

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning _____, and ending _____

20-8877288

WINE TO WATER

Net Asset / Fund Balance at Beginning of Year		<u>81,962</u>
Revenue		
Contributions	<u>752,186</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	_____	
Direct expenses	_____	
Net income	_____	
Other income	<u>31,194</u>	
Total revenue		<u>783,380</u>
Expenses		
Program services	<u>517,005</u>	
Management and general	<u>94,856</u>	
Fundraising	<u>141,344</u>	
Total expenses		<u>753,205</u>
Excess / (deficit)		<u>30,175</u>
Changes		_____
Net Asset / Fund Balance at End of Year		<u><u>112,137</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>783,380</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>783,380</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>753,205</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>753,205</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>86,136</u>	<u>117,656</u>	
Liabilities	<u>4,174</u>	<u>5,519</u>	
Net assets	<u><u>81,962</u></u>	<u><u>112,137</u></u>	<u>30,175</u>

Miscellaneous Information

Amended return _____

Return / extended due date 11/15/14

Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2013, or fiscal year beginning, 2013, 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.

2013

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.

1a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>783,380</u>
2a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

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 2013 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

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 2013 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 2013 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 ▶ _____

Date ▶ 11/17/14

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 2013 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 ▶ _____

Date ▶ 11/17/14

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** (2013)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial 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 \$ **818,689**

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** **H(c)** Group exemption number ▶

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: TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWARENESS ABOUT THE GLOBAL WATER CRISIS			
	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)		
	4	Number of independent voting members of the governing body (Part VI, line 1b)		
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		
	6	Total number of volunteers (estimate if necessary)		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
7b	Net unrelated business taxable income from Form 990-T, line 34			
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	599,660	752,186
	9	Program service revenue (Part VIII, line 2g)		0
	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)	7,574	31,194
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	607,234	783,380	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	267,324	237,561
	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)	180,174	232,180
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	141,344	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,729	283,464
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	622,227	753,205
19	Revenue less expenses. Subtract line 18 from line 12	-14,993	30,175	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	86,136	117,656
	21	Total liabilities (Part X, line 26)	4,174	5,519
22	Net assets or fund balances. Subtract line 21 from line 20	81,962	112,137	

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: **DICKSON B HENDLEY** Date: _____
 Type or print name and title: **PRESIDENT**

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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 66,714 including grants of \$ 66,714) (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 ADN 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 \$ 51,729 including grants of \$ 51,729) (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 ATTIAK). MOST OF THE WORK DONE IS FUNDED THROUGH A GRANT FROM SAMARITAN'S PURSE UK (\$47,813.56), WHERE WINE TO WATER IS RESPONSIBLE FOR MANAGING IT. THIS WORK ENCOMPASSES THREE DIFFERNT 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 \$ 42,704 including grants of \$ 42,704) (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 BUILD 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 \$ 355,858 including grants of \$ 76,414) (Revenue \$)

4e Total program service expenses 517,005

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"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input 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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<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"/>	<input 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"/>	<input 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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

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 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 individuals in the United States 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 Section 501(c)(3) and 501(c)(4) organizations. 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 so, 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? Note. 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

Main form table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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 organizations 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) CARL CLAWSON	3.00									
BOARD CHAIRMAN	0.00	X					0	0	0	
(2) DICKSON B HENDLEY	40.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) ANNIE C MARION	40.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) TERRIE BLEVINS	3.00									
TREASURER	0.00	X		X			0	0	0	
(5) JEFF HENDLEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) LEONARD C BLEVINS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) JERRY BUTLER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) ALLEN PETERSON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9)										
(10)										
(11)										

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)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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	
Contributions, Gifts, Grants and Other Similar Amounts	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	752,186				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		752,186				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	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	66,503					
	b Less: cost of goods sold	b	35,309				
	c Net income or (loss) from sales of inventory		31,194			31,194	
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			783,380	0	0	31,194	

