

Forms 990 / 990-EZ Return Summary

For calendar year 2015, or tax year beginning **07/01/15** , and ending **06/30/16**

20-8877288

WINE TO WATER

Net Asset / Fund Balance at Beginning of Year 82,886

Revenue

Contributions	<u>1,192,096</u>	
Program service revenue		
Investment income		
Capital gain / loss	<u>-7,661</u>	
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>41,489</u>	
Total revenue		<u>1,225,924</u>

Expenses

Program services	<u>934,824</u>	
Management and general	<u>98,594</u>	
Fundraising	<u>223,262</u>	
Total expenses		<u>1,256,680</u>
Excess / (deficit)		<u>-30,756</u>

Changes

Net Asset / Fund Balance at End of Year 52,130

CLIENT COPY

Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>1,225,924</u></u>

Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>1,256,680</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>128,617</u>	<u>213,625</u>	
Liabilities	<u>45,731</u>	<u>161,495</u>	
Net assets	<u><u>82,886</u></u>	<u><u>52,130</u></u>	<u><u>-30,756</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 02/15/17
 Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning 7/01, 2015, and ending 6/30, 20 16

2015

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

Employer identification number

WINE TO WATER

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	1,225,924
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 2015 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 2015 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 2015 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 } **02/15/17**

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 2015 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 } **02/15/17**

**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** (2015)

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

2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **07/01/15**, and ending **06/30/16**

B Check if applicable:	C Name of organization WINE TO WATER	D Employer identification number 20-8877288
<input type="checkbox"/> Address change	Doing business as	E Telephone number 828-355-9655
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2567	G Gross receipts \$ 1,247,585
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code BOONE NC 28607	
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

F Name and address of principal officer: DICKSON B HENDLEY 238 HARRISON LANE BOONE NC 28607	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
--	---

I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number u
J Website: u WWW.WINETOWATER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 2007	M State of legal domicile: NC

Part I Summary

Activities & Governance	<p>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</p> <p>2 Check this box <input type="checkbox"/> u if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p>3 Number of voting members of the governing body (Part VI, line 1a) 3 10</p> <p>4 Number of independent voting members of the governing body (Part VI, line 1b) 4 10</p> <p>5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 11</p> <p>6 Total number of volunteers (estimate if necessary) 6 0</p> <p>7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0</p> <p>7b Net unrelated business taxable income from Form 990-T, line 31 7b 0</p>		
Revenue	<p>8 Contributions and grants (Part VIII, line 1h) 493,050 1,192,096</p> <p>9 Program service revenue (Part VIII, line 2g) 0</p> <p>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -7,661</p> <p>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9,176 41,489</p> <p>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 483,874 1,225,924</p>	Prior Year	Current Year
Expenses	<p>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 190,487 437,726</p> <p>14 Benefits paid to or for members (Part IX, column (A), line 4) 0</p> <p>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 162,223 426,641</p> <p>16a Professional fundraising fees (Part IX, column (A), line 11e) 0</p> <p>b Total fundraising expenses (Part IX, column (D), line 25) u 223,262</p> <p>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 176,801 392,313</p> <p>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 529,511 1,256,680</p> <p>19 Revenue less expenses. Subtract line 18 from line 12 -45,637 -30,756</p>		
Net Assets or Fund Balances	<p>20 Total assets (Part X, line 16) 128,617 213,625</p> <p>21 Total liabilities (Part X, line 26) 45,731 161,495</p> <p>22 Net assets or fund balances. Subtract line 21 from line 20 82,886 52,130</p>	Beginning of Current Year	End of Year

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	<p>Signature of officer: DICKSON B HENDLEY PRESIDENT</p> <p>Type or print name and title</p>	Date
------------------	--	------

Paid Preparer Use Only	Print/Type preparer's name: KEVIN OLIVER	Preparer's signature	Date: 02/13/17	Check <input type="checkbox"/> if self-employed	PTIN: P00705260
	Firm's name: BRYCE HOLDER CPA PA	Firm's EIN: 56-1433465			
	Firm's address: PO BOX 1908 BOONE, NC 28607	Phone no.: 828-264-3595			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWARENESS ABOUT THE GLOBAL WATER CRISIS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **20,091** including grants of \$) (Revenue \$)

NEPAL - APRIL 2015 EARTHQUAKE RELIEF: MOBILIZED A VOLUNTEER TEAM THAT RAISED THE FUNDS AND EXECUTED OPERATIONS THROUGHOUT NEPAL TO PROVIDE ACCESS TO CLEAN WATER. THE PRIMARY ISSUE AFTER THE EARTHQUAKE WAS WATER FILTRATION. THIS EFFORT LED TO THE DISTRIBUTION OF 1,275 SAWYER POINTONE WATER FILTERS TO FAMILIES, MEDICAL CLINICS, SCHOOLS, AND COMMUNITIES. USAGE AND UPTAKE WERE GREATLY ENHANCED DUE TO A COMPREHENSIVE TRAINING AND EDUCATION PROGRAM THAT WAS INCLUDED WITH THE DISTRIBUTION OF THE FILTERS. IN ADDITION TO THE FILTER DISTRIBUTION, FUNDS WERE RAISED TO REBUILD THE WATER SYSTEM AT THE NEPAL SCHOOL FOR THE DEAF AND AT A WOMAN'S TRAINING AND COMMUNITY CENTER. THESE PROJECTS BENEFITTED APPROXIMATELY 3,287 INDIVIDUALS

