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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2012 Open to Public Inspection

<u>A</u>	For the 2012	calendar year, or tax year beginning , and ending			
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
	Address change	WINE TO WATER			
$\overline{\Box}$	Name change	Doing Business As		20.	-8877288
	•	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		one number
	Initial return	PO BOX 2567			
	Terminated	City, town or post office, stale, and ZiP code		820	<u>8-355-9655</u>
$\overline{\Box}$	A				
	Amended return	BOONE NC 28607 F Name and address of principal officer:	· · · · · · · · · · · · · · · · · · ·	G Gross rec	elpts \$ 638,886
	Application pending		H(a) Isthisagi	rous roburn for	affiliates? Yes X No
		DICKSON B HENDLEY	in(a) is use a yi	oup recuit for	quinquest 162 57 110
		PO BOX 2567	H(b) Are all aff	iliates Include	i? Yes No
		BOONE NC 28607	If "No	," attach a list	. (see instructions)
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (Insert no.) 4947(a)(1) or 527	1		
J	Website: ► \	WWW.WINETOWATER.ORG	H(c) Group exc	emotion numb	ar 🕨
к	Form of organization		ear of formation; 2		M State of legal domicile: NC
	0.0000000000000000000000000000000000000	ummary	ear of formation, Z.	001	m State of regal positione. LYC
200000		escribe the organization's mission or most significant activities:			
ည		PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RA	TSE AWARE	INESS F	ABOUT'
ם	Inc	GLOBAL WATER CRISIS			
ē	• • • • • • • • • • • • • • • • • • • •				• • • • • • • • • • • • • • • • • • • •
ő	2 Check th	is box ▶ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
જ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	7
<u>8</u>	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	6
Activities & Governance	5 Total nui	nber of individuals employed in calendar year 2012 (Part V, line 2a)	************	5	6
इ	6 Total nur	nber of volunteers (estimate if necessary)			0
*	7a Total uni	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unre	ated business taxable income from Form 990-T, line 34		- 1a	<u> </u>
	- 1100 GIII G	ated basiness taxable month offit 350-1, line 54	Prior Yea		Current Year
4	8 Contribu	ions and grants (Part VIII, line 1h)		167	599,660
Revenue		popular roughus (Deat VIII Sec. Oc.)	12(7,107	000,000
ē					
8	11 Other rev	nt income (Part VIII, column (A), lines 3, 4, and 7d)	·	. 201	<u> </u>
	42 Tatalana	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,721	7,574
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,888	607,234
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)	24	7,148	<u>267,324</u>
		paid to or for members (Part IX, column (A), line 4)	,,,		0
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	181	L , 751	180,174
SE	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
xpenses	b Total fund	other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 113,934			
ú	17 Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	101	.,739	174,729
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		638	622,227
	19 Revenue	less expenses. Subtract line 18 from line 12		750	-14,993
5 g			Beginning of Curr		End of Year
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)		,205	86,136
A B	21 Total liab	lities (Part X, line 26)		250	4,174
ă și	22 Net asset	o or fund balances. Subtreat line 34 from the 30		5,955	81,962
		gnature Block		7, 222	01, 902
tru	e, correct, and co	perjury, I declare that I have examined this return, including accompanying schedules and statement complete. Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the best	of my knov	vledge and belief, it is
		The property of the state of th	ally knowledge.		
<u>د: .</u> .		Ignature of officer			
Sig				Date	
Her	; 🕶 –	DICKSON B HENDLEY PRESID	ENT		
		rpe or print name and title			
		preparer's name Preparer's signature	Date	Check	if PTIN
Paid	VEATM	OLIVER	11/13/	13 self-emp	loyed P00705260
	parer Firm's nar	BRYCE HOLDER CPA PA		m's EIN 🕨	56-1433465
Use	Only	PO BOX 1908	(Till	13 1 7	<u> </u>
	Firm's add	. DOONE NO COCO]		828-264-3595
Mav		this return with the preparer shown above? (see instructions)	Ph	one no.	
		such the property shows above (see instructions)			X Yes No