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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	237,561	237,561		
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	178,355	62,080	44,427	71,848
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,904	12,529	7,636	16,739
10 Payroll taxes	16,921	5,499	5,020	6,402
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.)	9,429	300	3,979	5,150
12 Advertising and promotion	1,922		200	1,722
13 Office expenses	7,080	100	5,793	1,187
14 Information technology				
15 Royalties				
16 Occupancy	26,203	9,007	5,680	11,516
17 Travel	32,053	21,609	249	10,195
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	6,908		6,908	
23 Insurance	5,165		5,165	
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 SUPPLIES	163,057	157,590	660	4,807
b TELEPHONE & INTERNET	13,933	7,351	1,847	4,735
c BANK CHARGES	6,426	925	5,341	160
d VEHICLE EXPENSES	3,950	938	296	2,716
e All other expenses	7,338	1,516	1,655	4,167
25 Total functional expenses. Add lines 1 through 24e	753,205	517,005	94,856	141,344
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	
Assets	1	Cash—non-interest bearing	64,403	1	94,102
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,967	4	2,467
	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	503	7	393
	8	Inventories for sale or use	4,686	8	12,861
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 37,532		
	b	Less: accumulated depreciation	10b 29,699	10c 11,577	7,833
	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	Total assets. Add lines 1 through 15 (must equal line 34)	86,136	16	117,656	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	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	4,174	25	5,519
	26	Total liabilities. Add lines 17 through 25	4,174	26	5,519
Net Assets or Fund Balances	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	81,962	27	112,137
	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	Total net assets or fund balances	81,962	33	112,137	
34	Total liabilities and net assets/fund balances	86,136	34	117,656	

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	783,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	753,205
3	Revenue less expenses. Subtract line 2 from line 1	3	30,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	81,962
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	112,137

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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.		

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.

OMB No. 1545-0047

2013

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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	309,406	545,580	420,167	599,660	752,186	2,626,999
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 Total. Add lines 1 through 3	309,406	545,580	420,167	599,660	752,186	2,626,999
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 Public support. Subtract line 5 from line 4.						2,626,999

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	309,406	545,580	420,167	599,660	752,186	2,626,999
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122					122
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 IV.)			34,193	39,226	66,503	139,922
11 Total support. Add lines 7 through 10						2,767,043

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	94.94 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	96.53 %

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2012.** 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 **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2013.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2012.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2013.** 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—2012.** 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 **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

\$ 73,419

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

Schedule of Contributors

OMB No. 1545-0047

2013

▶ 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.

Name of the organization WINE TO WATER	Employer identification number 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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 of \$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
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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	SITE SOUTHEAST USA [REDACTED] [REDACTED]	\$ 18,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAMARITAN'S PURSE - UK [REDACTED] [REDACTED]	\$ 67,338	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	WORD ALIVE INTERNATIONAL [REDACTED] [REDACTED]	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ADP [REDACTED] [REDACTED]	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MAYNILAD [REDACTED] [REDACTED]	\$ 29,975	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STOP HUNGER NOW [REDACTED] [REDACTED]	\$ 38,468	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

WINE TO WATER

Employer identification number

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-1b and 2a-2b regarding collections of art and historical treasures.

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? 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					

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
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		37,532	29,699	7,833
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				7,833

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)		
Total. (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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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)	
Total. (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) PAYROLL TAX LIABILITIES	4,452	
(3) SALES TAX PAYABLE	1,067	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	5,519	

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

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	89,771
(1) EAST ASIA			PROGRAM SERVICES	WATER FILTERS, WELLS	42,704
(2) PHILIPPINES			PROGRAM SERVICES	WATER FILTERS, WELLS	66,714
(3) CENTRAL AMERICA & CARIBBEAN			PROGRAM SERVICES	WATER FILTERS, WELLS	16,658
(4) COLUMBIA			PROGRAM SERVICES	WATER FILTERS, WELL	21,714
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					237,561
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					237,561

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	66,714	ELEC TRANSFERS			
(2)				WELLS, WATER FILTERS	51,729	ELEC TRANSFERS			
(3)				WATER FILTERS, WELLS	42,704	ELEC TRANSFERS			
(4)				WATER FILTERS, WELLS	76,414	ELEC TRANSFERS			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 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) 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) Yes No

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	\$ 89,771	\$ 0
EAST ASIA	\$ 42,704	\$ 0
PHILIPPINES	\$ 66,714	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 16,658	\$ 0
COLUMBIA	\$ 21,714	\$ 0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

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
 \$109,125.88 WAS SPEND 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.

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 2013, AN ESTIMATED 10,865 UGANDANS WERE REACHED WITH CLEAN
 WATER THROUGH ALL OF THESE SERVICES.

