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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 black lung
benefit trust or private foundation)

OMB No 1545-0047

2008Open to Public
Inspection

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

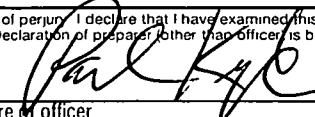
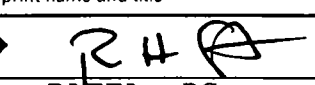
A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization BREAD AND WATER FOR AFRICA, INC.		D Employer identification number 54-1884520
		Doing Business As		E Telephone number 703-317-9440
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2550 HUNTINGTON AVENUE 200		G Gross receipts \$ 9,356,310.
		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22303		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 3299
F Name and address of principal officer EUGENE L. KRIZEK SAME AS C ABOVE		I Tax exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.AFRICANRELIEF.ORG K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1997 M State of legal domicile: VA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SUPPORT AND STRENGTHEN INITIATIVES FOR SELF-SUFFICIENCY, HEALTH AND EDUCATION IN AFRICA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5 Total number of employees (Part V, line 2a)	0	
	6 Total number of volunteers (estimate if necessary)	0	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	0.	
7b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,001,418.	Current Year 9,356,167.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		143.
	12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,001,418.	9,356,310.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	814,773.	9,273,728.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,916.	34,792.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 38.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f, 24d)	105,344.	77,926.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 18)	998,033.	9,386,446.
19 Revenue less expenses Subtract line 18 from line 12	3,385.	<30,136.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 104,056.	End of Year 82,009.
	21 Total liabilities (Part X, line 26)	6,423.	14,512.
	22 Net assets or fund balances Subtract line 21 from line 20	97,633.	67,497.

Part II Signature Block

Sign Here	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.	
	Signature of officer  EUGENE L. KRIZEK Type or print name and title	Date 1/13/2010
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed) address and ZIP + 4 RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036	Date 1/12/2010 Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 202-822-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

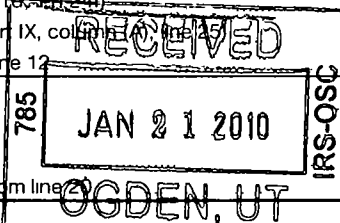
☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SCANNED JAN 26 2010



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Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

THE EXEMPT PURPOSE OF THE ORGANIZATION IS TO SUPPORT AND STRENGTHEN
GRASSROOTS INITIATIVES FOR COMMUNITY SELF-SUFFICIENCY, HEALTH AND
EDUCATION IN AFRICA.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**SEE SCHEDULE O FOR CONTINUATION(S)**

4a (Code:) (Expenses \$ 9,341,576. including grants of \$ 9,273,728.) (Revenue \$)
BREAD AND WATER FOR AFRICA AWARDS GRANTS TO MULTIPLE REGIONS IN AFRICA
THAT PROVIDE THE INHIBANTS WITH FOOD, AGRICULTURE AND NUTRITION, GENERAL
AND REHABILITATIVE HEALTHCARE, HOUSING, EDUCATION AND SPIRITS OF HOPE
AND OPPORTUNITY.

OUR FOOD, AGRICULTURE AND NUTRITION EFFORTS IMPACTED THE FOLLOWING
REGIONS IN AFRICA: SIERRA LEONE - GRANTS TO FAITH HEALING DEVELOPMENT
ORGANIZATION SUPPORTED 1,259 FARMERS (AND OVER 10,000 CONSUMERS) IN THE
MALAL MARAH, MAKARI GBANTI AND BAMBALI SHEBRA REGIONS. UGANDA - BREAD
AND WATER FOR AFRICA PRESENTED THE NAMUNKANGA SUSTAINABLE FARMING
PROGRAM WITH A GRANT TO PROVIDE HEIFERS FOR VILLAGE WOMEN. ETHIOPIA -
BREAD AND WATER FOR AFRICA FUNDS YETEEM CHILDREN AND DESTITUTE MOTHERS

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 9,341,576. (Must equal Part IX, Line 25, column (B))

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 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? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	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.	0	
b	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 this return (see instructions).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	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).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources 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 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	N/A	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	11	
b Enter the number of voting members that are independent	10	
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 organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		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
9a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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? Describe the process in Schedule O (see instructions)	X	
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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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: **AZ, CA, CT, DE, FL, MA, MD, MI, NJ, NY, NC, OH**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 703-317-9440**
2550 HUNTINGTON AVENUE, #200, ALEXANDRIA, VA 22303