Form 990 (2	2012)	WIN	Е ТО	WATE	2R				20-8	877288			p	age 2
Part III		Statem	ent of	Progra	ım Servi	ce Accom a respons	•		in this Part					X
	y des	cribe the	organiza CLEA	tion's mis	ssion: TER Al								ESS ABOU	UT
,											******			
prior	Form	990 or 9	90-EZ?		-				ch were not lis				Yes X	No
3 Did ti servi	he org	ganizatior	cease o	conducting		significant ch			cts, any progra				Yes X	No
4 Desc expe	cribe t inses.	he organi Section	zation's 501(c)(3)	program (and 501	service acc (c)(4) orga	omplishment	required to re	eport the a	argest progran mount of gran					
INTE 2007 WATE ETHI FORM MORE LATE DALE ROU	COP ERNA IOP MAT E COP E 2 WIE WIE	IA DE ATION THE COMMINATION OMPLE ON OREDALLY 60	VAL TPROCE TTEE THE WINE WINE A, LC	ELL O PR RAM S TO ATER I AS ID EX TO CATE THE	PROJECTON PROJEC	CT. WIN CLEAN STS OF GE AND E(AQUIF EXISTS. VE, REQ FUNDER ETHOPIA	HE TO V WATER DRILLI MAINTA TER) IS THES OUIRING D A \$12 A'S SIE S THERE	TO RUNG DE LOW, SE CON SPECODAMA 2	JRAL CO EEP WEL ACH WEL THE S NDITION CIAL HE D, 12 W ZONE WI NOT HAV	RTNEREI MMUNIT LS AND L. IN OIL IS S MAKE AVY-DU ELL DR THIN TH	O WITH TES IN ESTABL MANY A VERY A WELL D TY DRIL ILLING HE GREA	WATER ETHIO ISHIN REAS RID, RILLI L RIG PROJE T RIF LEAN	AND HARI NG MUCH S. IN CT IN T VALLE	CE D
WITH PROG OPER AND MANU GRAV NOT IN 2 BRIC	NDA H S. RAT AT JFA VEL HA 201 CK-	/KEN) AMARI MS TH ES FO TIAK) CTURI VE AC 2, PH MAKIN	(A CI ITAN' HROUG DUR C ANI ING A D MEI CCESS ROVII	EAN S PU SH A COMMU TWO AND I DIA S TO DING ACHIN	WATER RSE U LOCAL NITY IN K NSTAL AND F CLEAN CLEAN E THA	PROJECT PROJEC	T- SING MANY NGO NGO DE CENTISA AND TO SANI TO 3,5 LED US	ICE 20 I DIFI CALLI FERS ID KEI D WATI F THE E TO 1 TO BU TO BU	FERENT ED CONN IN UGAN BWEZI). ER FILT COUNTR WATER F GANDANS UILD TH	NE TO (WATER A ECT AFI DA (MIC OUR) ERS MA Y'S PO UNDED . WE A REE (1	VATER HAND SAN RICA. GADDE, BIGGESTOE OF COLLATION SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	IAS PA ITATI CONNE KIGUM PROG ONCRE ON THA D-SAND INDED TER)	CT AFRICE BA, OPITE RAM IS TE, T DOES FILTER	T, S
CAME WATE PENH KONE SUPH PROC WITH RURA ASPE	BOD ER H, POR GRA HOU AL VID	IA- HAS I CAMBO MENG TING M ADM T CLI VILLA S TO ING O	RELIE PARTN ODIA 'S RE LOCA MINIS EAN V AGES OUR CERAN	EF AN NERED CALL CALL STRAT STRAT OF T WORK MIC W	D DEV WITH ED KO AND AFF S ION. AND HE SV IN C	ELOPMEN A LOCA NE KMEN DEVELOS ALARIES IN CAME SANITA AY RIES AMBODIA FILTERS	NT ASSIAL COMMING. WINDOWN MENT ASSINGULA, PION. NO AND ASSINGULA	ISTANO MUNIT NE TO ASSIS' AL MA' NEAR MOST PREY LLING OFFE	PERIALS LY 60% OF THE VENG P SHALLO RING CO	RAM- S ORGAN COMPLE' RDA) P , TRAN OF THE WORK I ROVINC W WELL MMUNIT	INCE 20 IZATION IELY FU ROGRAM SPORTAT POPULA S FOCUS ES. THE S, BUIL Y TRAIN	108, WI IN PUNDS A WHICH TON A TION BED IN CRE AR LDING	INE TO HNOM LL OF INCLUD ND LIVES THE E FOUR LATRINE	S,
					Schedule	O.) uding grants (of S	52	,067)(Revenue \$)	
4e Tota	al pro	aram se	rvice ex	penses	. 7 <i>2</i> , IIICI	412,	499		, , , , , (TOYOTUS 4				

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 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 Χ 3 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 Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Χ 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 X "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 complete Schedule D, Part III Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 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 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 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 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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 11c 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 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 17 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

P8	itt V Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization	24		Х
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States	20		Х
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		├^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ĺ	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			X
	employees? If "Yes," complete Schedule J	23		
24a		1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-	j	_v
	through 24d and complete Schedule K. If "No," go to line 25	24a	-	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	-	├─
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├──
25a				١,,
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			١,,
	If "Yes," complete Schedule L, Part I	25b	 	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			١
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	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	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	ļ	<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	280	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		1	
	complete Schedule N, Part II	32		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	33		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	34		X
35a	7 1 40 10 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
•	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u>. </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
vi	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Port VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
55	19? Note. All Form 990 filers are required to complete Schedule O	. 38		Х
	18. traders with and more and rademan to administration and resident a			

Form 990 (2012) WINE TO WATER

Part V Statements Regarding Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V					П
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		Χ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	}		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auti					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				١
	account)?		,,	4a		X
b	If "Yes," enter the name of the foreign country:					
Ea	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Act					17
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		· · · · · · · · · · · · · · · · · · ·			X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	17		- 1		X
c 6a	***************************************			<u>5c</u>		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					v
b	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
٥	gifts were not tay deductible?	or		Ch.		
7	Organizations that may receive deductible contributions under section 170(c).			6b		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de				
	and sentines provided to the power?			7a		*********
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		• • • • • • • • • • • • • • • • • • • •			
	required to file Form 8282?			7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	,			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contr			7e	erranskaanser	[20042020402
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	•		1 75		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	8899 as	s required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a l	Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
р	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ſ I				
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
100	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 19	1 1		12a	*******	
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?					
а	Note. See the instructions for additional information the organization must report on Schedule O.			13a		
b						
Ŋ	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	421				
С	Enter the emount of second on head	13b 13c				
14a	Did the organization receive any payments for indoor tapping services during the tay year?			14a	***********	Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
				,, [14D]		

20-8877288 Form 990 (2012) WINE TO WATER Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 to any question in this Part VI Section A. Governing Body and Management No Yes 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Χ Each committee with authority to act on behalf of the governing body? 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 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? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 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. X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the

BOONE

20

organization: ANNIE C MARION

PO BOX 2567

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

Check if Schedule O contains a response to any question 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.