Name of the organization

WINE TO WATER

Employer identification number

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 BOARDER. THE SAWYER FILTER IS A SMALL HALLOW 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

WINE TO WATER

Employer identification number

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.

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

JEFF HENDLEY

DICKSON B. HENDLEY

BOARD MEMBER

PRESIDENT

FATHER AND SON

CARL CLAWSON

ANNIE C. MARION

BOARD CHAIR

VICE PRES.

FATHER AND DAUGHTER

LEONARD BLEVINS

TERRIE BLEVINS

BOARD MEMBER

BOARD MEMBER

SPOUSES

Name of the organization

WINE TO WATER

Employer identification number

20-8877288

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.

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

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

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 2012 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 2014. 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(f)(1) election	15	
16	Other depreciation (including ACRS)	16	265

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 2013	17	6,169
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 2013 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						
b 5-year property		2,368	5.0	HY	200DB	474
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 2013 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	6,908
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** (2013)

Year Ended: December 31, 2013

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.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 200DB	0	474
			<u>2,368</u>			<u>2,368</u>		<u>0</u>	<u>474</u>
Prior MACRS:									
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	22	2
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 200DB	46	7
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 200DB	662	92
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 200DB	621	86
62	SATELLITE PHONE	2/14/08	170			170	5 HY 200DB	159	11
63	VIDEO CAMERA	3/30/08	766			766	5 HY 200DB	715	51
64	CAMERA	10/01/08	1,470			1,470	5 HY 200DB	1,372	98
65	LCD PROJECTOR	2/02/09	515			515	5 HY 200DB	391	83
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 200DB	99	20
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 200DB	1,428	300
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 200DB	499	0
69	GPS	10/19/09	378			378	5 HY 200DB	288	60
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 200DB	656	82
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 200DB	391	89
72	OFFICE 2007	2/28/10	173			173	3 HY 200DB	154	19
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 200DB	4,803	1,080
74	CAMERA	2/01/11	580			580	5 HY 200DB	301	112
75	LAPTOP	1/04/11	918			918	5 HY 200DB	478	176
76	LAPTOP	6/02/11	377			377	5 HY 200DB	177	80
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 200DB	345	187
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 200DB	2,364	756
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 200DB	1,675	2,233
80	COMPUTER	6/18/12	534			534	5 HY 200DB	107	171
81	COMPUTER	10/25/12	583			583	5 HY 200DB	117	186
82	LAPTOP	12/10/12	587			587	5 HY 200DB	117	188
			<u>34,368</u>			<u>34,368</u>		<u>22,791</u>	<u>6,169</u>
Other Depreciation:									
84	Software	1/17/13	796			796	3 MOAmort	0	265
	Total Other Depreciation		<u>796</u>			<u>796</u>		<u>0</u>	<u>265</u>
	Total ACRS and Other Depreciation		<u>796</u>			<u>796</u>		<u>0</u>	<u>265</u>
	Grand Totals		37,532			37,532		22,791	6,908
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>37,532</u>			<u>37,532</u>		<u>22,791</u>	<u>6,908</u>

