS & ENTERTAINMENT	\$ 7,968	\$ 2,455	\$ 3,208	\$ 2,305
VEHICLE EXPENSES	5,028	1,037	714	3,277
EDUCATION & AWARENESS	1,479		296	1,183
LICENSES & FEES	935		425	510
TAXES	162		162	
TOTAL	\$ 15,572	\$ 3,492	\$ 4,805	\$ 7,275

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