CLIENT COPY

4b (Code:) (Expenses \$ **70,241** including grants of \$) (Revenue \$)

EAST AFRICA 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 SIX COMMUNITY RESOURCE CENTERS IN AFRICA (THREE IN UGANDA, TWO IN KENYA, AND A NEW ONE IN DR CONGO). THIS WORK ENCOMPASSES TWO DIFFERENT CLEAN WATER PROGRAMS; BIO-SAND WATER FILTERS, AND WELL 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 THAT DOES NOT HAVE ACCESS TO CLEAN WATER. 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

4c (Code:) (Expenses \$ **543,618** including grants of \$ **437,726**) (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 (RADA) PROGRAM THAT PROVIDES CLEAN WATER AND SANITATION FOR 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. 40 NEW WELLS WERE DRILLED AND 47 NEW LATRINES WERE BUILT SERVING 1,211 PEOPLE. PURCHASED OVER 200 CERAMIC WATER FILTERS, WHICH ARE HIGHLY EFFECTIVE HOUSEHOLD FILTRATION UNITS THAT PROVIDE 99.9% DISINFECTION AND SAFE WATER

4d Other program services (Describe in Schedule O.)

(Expenses \$ **300,874** including grants of \$) (Revenue \$)

4e Total program service expenses **934,824**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
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	X	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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		X
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		X

CLIENT COPY

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c	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
35b	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

CLIENT COPY

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website
 Another's website
 Upon request
 Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

KATY COOK
BOONE

PO BOX 2567

NC 28607

828-355-9655

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID CUTHBERT	0.00									
CEO	0.00	X		X			0	0	0	
(2) DICKSON B HENDLEY	0.00									
PRESIDENT	0.00	X		X			0	0	0	
(3) ALLEN PETERSON	0.00									
BOARD CHAIRMAN	0.00	X		X			0	0	0	
(4) RAY BUCHANAN	0.00									
VICE CHAIRMAN	0.00	X					0	0	0	
(5) BRENT FEWELL	0.00									
SEC & FINANCE COM CH	0.00	X		X			0	0	0	
(6) FONDA HOPKINS	0.00									
FUNDRAISING COM CH	0.00	X					0	0	0	
(7) SUSAN BUNDA	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) JERRY BUTLER	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) WENDY FUSCOE	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) PAUL THOMPSON	0.00									
BOARD MEMBER	0.00	X					0	0	0	
(11)										

CLIENT COPY

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 1,192,096				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f	u 1,192,096				
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u				
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	14,000			
	b Less: cost or other basis & sales exps.		21,661			
	c Gain or (loss)		-7,661			
	d Net gain or (loss)	u	-7,661	-7,661		
	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	u					
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	u					
10a Gross sales of inventory, less returns and allowances	a 41,489					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u	41,489		41,489		
Miscellaneous Revenue	11a	Busn. Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u	1,225,924	-7,661	0	41,489	

CLIENT COPY

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	437,726	437,726		
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	320,464	212,035	39,938	68,491
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	78,737	49,043	7,216	22,478
10 Payroll taxes	27,440	17,837	3,506	6,097
11 Fees for services (non-employees):				
a Management				
b Legal	40		40	
c Accounting	3,746		3,746	
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.)	9,792	2,400		7,392
12 Advertising and promotion	35,880	1,878	68	33,934
13 Office expenses	18,506	3,661	8,039	6,806
14 Information technology				
15 Royalties				
16 Occupancy	12,044	7,766	1,768	2,510
17 Travel	89,484	61,753	1,830	25,901
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,465		4,465	
23 Insurance	15,976	11,127	4,584	265
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	87,243	74,883	925	11,435
b CONSULTING SERVICES	27,256	27,256		
c EDUCATION & AWARENESS	23,683	2,801		20,882
d BANK CHARGES	20,182	2,500	16,438	1,244
e All other expenses	44,016	22,158	6,031	15,827
25 Total functional expenses. Add lines 1 through 24e	1,256,680	934,824	98,594	223,262
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)				

CLIENT COPY

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	92,100	1	143,260
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	3,250
	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	1,400	7	11,254
	8 Inventories for sale or use		8	29,800
	9 Prepaid expenses and deferred charges	10,175	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,871		
	b Less: accumulated depreciation	10b 39,810	24,942	10c 26,061
	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)		128,617	16	213,625
Liabilities	17 Accounts payable and accrued expenses	23,464	17	36,186
	18 Grants payable		18	
	19 Deferred revenue	16,675	19	76,331
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,592	25	48,978
	26 Total liabilities. Add lines 17 through 25	45,731	26	161,495
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	82,886	27	52,130
	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	82,886	33	52,130	
34 Total liabilities and net assets/fund balances	128,617	34	213,625	

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	1,225,924
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,256,680
3	Revenue less expenses. Subtract line 2 from line 1	3	-30,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	82,886
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	52,130

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 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.		
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.		