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
EUGENE L. KRIZEK PRESIDENT	6.00	X		X				0.	134,630.	4,438.
JAMES J. O'BRIEN, ESQ CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
CLYDE B. RICHARDSON TREASURER	2.00	X		X				0.	0.	0.
ROBERT J. HISEL, JR. DIRECTOR	1.00	X						0.	0.	0.
EMIL HER MANY HORSES DIRECTOR	1.00	X						0.	0.	0.
REV. CHARLES T. HOLLIDAY DIRECTOR	1.00	X						0.	0.	0.
MYRIAM I. JONES, MD DIRECTOR	1.00	X						0.	0.	0.
TRACY KELSO, MSW DIRECTOR	1.00	X						0.	0.	0.
MARSHALL A. MACKLER DIRECTOR	1.00	X						0.	0.	0.
THOMAS O'BRIEN DIRECTOR	1.00	X						0.	0.	0.
FRANK STITELY, CPA DIRECTOR	2.00	X						0.	0.	0.
BRYAN KRIZEK CEO	4.00			X				0.	181,078.	17,306.
PAUL KRIZEK VP/GENERAL COUNSEL	12.00			X				46,111.	107,593.	17,333.
BETHLEHEM TESSEMA EXECUTIVE DIRECTOR	40.00			X				0.	79,973.	8,160.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
1b Total								46,111.	503,274.	47,237.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

0

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		0

Form 990 (2008)

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	100,484.			
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	922,417.0.			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	31,513.			
	g	Noncash contributions included in lines 1a-1f \$		896,719.9.			
	h	Total. Add lines 1a-1f		9,356,167.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	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					
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code				
11 a	OTHER INCOME	900099	143.			143.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		143.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,356,310.	0.	0.	143.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	9,273,728.	9,273,728.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	31,893.	31,893.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	2,899.	2,899.		
11 Fees for services (non-employees)				
a Management				
b Legal	609.		609.	
c Accounting	10,000.		10,000.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,136.	563.	573.	
12 Advertising and promotion				
13 Office expenses	12,861.	5,985.	6,838.	38.
14 Information technology				
15 Royalties				
16 Occupancy	9,161.		9,161.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,508.	26,508.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	576.		576.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a BAD DEBT EXPENSE	17,075.		17,075.	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,386,446.	9,341,576.	44,832.	38.
26 Joint Costs Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,676.	1	13,693.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	82,816.	3	68,316.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,329.	8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	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	235.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	104,056.	16	82,009.	
Liabilities	17 Accounts payable and accrued expenses	6,342.	17	5,468.
	18 Grants payable		18	9,000.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 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		24	
	25 Other liabilities. Complete Part X of Schedule D	81.	25	44.
	26 Total liabilities. Add lines 17 through 25	6,423.	26	14,512.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,667.	27	<819.>
	28 Temporarily restricted net assets	82,966.	28	68,316.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, 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	97,633.	33	67,497.
	34 Total liabilities and net assets/fund balances	104,056.	34	82,009.

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 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?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

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

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	840,037.	807,465.	886,168.	1001418.	9356167.	12891255.
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 - 3	840,037.	807,465.	886,168.	1001418.	9356167.	12891255.
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						12891255.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	840,037.	807,465.	886,168.	1001418.	9356167.	12891255.
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 IV)					143.	143.
11 Total support. Add lines 7 through 10						12891398.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.00	%
15 Public support percentage from 2007 Schedule A, Part IV A, line 26f	15	100.00	%
16a 33 1/3% support test - 2008. 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 ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2007. 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 ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
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 ▶ <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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 ☐

Schedule A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

3 Using the organization's 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ☐ 0.

Schedule D (Form 990) 2008

Part VII Investments - Other Securities. 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATE	44 .
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	44 .

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,356,310.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,386,446.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<30,136.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	<30,136.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,481,618.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	125,308.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	125,308.
3	Subtract line 2e from line 1	3	9,356,310.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	9,356,310.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,511,754.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	125,308.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	125,308.
3	Subtract line 2e from line 1	3	9,386,446.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	9,386,446.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART X: THE CHARITY HAS ELECTED TO DEFER THE APPLICATION OF

INTERPRETATION 48 FOR THE YEAR ENDED JUNE 30, 2009.

Schedule F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

Employer identification number

BREAD AND WATER FOR AFRICA, INC.