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

(A) Name and Title	(B) Average hours per week (list any	Average hours per (do not c week box, unle (list any officer ar				s both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211099-MISC)	organization and related organizations
(1) CARL CLAWSON	2 00									
BOARD CHAIRMAN	3.00	Х						0	0	0
(2) DICKSON B HENDLE	T .									
PRESIDENT	40.00	Х		Х				0	0	0
(3) ANNIE C MARION										
VICE PRESIDENT	40.00	X		Х				0	0	0
(4) TERRIE BLEVINS										
TREASURER	3.00	X		Х				0	0	0
(5) JEFF HENDLEY									***************************************	
BOARD MEMBER	1.00	X						0	0	0
(6) LEONARD C BLEVIN										
BOARD MEMBER	1.00	X				:		0	0	0
(7) JERRY BUTLER										
BOARD MEMBER	1.00	X						0	0	0
(8) ALLEN PETERSON	1 00									
BOARD MEMBER	1.00	X						0	0	0
(9)								·		
.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******									
(10)										
(11)										

	(A) Name and title	(B) Average hours per week (list any hours for	(c bc	do not ox, unl	Pos check ess pe end a c	C) silion more erson	than o	ene an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(41-211066-WIISO)	from the organization and related organizations
(12)								_			
(13)											
(14)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									(, , , , , , , , , , , , , , , , , , ,
(15)						-					
(16)											

(17)											
	•••••										
(18)											
								İ			
(19)											
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
1b	Sub-total			,				▶			
q,	Total from continuation sheet Total (add lines 1b and 1c)							>			
2	Total number of individuals (incl	luding but not lim	ited	to the	ose l	sted	abo	ve) v	I who received more than \$10	0,000 in	
3	reportable compensation from the Did the organization list any for employee on line 1a? If "Yes," c	mer officer, direc	tor, d	O or tru	stee	, key	emp			**************************************	Yes No
4	For any individual listed on line organization and related organiz individual	1a, is the sum of rations greater th	repo an \$	rtabl 150,	e co. 000?	mpe ' If "\	nsati (es,"	on a	nd other compensation from plete Schedule J for such		
5	Did any person listed on line 1a for services rendered to the organization	receive or accru	e cor	mper	ısalıı	on tr	om a	nv u	nrelated organization or indi	vidual	5 X
Secti 1	on B. Independent Contractors	S									
	Complete this table for your five compensation from the organization	tion. Report com	sate ipen:	d ind satio	eper n for	iden the	t con caler	tract idar	year ending with or within th	e organization's tax year.	
	Name and b	(A) pusiness address							Description	(B) on of services	(C) Compensation
							\neg				
							\dashv				
2	Total number of independent cor	ntractors (includi	ng bi	ut no	t limi	ted t	o tho	se li	sted above) who		
DAA	received more than \$100,000 of	compensation fr	om ti	he or	gani	zatic	n ►			0	Form 990 (2012)

Pε	rt V	III Staten Check	nent of Reve	nue) contair	ns a re	esponse 1	to any question 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, 513, or 514
Siffs, Grants lar Amounts	1a b c d	Federated can Membership di Fundraising ev Related organi	ues ents	1a 1b 1c 1d						
Contributions, Gifts, Grants and Other Similar Amounts	e f g	Government grants of All other contribution and similar amounts Noncash contribution	s, gifts, grants,	1e 1f \$		599,660 9,125				
	h 2a b		s 1a-1f			Busn. Code	599,660			
Program Service Revenue	c d e f		am service reven		.,					
<u>~</u>	g 3 4	Investment inc and other simil Income from in	s 2a–2fome (including d ar amounts)	vidends, ir exempt bo	nterest, nd prod	▶				
	5 6a b c	Gross rents Less: rental exps. Rental inc. or (loss)	(i) Real			ersonal				
	d 7a b	Net rental inco Gross amount from sales of assets other than inventory Less: cost or other basis & sales exps.	me or (loss) (i) Securities			Other				
nue	d	Gain or (loss) Net gain or (los	ss)	ts		· · · · · >				
Other Revenue		of contributions r See Part IV, line Less: direct ex	eported on line 1c). 18 penses (loss) from fundr	. a	nts	>				
	9a b	Gross income fro See Part IV, line Less: direct ex	m gaming activities 19 penses (loss) from gami	. a						
	b		owances oods sold (loss) from sales	b	·ry ,					7,574
	11a b c		cellaneous Revenue			Busn. Code				
		Total. Add line	ue s 11a–11d . See instruction				607,234	0	0	7,574