CLIENT COPY

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.
u Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	420,167	599,660	752,186	491,532	1,192,096	3,455,641
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	420,167	599,660	752,186	491,532	1,192,096	3,455,641
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.						3,455,641

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	420,167	599,660	752,186	491,532	1,192,096	3,455,641
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	34,193	39,226	66,503	5,797	41,489	187,208
11 Total support. Add lines 7 through 10						3,642,849

CLIENT COPY

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 2015 (line 6, column (f) divided by line 11, column (f))	14	94.86 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	95.07 %

16a 33 1/3% support test—2015. 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—2014. 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—2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014. 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 VI 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) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) u	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

CLIENT COPY

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 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2015. 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—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

CLIENT COPY

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

CLIENT COPY

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

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

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

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

CLIENT COPY

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

CLIENT COPY

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 145,719

CLIENT COPY

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

CLIENT COPY

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

WINE TO WATER

Employer identification number

20-8877288

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WORD ALIVE INTERNATIONAL [REDACTED] [REDACTED]	\$ 37,417	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HBI INTERNATIONAL - RAW [REDACTED] [REDACTED]	\$ 40,196	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SEE AGENCY [REDACTED] [REDACTED]	\$ 99,655	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STOP HUNGER NOW [REDACTED] [REDACTED]	\$ 42,101	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	WATER CHARITY [REDACTED] [REDACTED]	\$ 26,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	SAWYER PRODUCTS [REDACTED] [REDACTED]	\$ 33,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

CLI COPY

Name of organization

WINE TO WATER

Employer identification number

20-8877288

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<p>ENTRENA</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>\$ 36,750</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
8	<p>STEEL CITY MISSION GROUP</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>\$ 26,900</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
9	<p>ST THOMAS THE APOSTLE CHURCH</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>\$ 24,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
10	<p>GARRETSON RESOLUTION GROUP</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>\$ 25,000</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
11	<p>RCRT FOUNDATION</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>\$ 58,400</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>
		<p>\$</p>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p>

CLI COPY

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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" on 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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					

CLIENT COPY

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
- b** Permanent endowment **u**
- c** Temporarily restricted endowment **u**

The percentages on 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" on line 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" on 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		65,871	39,810	26,061
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	26,061

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on 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.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

CLIENT COPY

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED BONUSES	32,777
(3) CREDIT CARDS PAYABLE	16,201
(4) PAYROLL TAX LIABILITIES	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	48,978

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

CLIENT COPY

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

CLIENT COPY

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)
				WATER FILTERS, WELLS	437,726	ELEC TRANSFERS			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

CLIENT COPY

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 **u** _____

3 Enter total number of other organizations or entities **u** _____

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

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

CLIENT COPY

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

CLIENT COPY

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	\$ 0	\$ 0
EAST ASIA	\$ 0	\$ 0
PHILIPPINES	\$ 0	\$ 0
CENTRAL AMERICA & CARIBBEAN	\$ 0	\$ 0
COLOMBIA	\$ 0	\$ 0

CLIENT COPY

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2015

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

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

Name of the organization

Employer identification number

WINE TO WATER

20-8877288

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

TO ALL THE BENEFICIARIES.

**AN ESTIMATED 53,459 PEOPLE IN EAST AFRICA WERE REACHED WITH CLEAN WATER
THROUGH ALL OF THESE SERVICES.**

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

**STORAGE FOR 866 PEOPLE. EDUCATION ON SANITATION AND HYGIENE (CALLED
"WASH") IS DONE ON A COMMUNITY LEVEL WHILE THE WELLS AND LATRINES
ARE BEING INSTALLED. THESE FUNDS COVER ALL ASPECTS OF RDA, FROM
SALARIES AND MATERIALS, TO TRANSPORTATION AND PROGRAM ADMINISTRATION.**

**AN ESTIMATED 8,688 PEOPLE IN CAMBODIA WERE REACHED WITH CLEAN WATER THROUGH
ALL OF THESE SERVICES.**

CLIENT COPY

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

**PROVIDED WATER FILTRATION SYSTEMS AND SANITATION EDUCATION AND AWARENESS
FOR PROJECTS LOCATED IN BRAZIL, APPALACHIAN REGION OF THE UNITED STATES,
ETHIOPIA, HONDURAS, AND THE PHILIPPINES.**

**AN ESTIMATED 33,429 PEOPLE WERE REACHED WITH CLEAN WATER THROUGH ALL OF
THESE SERVICES.**

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

LEONARD BLEVINS

TERRIE BLEVINS

BOARD MEMBER

BOARD MEMBER

SPOUSES

Name of the organization

Employer identification number

WINE TO WATER

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.

CLIENT COPY

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

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 2014 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 2016. 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(j)(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 2015	17	1,318
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 <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2015 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		9,897	5.0	HY	200DB	1,980
c 7-year property		1,269	7.0	HY	200DB	181
d 10-year property						
e 15-year property		14,418	15.0	HY	150DB	721
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	4,465
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** (2015)

Year Ended: June 30, 2016

20-8877288

WINE TO WATER
PO BOX 2567
BOONE, NC 28607

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

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

Year Ended: June 30, 2016

20-8877288

WINE TO WATER
PO BOX 2567
BOONE, NC 28607

**Electing out of Bonus Depreciation Allowance
for 7-Year Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 7-year depreciable property acquired after December 31, 2007. This election applies to all such qualified bonus depreciation property placed in service during the tax year.