20-8877288

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
5-year GDS Property:									
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 150DB	0	355
			<u>2,368</u>			<u>2,368</u>		<u>0</u>	<u>355</u>
Prior MACRS:									
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	20	3
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 150DB	46	7
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 150DB	653	98
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 150DB	612	92
62	SATELLITE PHONE	2/14/08	170			170	5 HY 150DB	156	14
63	VIDEO CAMERA	3/30/08	766			766	5 HY 150DB	702	64
64	CAMERA	10/01/08	1,470			1,470	5 HY 150DB	1,348	122
65	LCD PROJECTOR	2/02/09	515			515	5 HY 150DB	386	86
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 150DB	97	21
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 150DB	1,409	313
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 150DB	499	0
69	GPS	10/19/09	378			378	5 HY 150DB	284	62
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 150DB	646	92
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 150DB	357	102
72	OFFICE 2007	2/28/10	173			173	3 HY 150DB	152	21
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 150DB	4,378	1,251
74	CAMERA	2/01/11	580			580	5 HY 150DB	235	103
75	LAPTOP	1/04/11	918			918	5 HY 150DB	372	164
76	LAPTOP	6/02/11	377			377	5 HY 150DB	153	67
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 150DB	298	151
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 150DB	2,186	874
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 150DB	1,256	1,884
80	COMPUTER	6/18/12	534			534	5 HY 150DB	80	136
81	COMPUTER	10/25/12	583			583	5 HY 150DB	87	149
82	LAPTOP	12/10/12	587			587	5 HY 150DB	88	150
			<u>34,368</u>			<u>34,368</u>		<u>21,304</u>	<u>6,026</u>
	Grand Totals		36,736			36,736		21,304	6,381
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>36,736</u>			<u>36,736</u>		<u>21,304</u>	<u>6,381</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
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	2	3	-1
Page 1	1	59	FOLDING CHAIRS	7	7	0
Page 1	1	60	2 DESKS & CHAIRS	92	98	-6
Page 1	1	61	TABLE W/ 4 STOOLS	86	92	-6
Page 1	1	62	SATELLITE PHONE	11	14	-3
Page 1	1	63	VIDEO CAMERA	51	64	-13
Page 1	1	64	CAMERA	98	122	-24
Page 1	1	65	LCD PROJECTOR	83	86	-3
Page 1	1	66	BACKUP HARD DRIVE	20	21	-1
Page 1	1	67	MAC COMPUTER	300	313	-13
Page 1	1	68	DONOR SOFTWARE	0	0	0
Page 1	1	69	GPS	60	62	-2
Page 1	1	70	QUICKBOOKS 2010	82	92	-10
Page 1	1	71	DESKTOP COMPUTER	89	102	-13
Page 1	1	72	OFFICE 2007	19	21	-2
Page 1	1	73	PRINTER/COPIER	1,080	1,251	-171
Page 1	1	74	CAMERA	112	103	9
Page 1	1	75	LAPTOP	176	164	12
Page 1	1	76	LAPTOP	80	67	13
Page 1	1	77	DESKS (5)	187	151	36
Page 1	1	78	DONOR SOFTWARE	756	874	-118
Page 1	1	79	DONOR SOFTWARE UPGRADE	2,233	1,884	349
Page 1	1	80	COMPUTER	171	136	35
Page 1	1	81	COMPUTER	186	149	37
Page 1	1	82	LAPTOP	188	150	38
Page 1	1	83	2 Mac Computers	474	355	119
				<u>6,643</u>	<u>6,381</u>	<u>262</u>

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Future Depreciation Report**FYE: 12/31/14**

FYE: 12/31/2013

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
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	1	2
59	FOLDING CHAIRS	4/10/07	56	3	3
60	2 DESKS & CHAIRS	4/10/07	800	46	49
61	TABLE W/ 4 STOOLS	4/10/07	750	43	46
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	41	43
66	BACKUP HARD DRIVE	3/12/09	129	10	11
67	MAC COMPUTER	5/18/09	1,878	150	156
68	DONOR SOFTWARE	10/05/09	499	0	0
69	GPS	10/19/09	378	30	32
70	QUICKBOOKS 2010	1/26/10	738	0	0
71	DESKTOP COMPUTER	1/26/10	612	88	102
72	OFFICE 2007	2/28/10	173	0	0
73	PRINTER/COPIER	4/14/10	7,504	1,081	1,250
74	CAMERA	2/01/11	580	67	97
75	LAPTOP	1/04/11	918	105	153
76	LAPTOP	6/02/11	377	48	63
77	DESKS (5)	6/01/11	1,000	134	122
78	DONOR SOFTWARE	11/16/11	3,498	378	438
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024	744	1,256
80	COMPUTER	6/18/12	534	102	95
81	COMPUTER	10/25/12	583	112	104
82	LAPTOP	12/10/12	587	113	105
83	2 Mac Computers	1/12/13	2,368	757	604
			<u>36,736</u>	<u>4,053</u>	<u>4,731</u>
<u>Other Depreciation:</u>					
84	Software	1/17/13	796	266	0
	Total Other Depreciation		<u>796</u>	<u>266</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>796</u>	<u>266</u>	<u>0</u>
	Grand Totals		<u>37,532</u>	<u>4,319</u>	<u>4,731</u>

Form 990	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning _____, ending _____		