54-1884520

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or 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 IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F 1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 in region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	SUPPORT FOR AGRICULTURAL SELF-SUFFICIENCY PROGRAMS	63,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HUMAN SERVICES GRANTS MEDICAL, HEALTH, EDUCATION, FOOD SELF SUFFICIENCY SUPPORT	149,000.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	HUMAN SERVICES PROGRAMS-HEALTH CARE, NUTRITION, EDUCATION	94,530.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	FOOD, CLOTHING, MEDICAL EQUIPMENT GRANTED RELIEF MATERIALS	8,967,198.
Totals					9,273,728.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

Part II**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. Check this box if no one recipient received more than \$5,000.

Use Schedule F-1 (Form 990) 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)
			SUB-SAHARAN AFRICA	MEDICAL AND HEALTH SUPPORT	27,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	AGRICULTURAL SELF SUFFICIENCY	36,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	AGRICULTURAL SELF SUFFICIENCY, HEALTH CARE AND SUPPORT, AND EDUCATION	53,000.	WIRE TRANSFER	2684547.	MEDICAL SUPPLIES, TEXTBOOKS, TOOLS, AND USED CLOTHING	OTHER
			SUB-SAHARAN AFRICA	VOCATIONAL TRAINING AND EDUCATION	15,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EDUCATION, COMMUNITY BUILDING AND ORPHAN CARE	30,000.	WIRE TRANSFER	514,969.	TOOLS, SHOES AND CLOTHING	OTHER
			SUB-SAHARAN AFRICA	EDUCATION AND COMMUNITY BUILDING	51,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	MEDICAL AND HEALTH SUPPORT	11,000.	WIRE TRANSFER	4362880.	BEDDING, CLOTHING, TOOLS, MEDICINE, AND MEDICAL SUPPLIES	OTHER
			SUB-SAHARAN AFRICA	MEDICAL, HEALTH AND ORPHAN CARE	20,000.	WIRE TRANSFER	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 12

Schedule F (Form 990) 2008

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

23

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

SCHEDULE F, PART I, LINE 2: ORGANIZATIONS AND INDIVIDUALS CONTACT BREAD AND WATER FOR AFRICA, INC. (BWA) AND SUBMIT A PROPOSAL DESCRIBING THEIR NEED FOR ASSISTANCE. BASED ON THE REQUEST, CRS EVALUATES THE NEED FOR ASSISTANCE WITH ADMINISTRATIVE, TECHNICAL, HOUSING, FOOD, MEDICAL ASSISTANCE, CLOTHING, FOOD, ETC.

THE FOLLOWING CRITERIA ARE CONSIDERED:

A) THE ORGANIZATION IS REGISTERED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR IS A CHURCH RELATED, OR COMMUNITY BASED NON-GOVERNMENTAL ORGANIZATION (NGO) AND IS LOCATED ON THE AFRICAN CONTINENT.

B) THE ORGANIZATION'S ACTIVITIES ARE CONSISTENT WITH BWA'S MISSION STATEMENT AND CHARITABLE PURPOSE.

C) THE ORGANIZATION DEMONSTRATES A REAL NEED FOR ASSISTANCE AND PROVIDES A REALISTIC, ORGANIZED PLAN FOR THE PROPOSED PROGRAM.

D) THE RECIPIENT ORGANIZATION SHOWS ACCOUNTABILITY FOR USE OF GRANT FUNDS AND AGREES TO PROVIDE REPORTING AND DOCUMENTATION THAT THE FUNDS ARE USED FOR THE BENEFIT OF THE ILL, NEEDY, ELDERLY, OR INFANTS AND CHILDREN.

E) THE ORGANIZATION CAN DEMONSTRATE PROGRESS TOWARD SELF-SUFFICIENCY AND WILL NOT NEED CONTINUAL FUNDING WHILE PROVIDING MEASURABLE RESULTS FOR THE PROGRAM.

F) THE AMOUNT OF GRANT FUNDS REQUESTED IS WITHIN THE LIMITS OF THE BUDGET FOR THE PROPOSED PROGRAM AREA.

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information

G) THE RECIPIENT ORGANIZATION ENGAGES IN CHARITABLE WORK IN FOREIGN COUNTRIES OR REGIONS THAT DO NOT COMPETE WITH OTHER CRS FUNDED PROGRAMS.

ONCE FUNDED, GRANTS ARE MONITORED THROUGH REQUIRED REPORTING AND SITE VISITS FROM STAFF.