Year Ended: June 30, 2016

20-8877288

WINE TO WATER
PO BOX 2567
BOONE, NC 28607

**Electing out of Bonus Depreciation Allowance
for 15-Year Property**

The taxpayer elects out of first-year bonus depreciation allowance under IRC Section 168(k) for 15-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:									
89	SONY CAMERA	10/22/15	4,500			4,500	5 HY 200DB	0	900
90	VEHICLE	12/28/15	4,858			4,858	5 HY 200DB	0	972
91	MEDIA SERVER	2/05/16	539			539	5 HY 200DB	0	108
			<u>9,897</u>			<u>9,897</u>		<u>0</u>	<u>1,980</u>
7-year GDS Property:									
93	WINE BAR & TABLES	9/23/15	1,269			1,269	7 HY 200DB	0	181
			<u>1,269</u>			<u>1,269</u>		<u>0</u>	<u>181</u>
15-year GDS Property:									
92	LEASEHOLD IMPROVEMENTS	11/30/15	14,418			14,418	15 HY 150DB	0	721
			<u>14,418</u>			<u>14,418</u>		<u>0</u>	<u>721</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	24	0
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 200DB	53	0
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 200DB	754	0
		Retired							
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 200DB	707	0
62	SATELLITE PHONE	2/14/08	170			170	5 HY 200DB	170	0
63	VIDEO CAMERA	3/30/08	766			766	5 HY 200DB	766	0
64	CAMERA	10/01/08	1,470			1,470	5 HY 200DB	1,470	0
65	LCD PROJECTOR	2/02/09	515			515	5 HY 200DB	474	0
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 200DB	119	0
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 200DB	1,728	0
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 200DB	499	0
69	GPS	10/19/09	378			378	5 HY 200DB	378	0
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 200DB	738	0
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 200DB	612	0
72	OFFICE 2007	2/28/10	173			173	3 HY 200DB	173	0
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 200DB	7,504	0
74	CAMERA	2/01/11	580			580	5 HY 200DB	524	56
75	LAPTOP	1/04/11	918			918	5 HY 200DB	830	88
76	LAPTOP	6/02/11	377			377	5 HY 200DB	337	40
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 200DB	532	0
		Retired							
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 200DB	3,498	0
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 200DB	5,024	0
80	COMPUTER	6/18/12	534			534	5 HY 200DB	380	103
81	COMPUTER	10/25/12	583			583	5 HY 200DB	415	67
82	LAPTOP	12/10/12	587			587	5 HY 200DB	418	68
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 200DB	1,231	455
85	CAMERA	2/27/14	1,460			1,460	5 HY 200DB	584	350
86	COMPUTER	5/14/14	1,090			1,090	5 HY 200DB	0	0
		Retired							
87	MICROPHONE	10/14/14	205			205	3 HY 200DB	68	91
			<u>39,491</u>			<u>39,491</u>		<u>34,814</u>	<u>1,318</u>
Other Depreciation:									
84	Software	1/17/13	796			796	3 MOAmort	531	265
88	LAND	4/02/13	20,000			20,000	0 -- Land	0	0
		Sold/Scrapped: 8/14/15							
	Total Other Depreciation		<u>20,796</u>			<u>20,796</u>		<u>531</u>	<u>265</u>
	Total ACRS and Other Depreciation		<u>20,796</u>			<u>20,796</u>		<u>531</u>	<u>265</u>

CLIENT COPY

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
	Grand Totals		85,871			85,871		35,345	4,465
	Less: Dispositions and Transfers		20,000			20,000		0	0
	Less: Start-up/Org Expense		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>65,871</u>			<u>65,871</u>		<u>35,345</u>	<u>4,465</u>

CLIENT COPY

AMT 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:									
89	SONY CAMERA	10/22/15	4,500			4,500	5 HY 150DB	0	675
90	VEHICLE	12/28/15	4,858			4,858	5 HY 150DB	0	729
91	MEDIA SERVER	2/05/16	539			539	5 HY 200DB	0	108
			<u>9,897</u>			<u>9,897</u>		<u>0</u>	<u>1,512</u>
7-year GDS Property:									
93	WINE BAR & TABLES	9/23/15	1,269			1,269	7 HY 150DB	0	136
			<u>1,269</u>			<u>1,269</u>		<u>0</u>	<u>136</u>
15-year GDS Property:									
92	LEASEHOLD IMPROVEMENTS	11/30/15	14,418			14,418	15 HY 150DB	0	721
			<u>14,418</u>			<u>14,418</u>		<u>0</u>	<u>721</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	23	0
59	FOLDING CHAIRS	4/10/07	56			56	7 HY 150DB	53	0
60	2 DESKS & CHAIRS	4/10/07	800			800	7 HY 150DB	751	0
		Retired							
61	TABLE W/ 4 STOOLS	4/10/07	750			750	7 HY 150DB	704	0
62	SATELLITE PHONE	2/14/08	170			170	5 HY 150DB	170	0
63	VIDEO CAMERA	3/30/08	766			766	5 HY 150DB	766	0
64	CAMERA	10/01/08	1,470			1,470	5 HY 150DB	1,470	0
65	LCD PROJECTOR	2/02/09	515			515	5 HY 150DB	472	0
66	BACKUP HARD DRIVE	3/12/09	129			129	5 HY 150DB	118	0
67	MAC COMPUTER	5/18/09	1,878			1,878	5 HY 150DB	1,722	0
68	DONOR SOFTWARE	10/05/09	499			499	3 HY 150DB	499	0
69	GPS	10/19/09	378			378	5 HY 150DB	378	0
70	QUICKBOOKS 2010	1/26/10	738			738	3 HY 150DB	738	0
71	DESKTOP COMPUTER	1/26/10	612			612	5 HY 150DB	612	0
72	OFFICE 2007	2/28/10	173			173	3 HY 150DB	173	0
73	PRINTER/COPIER	4/14/10	7,504			7,504	5 HY 150DB	7,504	0
74	CAMERA	2/01/11	580			580	5 HY 150DB	499	81
75	LAPTOP	1/04/11	918			918	5 HY 150DB	791	127
76	LAPTOP	6/02/11	377			377	5 HY 150DB	325	52
77	DESKS (5)	6/01/11	1,000			1,000	7 HY 150DB	449	0
		Retired							
78	DONOR SOFTWARE	11/16/11	3,498			3,498	3 HY 150DB	3,498	0
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024			5,024	3 HY 150DB	5,024	0
80	COMPUTER	6/18/12	534			534	5 HY 150DB	343	127
81	COMPUTER	10/25/12	583			583	5 HY 150DB	340	97
82	LAPTOP	12/10/12	587			587	5 HY 150DB	343	97
83	2 Mac Computers	1/12/13	2,368			2,368	5 HY 150DB	959	564
85	CAMERA	2/27/14	1,460			1,460	5 HY 150DB	438	307
86	COMPUTER	5/14/14	1,090			1,090	5 HY 150DB	0	0
		Retired							
87	MICROPHONE	10/14/14	205			205	3 HY 150DB	51	77
			<u>39,491</u>			<u>39,491</u>		<u>34,017</u>	<u>1,529</u>
Other Depreciation:									
88	LAND	4/02/13	20,000			20,000	0 -- Land	0	0
		Sold/Scrapped: 8/14/15							
	Total Other Depreciation		<u>20,000</u>			<u>20,000</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>20,000</u>			<u>20,000</u>		<u>0</u>	<u>0</u>