Name **WINE TO WATER** Taxpayer Identification Number **20-8877288**

		2012	2013	Differences
Revenue	1. Contributions, gifts, grants	599,660	752,186	152,526
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue			
	5. Investment income			
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	7,574	31,194	23,620
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	607,234	783,380	176,146
Expenses	13. Grants and similar amounts paid	267,324	237,561	-29,763
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	180,174	232,180	52,006
	17. Professional fundraising fees			
	18. Other professional fees	7,000	9,429	2,429
	19. Occupancy, rent, utilities, and maintenance	24,214	26,203	1,989
	20. Depreciation and Depletion	8,278	6,908	-1,370
	21. Other expenses	135,237	240,924	105,687
	22. Total expenses. Add lines 13 through 21	622,227	753,205	130,978
	23. Excess or (Deficit). Subtract line 22 from line 12	-14,993	30,175	45,168
Other Information	24. Total exempt revenue	607,234	783,380	176,146
	25. Total unrelated revenue			
	26. Total excludable revenue	607,234	783,380	176,146
	27. Total assets	86,136	117,656	31,520
	28. Total liabilities	4,174	5,519	1,345
	29. Retained earnings	81,962	112,137	30,175
	30. Number of voting members of governing body	7	7	
	31. Number of independent voting members of governing body	6	6	
	32. Number of employees	6	6	
	33. Number of volunteers			

Form 990T	Two Year Comparison Report	2012 & 2013
For calendar year 2013, or tax year beginning _____, ending _____		

Name **WINE TO WATER** Taxpayer Identification Number **20-8877288**

		2012	2013	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.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
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. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes		38.			
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.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form **990**

Tax Return History

2013

Name

WINE TO WATER

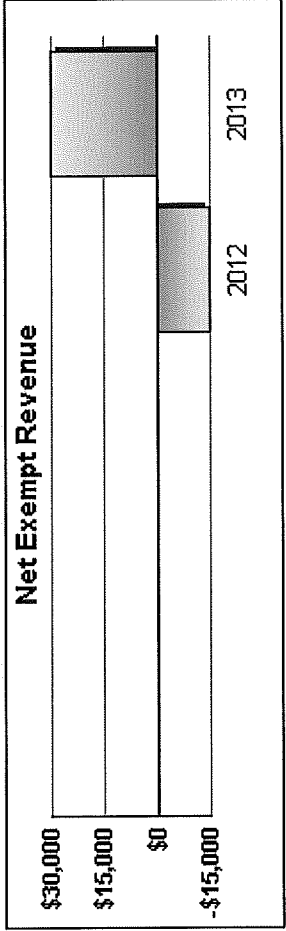
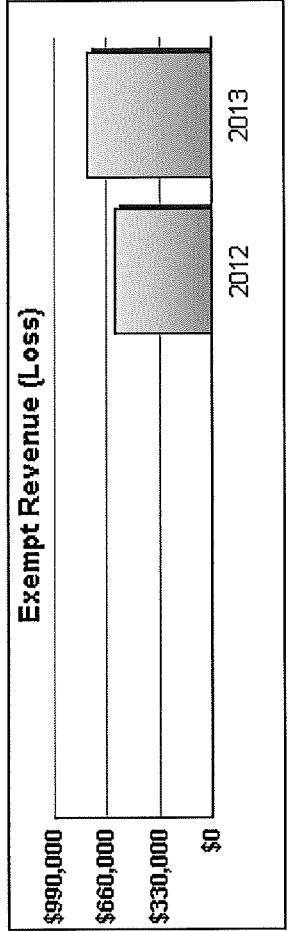
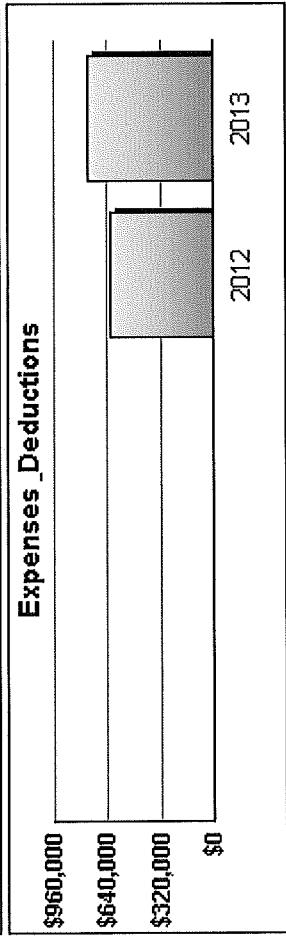
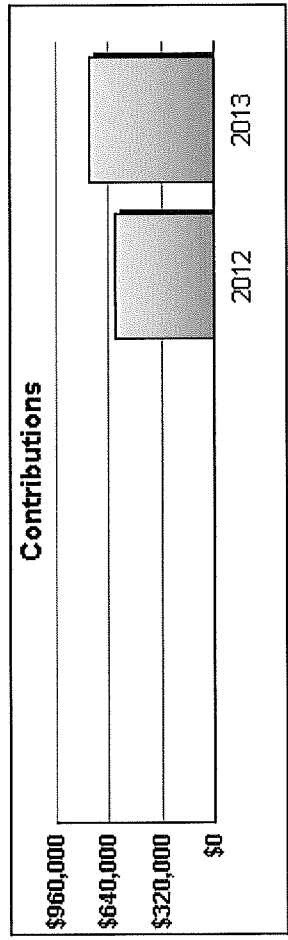
Employer Identification Number
20-8877288