Form 990 (2012) WINE TO WATER

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all a

Sec	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 to any question in this Part IX												
Do	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)								
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and	Fundraising								
1	Grants and other assistance to governments and		experises	general expenses	expenses								
	organizations in the U.S. See Part IV, line 21												
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U.S. See Part IV, lines 15 and 16	267,324	267,324										
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	145,704	45,399	47,213	53,092								
8	Pension plan accruals and contributions (include				00,002								
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits	20,841	6,696	4,742	9.403								
10	Payroll taxes	13,629			9,403 5,048								
11	Fees for services (non-employees):												
а	Management												
b	Legal												
С	Accounting												
d	Lobbying												
е	Professional fundraising services. See Part IV, line 17												
f	Investment management fees												
g	Other. (If line 11g amount exceeds 10% of line 25, column		******										
	(A) amount, list line 11g expenses on Schedule O.)	7,000	725	3,285	2,990								
12	Advertising and promotion	1,981		13	2,990 1,968								
13	Office expenses	16,967	18	4,991	11,958								
14	Information technology												
15	Royalties	0.1.01.1											
16	Occupancy	24,214	7,445	6,187	<u>10,582</u>								
17	Travel	20,968	14,327	911	5,730								
18	Payments of travel or entertainment expenses												
19	for any federal, state, or local public officials												
20	Conferences, conventions, and meetings	7.4											
21	Payments to affiliates	74		74									
22	Depreciation, depletion, and amortization	8,278		0 070									
23	_	4,369		8,278 4,369									
24	Other expenses. Itemize expenses not covered	4,309		4,309									
	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.)												
а	SUPPLES	59,248	55,404	229	3,615								
b	TELEPHONE & INTERNET	13,465	7,296	1,834	4,335								
С	BANK CHARGES	6,292	327	5,965	4,000								
d	VEHICLE EXPENSES	6,218	2,152	735	3,331								
е	All other expenses	5,655	1,350	2,423	1,882								
25	Total functional expenses. Add lines 1 through 24e	622,227	412,499	95,794	113,934								
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 ▶ if following SOP 98-2 (ASC 958-720)				220,004								

Balance Sheet

Part X Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 83,762 64,403 Cash—non-interest bearing 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 772 4,967 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 509 503 Notes and loans receivable, net 4,686 035 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 13,127 11,577 10c Investments—publicly traded securities _____ 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 100,205 86,136 16 Total assets. Add lines 1 through 15 (must equal line 34)..... Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 3,250 of Schedule D 25 3.250 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 81,962 65,038 Unrestricted net assets 27 31,91728 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 96,955 100,205 86,136

Total liabilities and net assets/fund balances

Form 990 (2012)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WINE TO WATER

Employer identification number 20-8877288

P	art I	Reaso	on for Public Charity	Status (All organizations	must co	nplete t	his par	t.) See	instru	ictions	3.		
Γhe	orgar	nization is not a	private foundation because	it is: (For lines 1 through 11, che	eck only or	e box.)							
1		A church, con	vention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A	۸)(i).						
2	П	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	П			e organization described in sect	ion 170(b)	(1)(A)(iii).	•						
4	П	A medical res	earch organization operated	l in conjunction with a hospital de	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospil	tal's name,		
Ī	ш	city, and state		.,.,,									
5	\Box	•		f a college or university owned or						in			
•		-	o)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·		.,							
6		-		overnmental unit described in se	ction 1700	h)(1)(A)(v	1						
	X			substantial part of its support from				the ger	eral nu	hlic			
7	[27]				i a govern	nontai on	it or it on	i ilic gci	iciai pa	0110			
_	П		ection 170(b)(1)(A)(vi). (C		i Y								
8	H	-		70(b)(1)(A)(vi). (Complete Part I		.i.ibii.ana		rabin fo	a and	arooo			
9) more than 33 1/3% of its support									
		-		pt functions—subject to certain e						us			
		• •		d unrelated business taxable inc			ι tax) π	om busii	iesses				
	1	•	=), 1975. See section 509(a)(2).									
10				exclusively to test for public safety									
11	Ш			exclusively for the benefit of, to pe						L!			
				ed organizations described in sec						tion			
		· · · · · · · · · · · · · · · · · · ·		he type of supporting organizatio			r						
		a Type		c Type III-Function			d (···			onally integr	ated	
е				anization is not controlled directly									
				r than one or more publicly supp	orted organ	nizations o	lescribe	in secti	on 509	a)(1)			
		or section 509						_					
f				rmination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upporting	9				
		•							, , , , , , , ,				. Ш
g		Since August	17, 2006, has the organizat	ion accepted any gift or contribut	ion from a	ny of the							
		following pers											
		(i) A person	who directly or indirectly co	ontrols, either alone or together w	ith persons	describe	d in (ii) a	ınd				Yes	No
		(iii) belov	v, the governing body of the	supported organization?							11g()	
		(II) A family	member of a person describ	oed in (i) above?							11g(1)	
		(iii) A 35% c	ontrolled entity of a person o	lescribed in (i) or (ii) above?							1 1 g	iii)	
h		Provide the f	ollowing information about the	ne supported organization(s).					·				
	(i) Nam	ne of supported	(II) EIN	(III) Type of organization	(iv) Is the o	organization		ou notify		s the	(vli) Amou	nt of mor	etary
	or	ganization		(described on lines 1-9		sted in your	the organ	nization in of your	organizat (I) organi		St	pport	
				above or IRC section (see Instructions))	governing	document?		ort?		5.7			
				(444	Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(B)													
(C)													
(B) (C)													
(C)													
(C) (D)													

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.)