CLIENT COPY

AMT Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		85,075			85,075		34,017	3,898
	Less: Dispositions and Transfers		<u>20,000</u>			<u>20,000</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u><u>65,075</u></u>			<u><u>65,075</u></u>		<u><u>34,017</u></u>	<u><u>3,898</u></u>

CLIENT COPY

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	0	0	0
Page 1	1	59	FOLDING CHAIRS	0	0	0
Page 1	1	60	2 DESKS & CHAIRS	0	0	0
Page 1	1	61	TABLE W/ 4 STOOLS	0	0	0
Page 1	1	62	SATELLITE PHONE	0	0	0
Page 1	1	63	VIDEO CAMERA	0	0	0
Page 1	1	64	CAMERA	0	0	0
Page 1	1	65	LCD PROJECTOR	0	0	0
Page 1	1	66	BACKUP HARD DRIVE	0	0	0
Page 1	1	67	MAC COMPUTER	0	0	0
Page 1	1	68	DONOR SOFTWARE	0	0	0
Page 1	1	69	GPS	0	0	0
Page 1	1	70	QUICKBOOKS 2010	0	0	0
Page 1	1	71	DESKTOP COMPUTER	0	0	0
Page 1	1	72	OFFICE 2007	0	0	0
Page 1	1	73	PRINTER/COPIER	0	0	0
Page 1	1	74	CAMERA	56	81	-25
Page 1	1	75	LAPTOP	88	127	-39
Page 1	1	76	LAPTOP	40	52	-12
Page 1	1	77	DESKS (5)	0	0	0
Page 1	1	78	DONOR SOFTWARE	0	0	0
Page 1	1	79	DONOR SOFTWARE UPGRADE	0	0	0
Page 1	1	80	COMPUTER	103	127	-24
Page 1	1	81	COMPUTER	67	97	-30
Page 1	1	82	LAPTOP	68	97	-29
Page 1	1	83	2 Mac Computers	455	564	-109
Page 1	1	85	CAMERA	350	307	43
Page 1	1	86	COMPUTER	0	0	0
Page 1	1	87	MICROPHONE	91	77	14
Page 1	1	89	SONY CAMERA	900	675	225
Page 1	1	90	VEHICLE	972	729	243
Page 1	1	91	MEDIA SERVER	108	108	0
Page 1	1	92	LEASEHOLD IMPROVEMENTS	721	721	0
Page 1	1	93	WINE BAR & TABLES	181	136	45
				<u>4,200</u>	<u>3,898</u>	<u>302</u>

CLIENT COPY

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
56	MAC COMPUTER	2/14/07	1,804	0	0
57	COMPUTER, FAX, PRINTER	3/30/07	3,000	0	0
58	OFFICE CHAIR	4/10/07	25	0	0
59	FOLDING CHAIRS	4/10/07	56	0	0
60	2 DESKS & CHAIRS	4/10/07	800	0	0
61	TABLE W/ 4 STOOLS	4/10/07	750	0	0
62	SATELLITE PHONE	2/14/08	170	0	0
63	VIDEO CAMERA	3/30/08	766	0	0
64	CAMERA	10/01/08	1,470	0	0
65	LCD PROJECTOR	2/02/09	515	0	0
66	BACKUP HARD DRIVE	3/12/09	129	0	0
67	MAC COMPUTER	5/18/09	1,878	0	0
68	DONOR SOFTWARE	10/05/09	499	0	0
69	GPS	10/19/09	378	0	0
70	QUICKBOOKS 2010	1/26/10	738	0	0
71	DESKTOP COMPUTER	1/26/10	612	0	0
72	OFFICE 2007	2/28/10	173	0	0
73	PRINTER/COPIER	4/14/10	7,504	0	0
74	CAMERA	2/01/11	580	0	0
75	LAPTOP	1/04/11	918	0	0
76	LAPTOP	6/02/11	377	0	0
77	DESKS (5)	6/01/11	1,000	0	0
78	DONOR SOFTWARE	11/16/11	3,498	0	0
79	DONOR SOFTWARE UPGRADE	6/05/12	5,024	0	0
80	COMPUTER	6/18/12	534	51	64
81	COMPUTER	10/25/12	583	67	97
82	LAPTOP	12/10/12	587	67	98
83	2 Mac Computers	12/13	2,368	55	56
85	CAMERA	2/27/14	1,460	211	286
86	COMPUTER	5/14/14	1,000	0	0
87	MICROPHONE	10/14/14	205	31	51
89	SONY CAMERA	10/22/15	4,500	1,440	1,148
90	VEHICLE	12/28/15	4,858	1,554	1,238
91	MEDIA SERVER	2/05/16	539	172	172
92	LEASEHOLD IMPROVEMENTS	11/30/15	14,418	1,370	1,370
93	WINE BAR & TABLES	9/23/15	1,269	311	243
			<u>65,075</u>	<u>5,729</u>	<u>5,330</u>