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants					752,186	
Membership dues						
Program service revenue				599,660		
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue				7,574	31,194	
Total revenue				607,234	783,380	
Grants and similar amounts paid				267,324	237,561	
Benefits paid to or for members						
Compensation of officers, etc.				180,174	232,180	
Other compensation					9,429	
Professional fees				24,214	26,203	
Occupancy costs				8,278	6,908	
Depreciation and depletion				142,237	240,924	
Other expenses				622,227	753,205	
Total expenses				-14,993	30,175	
Excess or (Deficit)				607,234	783,380	
Total exempt revenue						
Total unrelated revenue						
Total excludable revenue				607,234	783,380	
Total Assets				86,136	117,656	
Total Liabilities				4,174	5,519	
Net Fund Balances				81,962	112,137	

Tax Return History

Form **990T** 2013
 Name **WINE TO WATER** Employer Identification Number
20-8877288

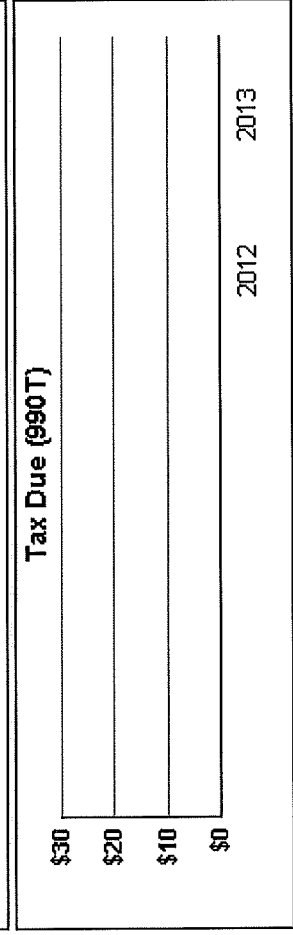
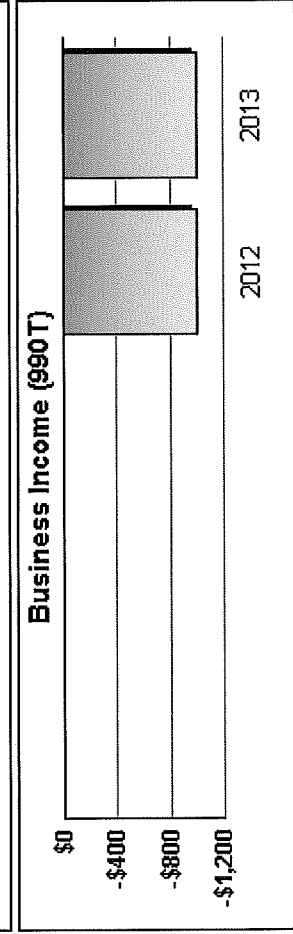
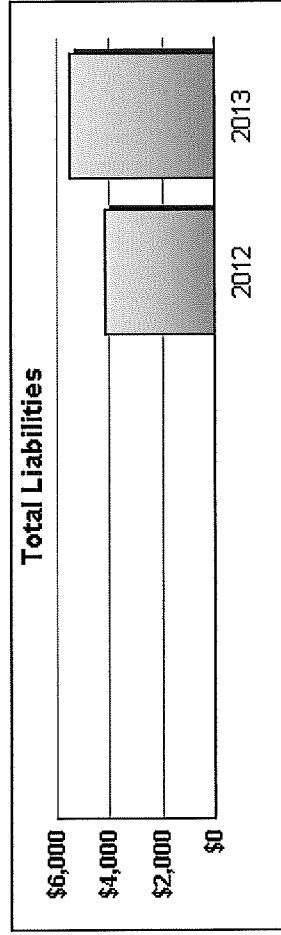
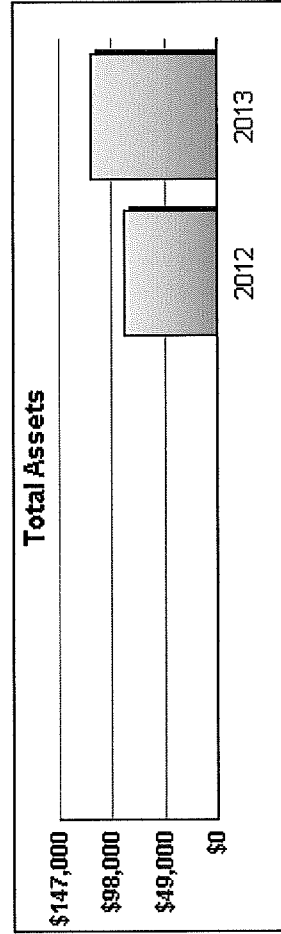
	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
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						