Sec	tion A. Public Support	· · · · ·			·	Í	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	173,511	309,406	545,580	420,167	599,660	2,048,324
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 5	Total. Add lines 1 through 3 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)	173,511	309,406	545,580	420,167	599,660	2,048,324
6	Public support. Subtract line 5 from line 4.						2,048,324
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	173,511	309,406	545,580	420,167	599,660	2,048,324
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37	122				159
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				34,193	39,226	73,419
11	Total support. Add lines 7 through 10						2,121,902
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, fourt	h, or fifth tax year a	s a section 501(c)(3)	
	organization, check this box and stop here			A.A.1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			<u></u>
Sec	tion C. Computation of Public Su	 	 T			,	,
14	Public support percentage for 2012 (line 6,			(f))		14	96.53 %
15	Public support percentage from 2011 Sche					15	99.99%
16a	33 1/3% support test—2012. If the organia	zation did not check	the box on line 13	, and line 14 is 33	1/3% or more, chec	ck this	
	box and stop here. The organization qualif						▶ 🛚
b	33 1/3% support test—2011. If the organia						. \Box
	check this box and stop here. The organization	ation qualifies as a	publicly supported	organization			▶ ∐
17a							
	10% or more, and if the organization meets Part IV how the organization meets the "fac				•		,
	organization						▶ ∐
b	10%-facts-and-circumstances test—201	-				ne	
	15 is 10% or more, and if the organization r						
	Explain in Part IV how the organization mee supported organization					-	 • 🗀
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		. \Box

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

(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.)

	ion A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
	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					and the second s	
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
500	tine 6.) tion B. Total Support		4			1	· · · · · · · · · · · · · · · · · · ·
	idar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	(4) 2000		(0)	V-7		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here		, second, third, four				•
Sec	tion C. Computation of Public Si						
15	Public support percentage for 2012 (line 8,	· · · · · · · · · · · · · · · · · · ·		(f))		15	%
16	Public support percentage from 2011 Sche						%
_	tion D. Computation of Investme						
17	Investment income percentage for 2012 (li						%
18	Investment income percentage from 2011	Schedule A, Part I	11, line 17				%
19a	33 1/3% support tests—2012. If the orga	ınization did not ch	eck the box on line	14, and line 15 is a	more than 33 1/3%,	and line	. —
	17 is not more than 33 1/3%, check this bo						▶ _
b	33 1/3% support tests—2011. If the orga						⊾ □
	line 18 is not more than 33 1/3%, check th						? -
20	Private foundation. If the organization did	d not check a box of	on line 14, 19a, or 19	9b, check this box	and see instruction	18	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

OMB No. 1545-0047 Open to Public

Internal Revenue Service

Employer identification number Name of the organization 20-8877288 WINE TO WATER Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ______ Yes ___ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cahad	ule D (Form 990) 2012 WINE TO	WATER		2	20-8877288	}		Pa	ge 2
500000000	till Organizations Maintainin	a Collections of	Art. Historical Tr				continue	d)	
3	Using the organization's acquisition, accessi collection items (check all that apply):	on, and other records,	check any of the follow	ing that are a si	gnificant use of its				
а	Public exhibition	d 🗌 l	_oan or exchange prog	grams					
b	Scholarly research	е 🗍 (Other	-					
C	Preservation for future generations	Variance of		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Provide a description of the organization's co	ollections and explain h	ow they further the org	anization's exer	npt purpose in Part				
	XIII.								
5	During the year, did the organization solicit of	r receive donations of a	art, historical treasures	, or other simila	Г				
	assets to be sold to raise funds rather than t	o be maintained as par	t of the organization's	collection?	·		Yes		No
200000000000000000000000000000000000000	t IV Escrow and Custodial Ar	rangements. Con	nplete if the organ	iization answ	ered "Yes" to F	orm 990,	Part IV,		
000000000	line 9, or reported an amou								
1a	is the organization an agent, trustee, custod	ian or other intermediar	y for contributions or c	other assets not			\Box		
	included on Form 990, Part X?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:						
					<u> </u>		Amount		
c	Beginning balance			,,		lc			
d	Additions during the year					ld			
е	Distributions during the year	.,,,,				le			
f	Ending balance				L1	lf			
2a	Did the organization include an amount on F	form 990, Part X, line 2	1?				∐ Yes		No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the exp	lanation has been prov	∕ided in Part XIII					<u> </u>
Pa	nt V Endowment Funds. Com	plete if the organiz	ation answered "	<u>Yes" to Form</u>					
		(a) Current year	(b) Prior year	(c) Two years	back (d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	B .							
a	End of year balance								
2	Provide the estimated percentage of the cu	rent year end balance	(line 1g, column (a)) h	eld as:					
а	Board designated or quasi-endowment								
	Permanent endowment ▶ %								
	Temporarily restricted endowment ▶	%							
-	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss		on that are held and a	dministered for t	the				
-	organization by:	_						Yes	No
	(i) unrelated organizations						3a(i)		
b	If "Yes" to 3a(ii), are the related organization	ns listed as required on	Schedule R?				3b		<u> </u>
4	Describe in Part XIII the intended uses of the								
	rt VI Land, Buildings, and Eq	uipment. See For	m 990, Part X, lin	e 10.					
////T///	Description of property	(a) Cost or other		r other basis	(c) Accumulated		(d) Book	/alue	
		(investment)	(01	ther)	depreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
e	Other			34,368	22,				<u>577</u>
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10(c).)		>		<u>ll,</u>	<u>577</u>