CLIENT COPY

Other Depreciation:

84	Software	1/17/13	796	0	0
	Total Other Depreciation		<u>796</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>796</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>65,871</u>	<u>5,729</u>	<u>5,330</u>

Form 990	Two Year Comparison Report	2014 & 2015
For calendar year 2015, or tax year beginning 07/01/15 , ending 06/30/16		

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

		2014	2015	Differences
Revenue	1. Contributions, gifts, grants	493,050	1,192,096	699,046
	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		-7,661	-7,661
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory	-9,176	41,489	50,665
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	483,874	1,225,924	742,050
Expenses	13. Grants and similar amounts paid	190,487	437,726	247,239
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	162,223	426,641	264,418
	17. Professional fundraising fees			
	18. Other professional fees	5,972	13,578	7,606
	19. Occupancy, rent, utilities, and maintenance	8,400	12,044	3,644
	20. Depreciation and Depletion	5,646	4,465	-1,181
	21. Other expenses	156,783	362,226	205,443
	22. Total expenses. Add lines 13 through 21	529,511	1,256,680	727,169
	23. Excess or (Deficit). Subtract line 22 from line 12	-45,637	-30,756	14,881
Other Information	24. Total exempt revenue	483,874	1,225,924	742,050
	25. Total unrelated revenue			
	26. Total excludable revenue	-9,176	33,828	43,004
	27. Total assets	128,617	213,625	85,008
	28. Total liabilities	45,731	161,495	115,764
	29. Retained earnings	82,886	52,130	-30,756
	30. Number of voting members of governing body	8	10	
	31. Number of independent voting members of governing body	8	10	
	32. Number of employees	8	11	
	33. Number of volunteers			

CLIENT COPY

Form 990	Tax Return History	2015
-----------------	---------------------------	-------------

Name WINE TO WATER	Employer Identification Number 20-8877288
------------------------------	---

	2011	2012	2013	2014	2015	2016
Contributions, gifts, grants		599,660	752,186	493,050	1,192,096	
Membership dues						
Program service revenue						
Capital gain or loss					-7,661	
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue		7,574	31,194	-9,176	41,489	
Total revenue		607,234	783,380	483,874	1,225,924	
Grants and similar amounts paid		267,324	237,561	190,487	437,726	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation		180,174	232,180	162,223	426,641	
Professional fees			9,429	5,972	13,578	
Occupancy costs		24,214	26,203	8,400	12,044	
Depreciation and depletion		8,278	5,908	5,646	4,465	
Other expenses		142,237	240,924	156,783	362,226	
Total expenses		622,227	753,205	529,511	1,256,680	
Excess or (Deficit)		-14,993	30,175	-45,637	-30,756	
Total exempt revenue		607,234	783,380	483,874	1,225,924	
Total unrelated revenue						
Total excludable revenue		607,234	31,194	-9,176	33,828	
Total Assets		86,136	117,656	128,617	213,625	
Total Liabilities		4,174	5,519	45,731	161,495	
Net Fund Balances		81,962	112,137	82,886	52,130	