Form 990T	Tax Return History	2013
Name WINE TO WATER		
Employer Identification Number		20-8877288

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* 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	\$ 9,429	\$ 300	\$ 3,979	\$ 5,150
TOTAL	<u>\$ 9,429</u>	<u>\$ 300</u>	<u>\$ 3,979</u>	<u>\$ 5,150</u>

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MEALS & ENTERTAINMENT	\$ 3,648	\$ 1,516	\$ 1,286	\$ 846
EDUCATION & AWARENESS	2,637		16	2,621
LICENSES & FEES	889		189	700
TAXES	164		164	
TOTAL	<u>\$ 7,338</u>	<u>\$ 1,516</u>	<u>\$ 1,655</u>	<u>\$ 4,167</u>

WINE2WATER WINE TO WATER
20-8877288
FYE: 12/31/2013

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Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 424,874
CLAUDE BLACKBURN	
CASH CONTRIBUTION	11,000
CRAIG SUTHERLAND	
CASH CONTRIBUTION	6,500
MOYA, INC	
CASH CONTRIBUTION	5,000
SITE SOUTHEAST USA	
CASH CONTRIBUTION	18,000
SAMARITAN'S PURSE - UK	
CASH CONTRIBUTION	67,338
LEN AND TERRIE BLEVINS	
CASH CONTRIBUTION	5,000
DOC AND AMBER HENDLEY	
CASH CONTRIBUTION	5,000
WORD ALIVE INTERNATIONAL	
CASH CONTRIBUTION	20,000
HBI INTERNATIONAL	
CASH CONTRIBUTION	12,000
BRIAN AND DONNA WOODFIN	
CASH CONTRIBUTION	10,000
JENNIFER MCCASH	
CASH CONTRIBUTION	5,000
STETSON HOGUE	
CASH CONTRIBUTION	5,000
STRUM MEDIA	
CASH CONTRIBUTION	15,000
APPLIED OLAP	
CASH CONTRIBUTION	5,000
ADP	
CASH CONTRIBUTION	17,000
MAYNILAD	
CASH CONTRIBUTION	29,975
BLEU SPA INC	
CASH CONTRIBUTION	5,000
FILTERS FAST	
CASH CONTRIBUTION	8,031
SEE AGENCY	

WINE2WATER WINE TO WATER
20-8877288
FYE: 12/31/2013

3/18/2015 10:35 AM

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	
STOP HUNGER NOW	\$ 7,000
CASH CONTRIBUTION	
SURGE FOR WATER INC	38,468
CASH CONTRIBUTION	
WARD BLACK LAW	6,500
CASH CONTRIBUTION	
WASHINGTON/ALASKA CHAPTER HEALTH FIN	5,000
CASH CONTRIBUTION	
THE STATE CLUB	5,000
CASH CONTRIBUTION	
WATER CHARITY	5,500
CASH CONTRIBUTION	
TOTAL	10,000
	<u>\$ 752,186</u>

Schedule A, Part II, Line 10(e)

Description	Amount
WINE SALES	\$ 61,338
BOOK SALES	5,165
TOTAL	<u>\$ 66,503</u>