Part VII Investments—Other Securities. See Form 990,	Part X, line 12.	
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)		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)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments—Program Related. See Form 990		(a) Walhad of valuation
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX Other Assets. See Form 990, Part X, line 15.		(b) Book value
(a) Description		(J) SSS I LESS
(1)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
Part X Other Liabilities. See Form 990, Part X, line 25.	(b) Book value	
1. (a) Description of liability	(b) Book value	\dashv
(1) Federal income taxes (2) PAYROLL TAX LIABILITIES	4,03	7
	13	
(3) SALES TAX PAYABLE (4)		
(5)		
(6)		
(7)		
(8)		
(9)		_
(10)		_
(11)	ļ , , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,17	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the	ne organization's tinancia	I statements that reports the organization's

	dule D (Form 990) 2012 WINE TO WATER	mante With Rayani	ie ner Refiirn	
	rt XI Reconciliation of Revenue per Audited Financial State			
	Total revenue, gains, and other support per audited financial statements	, . ,		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
	Net unrealized gains on investments			
	Donated services and use of facilities			
	Recoveries of prior year grants	1111		
	Other (Describe in Part XIII.)		2e	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·	4c	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
5 ———	it XII Reconciliation of Expenses per Audited Financial Sta	tements With Exner	ses ner Return	
1	Total expenses and losses per audited financial statements			
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
	Donated services and use of facilities			
	Prior year adjustments			
C	Other losses			
d	,		20	
е	Add lines 2a through 2d		0	
3	Subtract line 2e from line 1	.,		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	1 1		
h	Other (Describe in Part XIII.)		40	
	A A.I. Barra America Africa		4c	
С	Add lines 4a and 4b		E	
с 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	***************************************	5	
с 5 Ра	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information			
c 5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; Part IV, li	nes 1b and 2b;	
c 5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	I, lines 1a and 4; Part IV, li	nes 1b and 2b;	
5 Pa Com Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	I, lines 1a and 4; Part IV, li	nes 1b and 2b;	
5 Pa Com Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c	I, lines 1a and 4; Part IV, li	nes 1b and 2b;	
5 Pa Com	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
5 Pa Com Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part nform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part nform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part nform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part nform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	
c 5 Part Part Inform	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also c mation.	I, lines 1a and 4; Part IV, li complete this part to provid	nes 1b and 2b; e any additional	

Schedule D (For	m 990) 2012	WINE	TO '	WATER			20-887728	8	Page 5
Part XIII	Supplemei	ntal Infor	matio	WATER 1 (continued)					
				.,.,	 				
, ,	, , . ,				 				,
* *					 		,		
					 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,,,
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					 		,		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to

OMB No. 1545-0047 **2012**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

WINE TO WATER

Form 990, Part IV, line 14b.

Employer Identification number 20-8877288

assistance, the	e grantees' eligibility for	the grants or assistar	to substantiate the amount of its g nce, and the selection criteria used		X Yes No
2 For grantmak		the organization's pro	ocedures for monitoring the use of		
3 Activities per F	Region. (The following I	Part I, line 3 table can	be duplicated if additional space is	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN	AFRICA		PROGRAM SERVICES	WATER FILTERS, WELLS	163,420
EAST ASIA			PROGRAM SERVICES	WATER FILTERS, WELLS	51,837
SYRIA (3)			PROGRAM SERVICES	WATER FILTERS, WELLS	38,244
CENTRAL AME	RICA & CARIBE	EAN	PROGRAM SERVICES	WATER FILTERS, WELLS	13,823
(5)					
(6)					
(7)					
(8)					
(9)	, , , , , , , , , , , , , , , , , , , ,				
(10)					
(11)					
(12)	1 11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(13)					
(14)					
(15)			,		
(16)					
(17)		***************************************			
3a Sub-total				- 	267,324
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					267,324

WINE TO WATER

Schedule F (Form 990) 2012

Partil

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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.

103,252 ELEC TRANSFERS	1 (a)	(a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of valuation
WELLS, WAEER FILTERS 60,168 ELEC TRANSPERS WATER FILTERS, WELLS 51,837 ELEC TRANSFERS WATER FILTERS, WELLS 13,823 ELEC TRANSFERS WATER FILTERS, WELLS 13,823 ELEC TRANSFERS WATER FILTERS, WELLS 13,823 ELEC TRANSFERS	orga	anization	section and EIN		grant	cash grant	cash	non-cash assistance	of non-cash	(book, FMV, appraisal,
WATER FILTERS, WELLS 51,837 WATER FILTERS, WELLS 38,244 WATER FILTERS, WELLS 13,823 WATER FILTERS, WELLS 13,823	•				WELLS	103,252	ELEC TRANS	FERS		omer)
WATER FILTERS, WELLS 51,837 WATER FILTERS, WELLS 13,823 WATER FILTERS, WELLS 13,823	2				1	60,168	ELEC TRANS	FERS		
WATER FILTERS, WELLS 13,823 WATER FILTERS, WELLS 13,823	(3)				FILTERS,	51,837	ELEC TRANS	FERS		
WATER FILTERS, WELLS 13,823	₹				FILTERS,	38,244	ELEC TRANS	FERS		
(1) (1) (1) (1) (1) (1) (1) (1) (1)	(5)				FILTERS,	13,823	ELEC TRANS	FERS		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(9)									
(5) (4) (40) (41) (41) (41) (41) (41) (41) (42) (42) (42) (42) (42) (43) (43) (43) (43) (43) (44) (45) <	(2)									
100 100	(8)									
(13) (13) (14) (14) (15) (16)	(6)					-				
(11) (12) (13) (14) (14) (14) (14) (15) (15) (16) (15) (15) (15) (16)	(10)									
(12) (13) (14) (15) (15) (16)	(11)									
(14)	(12)									
(41)	(13)									
(15)	(14)									
(16)	(15)									
	(16)									

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

Enter total number of other organizations or entities છ

Schedule F (Form 990) 2012

P	art IV Foreign Forms	Ministra	r age ¬
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Part V Supplemental Information