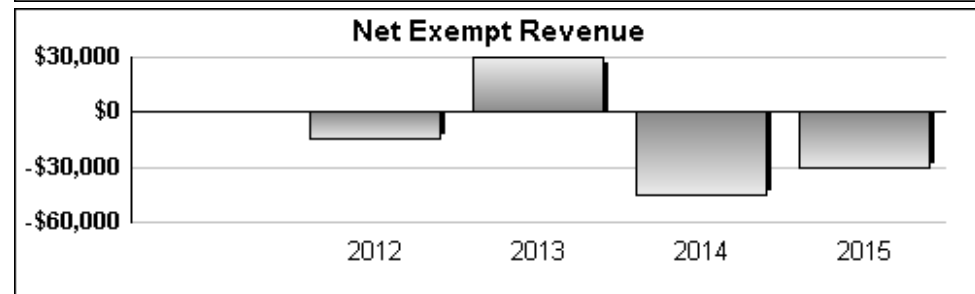
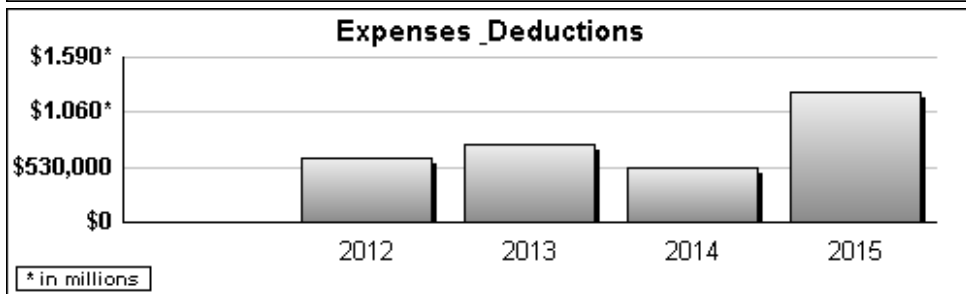
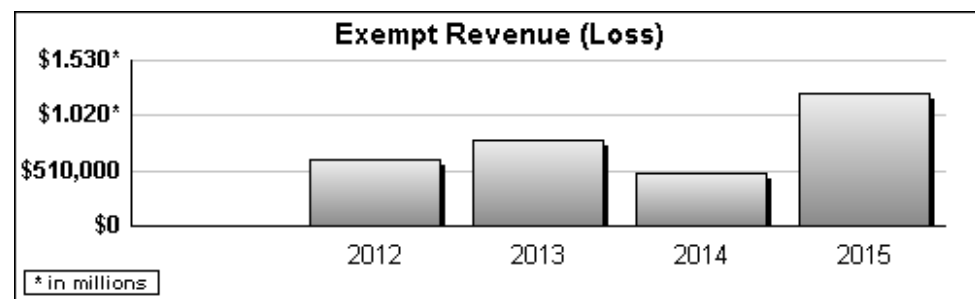
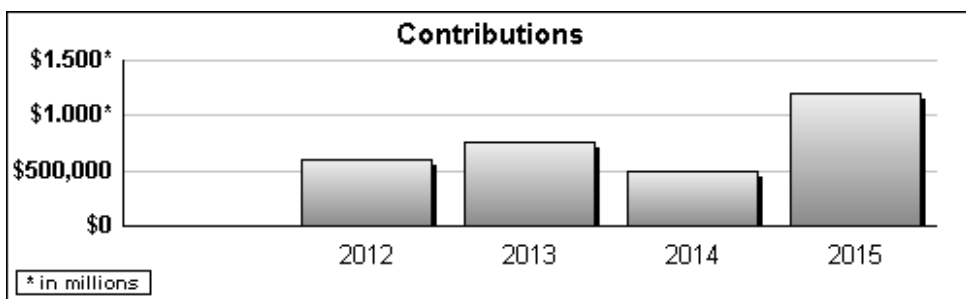
CLIENT COPY

Form 990T	Tax Return History	2015
------------------	---------------------------	-------------

Name WINE TO WATER	Employer Identification Number 20-8877288
------------------------------	---

	2011	2012	2013	2014	2015	2016
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						

CLIENT COPY



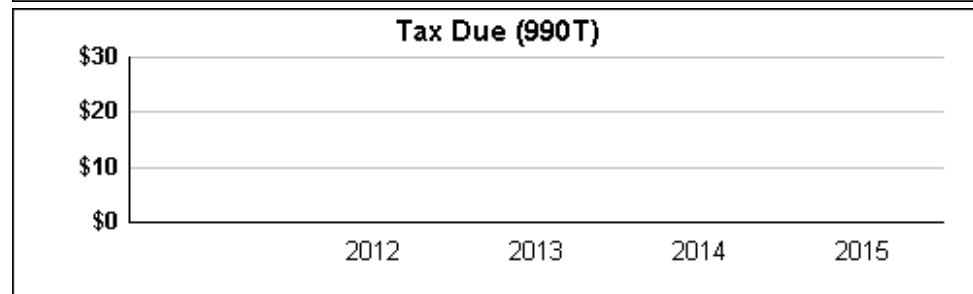
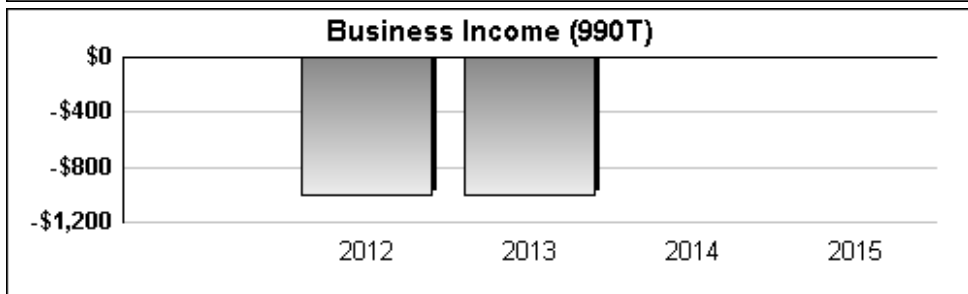
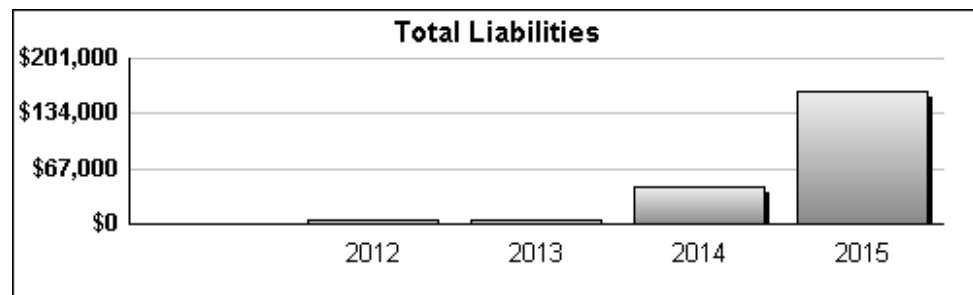
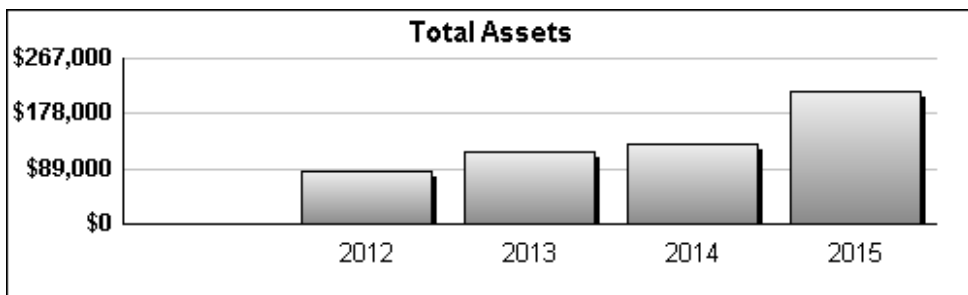
Form 990T	Tax Return History	2015
------------------	---------------------------	-------------