Complete this part to 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); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

20-8877288

PART I, LINE 3 - ACTIVITIES PER REGION			***************************************	
REGION	EXP	ENDITURES	INVESTMENT	'S
SUB-SAHARAN AFRICA	\$	163,420	\$	0
EAST ASIA	\$	51,837	\$	0
SYRIA	\$	38,244	\$	0
CENTRAL AMERICA & CARIBBEAN	\$	13,823	\$	0
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ,

2012

Open to Public Inspection

Name of the organization Employer identification number WINE TO WATER 20-8877288 FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT WELL AS BOREHOLE MANAGEMENT AND SANITATION TRAINING. THE FINAL WELLS (TOTAL 12) WILL BE COMPLETED IN 2013 AND WILL PROVIDE CLEAN WATER FOR AN ESTIMATED 7,000 ETHIOPIANS. FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT LARGE TANKS. EACH TANK IS MADE OF SPECIALIZED SOIL BRICKS AND IS ATTACHED TO GUTTERS ON LARGER COMMUNITY STRUCTURES. THE THIRD MAJOR PROGRAM WE HAVE FUNDED IN EAST AFRICA IS THE REPAIRING OF BROKEN WELLS AND TRAINING LOCALS ON PROPER MAINTENANCE. A TOTAL OF TEN WELLS WERE REPAIRED IN 2012 WITH 2,800 BENEFICIARIES. HYGIENE PROMOTION WAS CARRIED OUT IN ALL OF OUR PROGRAMS. ADDITIONAL FUNDING WAS USED FOR TRUCK REPAIRS, TIRES, TOOLS, ADN TWO NEW MOTORCYLES NEEDED TO KEEP PROGRAMS RUNNING. THE REMAINING FUNDING WAS SPEND ON VEHICLE RUNNING COSTS, ADMINISTRATIVE COSTS, AND MONITORING/EVALUATIONS. FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT ACCESS TO CLEAN WATER. IN ADDITION, 120 LATRINES WERE BUILT FOR 1,028 BENEFICIARIES. GPS LOCATIONS, PICTURES, AND DATA ARE TAKEN FOR EACH WELL AND LATRINE. TO FURTHER COMBAT CONTAMINATED WATER, 400 CERAMIC WATER FILTERS WERE GIVEN TO POSITIVELY AFFECT 2,759 CAMBODIANS. COMMUNITY SANITATION WORKSHOPS REACHED 1,012 PEOPLE AND OVER HALF OF ALL THE BENEFICIARIES OF THE RDA PROGRAM ARE CHILDREN. FINALLY, OUR PARTNERS HOSTED A WEEKLY RADIO PROGRAM ON SANITATION AND HYGIENE, WITH 34,848 LISTENERS AND

242 CALL-INS DURING 2012.

Name of the organization

WINE TO WATER

Employer Identification number 20-8877288

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

SYRIA- REFUGEE WATER RELIEF- IN 2011, THE DEADLY SYRIAN CIVIL WAR ERUPTED,

LEAVING 4 MILLION INTERNALLY DISPLACED PEOPLE WITH EXTREMELY LIMITED

RESOURCES OR SECURITY. WINE TO WATER RESPONDED BY DISTRIBUTING 1,188

SAWYER POINTONE WATER FILTERS TO REFUGEE CAMPS ALONG THE SYRIA/TURKEY

BOARDER. THE SAWYER FILTER IS A SMALL HALLOW FIBER MEMBRANE FILTER THAT

USES TECHNOLOGY DERIVED FROM KIDNEY DIALYSIS, CAPABLE OF REMOVING 100% OF

ALL HARMFUL BACTERIA, PROTOZOA, AND CYSTS. THE GRAVITY FEED SYSTEM EASILY

ATTACHES TO ANY BUCKET OR CONTAINER AND CAN FILTER UP TO 250 GALLONS PER

DAY FOR UP TO TEN YEARS. FUNDING FOR THIS PROJECT COVERED THE COST OF

FILTERS, BUCKETS, AND TRAVEL EXPENSES TO EDUCATE AND IMPLEMENT THE FILTER

PROGRAM IN TAIBA AND KAH REFUGEE CAMPS, WITH AN ESTIMATED 11,880

BENEFICIARIES.

HAITI- CERAMIC WATER FILTER FACTORY- IN RESPONSE TO THE 7.0 MAGNITUDE

EARTHQUAKE OF 2010, THE WINE TO WATER/FILTERPURE FILTER FACTORY BECAME

FULLY OPERATIONAL IN JANUARY 2011. THE FACTORY PRODUCES SILVER-INFUSED,

BUCKET-FIT CERAMIC WATER FILTERS THAT PURIFY WATER UP TO 99.9% PURITY AND

CAN PROVIDE CLEAN WATER FOR A FAMILY OF FIVE FOR UP TO FIVE YEARS. THE

FACTORY REMAINS SUSTAINABLE AND HAS PRODUCED APPROXIMATELY 17,000 FILTERS.

IN 2012, WINE TO WATER FUNDED 260 FILTERS FOR MEDICAL CLINIC PATIENTS IN

JACMEL, 50 FILTERS FOR A REMOTE MOUNTAIN VILLAGE IN PICHON, AND 6 FILTERS

IN TEST LOCATIONS. AS A RESULT, AN ESTIMATED 1,580 HAITIANS WERE ABLE TO

HAVE CLEAN WATER. IN ADDITION, WINE TO WATER FUNDED NECESSARY TOOLS,

TRUCK MAINTENANCE, AND UPGRADES NECESSARY FOR THE OPERATION OF THE FACTORY.