Name WINE TO WATER	Employer Identification Number 20-8877288
------------------------------	---

	2011	2012	2013	2014	2015	2016
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

CLIENT COPY



Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONSULTING FEES	\$ 9,000	\$ 2,400	\$	\$ 6,600
PROFESSIONAL FEES	492			492
FUNDRAISING FEES	300			300
TOTAL	\$ 9,792	\$ 2,400	\$ 0	\$ 7,392

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TELEPHONE & INTERNET	\$ 14,087	\$ 9,172	\$ 1,770	\$ 3,145
DONOR SOFTWARE SUBSCRIPT	9,748		1,037	8,711
VEHICLE EXPENSES	9,201	7,358	168	1,675
MEALS & ENTERTAINMENT	6,861	2,685	2,489	1,687
EMERGENCY RELIEF	2,943	2,943		
LICENSES & FEES	669		392	277
DUES & SUBSCRIPTIONS	507		175	332
TOTAL	\$ 44,016	\$ 22,158	\$ 6,031	\$ 15,827

CLIENT COPY

WATER7288 WINE TO WATER
20-8877288
FYE: 6/30/2016

Federal Statements

2/13/2017 4:52 PM

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
OTHER	\$ 495,583
CLAUDE BLACKBURN	
CASH CONTRIBUTION	12,000
SITE SOUTHEAST USA	
CASH CONTRIBUTION	10,000
WORD ALIVE INTERNATIONAL	
CASH CONTRIBUTION	37,417
HBI INTERNATIONAL - RAW	
CASH CONTRIBUTION	40,196
MAYNILAD	
CASH CONTRIBUTION	21,675
FILTERS FAST	
CASH CONTRIBUTION	6,524
SEE AGENCY	
CASH CONTRIBUTION	99,655
STOP HUNGER NOW	
CASH CONTRIBUTION	42,101
WATER CHARITY	
CASH CONTRIBUTION	26,000
MONTESQUIEU WINERY	
CASH CONTRIBUTION	20,000
SAWYER PRODUCTS	
CASH CONTRIBUTION	33,200
MOUNTAIN VIEW COMMUNITY CHURCH	
CASH CONTRIBUTION	12,232
NORTHERN KENTUCKY UNIVERSITY	
CASH CONTRIBUTION	11,200
TIMMY WATER PROJECT IU	
CASH CONTRIBUTION	7,160
SAYRE SCHOOL	
CASH CONTRIBUTION	6,700
ENTRENA	
CASH CONTRIBUTION	36,750
STEEL CITY MISSION GROUP	
CASH CONTRIBUTION	26,900
ST THOMAS THE APOSTLE CHURCH	
CASH CONTRIBUTION	24,000
NEIGHBORHOOD CHURCH	

CLIENT COPY

WATER7288 WINE TO WATER
20-8877288
FYE: 6/30/2016

Federal Statements

2/13/2017 4:52 PM

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

Description	Amount
CASH CONTRIBUTION LANCE LOWELL	\$ 7,150
CASH CONTRIBUTION BRUTOCAO CELLARS	6,950
CASH CONTRIBUTION UNIVERSITY SYSTEM OF NEW HAMPSHIRE	17,389
CASH CONTRIBUTION GARRETSON RESOLUTION GROUP	15,000
CASH CONTRIBUTION RCRT FOUNDATION	25,000
CASH CONTRIBUTION INVESTMENT PLANNING COUNSEL	58,400
CASH CONTRIBUTION AAA NCNU	10,000
CASH CONTRIBUTION JONATHON & BECKY WEBB	10,000
CASH CONTRIBUTION ANDREW C LORENCE CHARITABLE	10,000
CASH CONTRIBUTION TODD BELLGAMBA	10,000
CASH CONTRIBUTION THE HUMANGEO GROUP	9,200
CASH CONTRIBUTION BLOWING ROCK ROTARY FOUNDATION	8,000
CASH CONTRIBUTION LYNDY & ROY VAN HOUTAN	8,000
CASH CONTRIBUTION JACKSON SUMNER & ASSOCIATES	7,500
CASH CONTRIBUTION JOSEF & SARAH BACIK	5,214
CASH CONTRIBUTION ALFRED LEONARDO	5,000
CASH CONTRIBUTION CIS CONFERENCE, INC DBA CS WEEK	5,000
CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 1,192,096</u>

CLIENT COPY

WATER7288 WINE TO WATER
20-8877288
FYE: 6/30/2016

Federal Statements

2/13/2017 4:52 PM

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
WINE SALES	\$ 34,676
BOOK SALES	6,813
TOTAL	<u>\$ 41,489</u>

CLIENT COPY