Name of the organization Employer identification number WINE TO WATER 20-8877288 GUATEMALA- PRIMA VERA FEEDING CENTER PROGRAM- IN PRIMA VERA, GUATEMALA, WINE TO WATER INSTALLED A ROOF WATER DRAINAGE SYSTEM ON A LOCAL FEEDING CENTER SO THAT RAIN WATER DRAINS INTO THE NEW HOLDING TANK PROVIDING WATER TO HUNDREDS OF CHILDREN. ALSO, THREE LARGE CERAMIC WATER FILTERS WERE INSTALLED AND THE KITCHEN STAFF WAS TRAINED ON THEIR PROPER USE. THESE FILTERS WILL PURIFY UNCLEAN WATER AND ELIMINATE THE NEED TO BUY PURE WATER FOR THE 600 CHILDREN WHO COME TO THE CENTER. FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS JEFF HENDLEY DICKSON B. HENDLEY BOARD MEMBER PRESIDENT FATHER AND SON CARL CLAWSON ANNIE C. MARION BOARD CHAIR VICE PRES. FATHER AND DAUGHTER LEONARD BLEVINS TERRIE BLEVINS BOARD MEMBER BOARD MEMBER SPOUSES 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

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2012

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

179

_	WINE T	TO WATER				Identify		
	siness or activity to which this form relates				, , , , , , , , , , , , , , , , , , , ,	1 20-	88	77288
5000	INDIRECT DEPRECIAT	TION						
	Part I Election To Expe	ense Certain Pro	perty Under Section	1 179				
	Note: If you have	any listed proper	ty, complete Part V b	efore you d	complete Par	t I.		
1	IVIAXIIIIUIII AIIIOUNI (See Instructio	ns)					1	500,00
2	Total cost of section 179 property	v niaced in senuce (co	a inctructional				2	300,00
3							3	2,000,00
4	The state of the s	3 II VIII III II Z. 11 ZEI	O or less, enter-0-				4	2,000,00
5	, , , , , , , , , , , , , , , , , , , ,	1110 4 110111 fill © 1, 11 ZE10 (or less, enter -0 If married filli	ng separately, s	ee instructions		5	
_6	(a) Descript	tion of property	(b) Co	st (business use o) Elected cost		
7	Listed property Enterthy							
8	Listed property. Enter the amount	t from line 29			7			
9	i oral circlea cost of Section 179 i	DIODERV. ARK AMAUNK	tin column (a) linea C and	l '7			8	
10							9	
11	Carryover of disallowed deduction	the amalla of your 2	011 Form 4562				10	
12							11	
13	Section 179 expense deduction. A	to 2013 Add Upper	do not enter more than lir	ne 11 _.	· /		12	
	Carryover of disallowed deduction e: Do not use Part II or Part III below	AU ZUTO. AUG IIDES 9 :	ana 111 idee iind 17	<u> </u>	13			
₩ P	art II Special Deprecia	tion Allowance a	and Other Department	! /B				
14	Special depreciation allowance for	r qualified property (et	nd Other Depreciat	ion (Do no	ot include liste	ed propert	y.) (See instructions)
	during the tax year (see instruction							
15	Property subject to section 168/ft/	(1) election					14	
16	Property subject to section 168(f)(Other depreciation (including ACR	(7) C.C.C	*********************				15	
P			ide listed property.) (16	
			Section A	see mstrut	cuons.)			
17	MACRS deductions for assets place	ced in service in tax ve	ears heginning hefore 2011)				
18	If you are electing to group any assets placed	I in service during the tax year	into one or more general asset on				17	6,262
	Section B—	Assets Placed in Se	rvice During 2012 Tax Yo	ear Using the	General Denre	clation Sug		
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery	(e) Convention	(f) Method		(g) Depreciation deduction
<u>19a</u>	3-year property		5,024		HY	2000		3 (0)
<u>b</u>	5-year property		1,704		HY	200D		1,675
c	7-year property			0.0	111	2000	<u> </u>	341
d	10-year property							
<u>e</u>	15-year property							
<u>f</u>	20-year property							
g	25-year property			25 yrs.		S/L	-	
h	Residential rental			27.5 yrs.	ММ	S/L	-	
	property			27.5 yrs.	MM	S/L	十	
i	Nonresidential real			39 yrs.	MM	S/L	-	
	property				MA	0.1		
	Section C—As	sets Placed in Servi	ce During 2012 Tax Yea	Using the A	Iternative Depr	eciation Svs	stem	
	Classifie] [_	S/L		
	12-year			12 yrs.		S/L	_	
	40-year			40 yrs.	ММ	S/L		
	rt IV Summary (See inst	tructions.)						
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, lin	nes 14 through 17, line	s 19 and 20 in column (g),	and line 21. I	Enter here	····· F	-	
22	and on the appropriate lines of your	return. Partnerships a	ind S corporations—see in	structions	<u></u>	2	22	8,278
23	For assets shown above and placed	d in service during the	current year, enter the	ſ			- 8	0/2/0
	portion of the basis attributable to se	ection 263A costs	· · · · · · · · · · · · · · · · · · ·		23			

WINE TO WATER PO BOX 2567 BOONE, NC 28607

Electing out of Bonus Depreciation Allowance for 3-Year Property

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

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.