PART II, COLUMN (H):

REGION: SUB-SAHARAN AFRICA

(H) DESCRIPTION OF NON-CASH ASSISTANCE: HOLIDAY SUPPLIES, HYGIENE ITEMS, MEDICAL SUPPLIES, MEDICINES, SHOES, TOOLS AND USED CLOTHING

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)

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)
		SUB-SAHARAN AFRICA	ORPHAN SUPPORT	6,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	ORPHAN SUPPORT	50,000.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA		0.		872,628.	HOLIDAY SUPPLIES, HYGIENE ITEMS, MEDICAL SUPPLIES, MEDICINES, SHOES, OTHER	
		SUB-SAHARAN AFRICA		0.		530,948.	MEDICAL SUPPLIES, SHOES, SCHOOL SUPPLIES, AND TOOLS	FMV AND OTHER

Schedule F-1 (Form 990) 2008

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Attach to Form 990. To be completed by organizations that
answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision
of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		427,700.FMV	
5 Clothing and household goods	X		759,597.FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	3	7,778,675.FMV	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (PLANE TICKETS)	X	1	1,227.FMV	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

Yes No

30a		X

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,
describe in Part II

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

Part II**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information

SCHEDULE M, LINE 32B: ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT
ACCEPTANCE POLICY PRIOR TO ACCEPTANCE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

FUND, A LOCAL NGO IN BASED IN THE AFAR REGION, TO PROVIDE THE TRAINING, SUPPLIES AND SUPPORT NECESSARY TO ACHIEVE FOOD SECURITY AND FOOD SELF-SUFFICIENCY. KENYA - GRANTS TO SUPPORT THE EFFORTS OF THE FARM MANAGER AT THE BARAKA ("BLESSING" IN KISWAHILI) FARM, GO TOWARDS PROVIDING FRESH ORGANICALLY GROWN GRAINS, VEGETABLES, MEATS AND DAIRY PRODUCTS TO THE ADJACENT LEWA CHILDREN'S HOME AND THE NEARBY KIPKEINO SCHOOL.

OUR GENERAL AND REHABILITATIVE HEALTH EFFORTS IMPACTED THE FOLLOWING REGIONS IN AFRICA: ZAMBIA - GRANTS TO THE KABWATA TRANSIT CENTRE AND ORPHANAGE FUNDED THE MOBILE CLINIC, WHICH TREATS AN AVERAGE OF 300 PEOPLE PER WEEK IN THE KAZEZA DISTRICT. OUR GRANTS HAVE ALSO FUNDED THE CONSTRUCTION OF A MUCH NEEDED PERMANENT CLINIC, WHICH IS SCHEDULED TO BE OPEN IN 2010. IN 2009, BREAD AND WATER FOR AFRICA PROVIDED \$421,292 VALUED IN KIND MEDICAL SUPPLIES TO THE KABWATA TRANSIT CENTER FOR THE MOBILE CLINIC. SIERRA LEONE - THE NDEGBORMEI DEVELOPMENT ORGANIZATION (NDO) OPERATES THE BUMPEH CLINIC, WHICH PROVIDES BASIC HEALTHCARE SERVICES TO PREGNANT AND LACTATING WOMEN AND CHILDREN UNDER THE AGE OF FIVE, AND OFFERS A SUPPLEMENTAL FEEDING PROGRAM AND THE SERVICES OF A TRADITIONAL BIRTH ATTENDANT. ALSO, THE FAITH HEALING DEVELOPMENT ORGANIZATION (FHDO) OPERATES FOUR CLINICS -- IN ROKEL, ON THE OUTSKIRTS OF THE CAPITAL OF FREETOWN, MESSIMA BO IN THE SOUTH, AND BLAMA ROAD AND BUNUMBU IN THE EAST OF THE COUNTRY. SIERRA LEONE HAS ONE OF THE HIGHEST MATERNAL AND INFANT MORTALITY RATES IN THE WORLD. THESE CLINICS

THEREFORE FOCUS PRIMARILY ON PREGNANT AND LACTATING MOTHERS AND THEIR

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SCHEDULE O
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Department of the Treasury
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Supplemental Information to Form 990

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BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

CHILDREN. THEY SERVE 15,000 TO 22,000 PEOPLE ANNUALLY. BWA GRANTS ARE CRITICAL TO THEIR SUCCESS. IN 2009, BREAD AND WATER FOR AFRICA PROVIDED \$2,103,422 VALUED IN-KIND MEDICAL SUPPLIES TO THE FAITH HEALING DEVELOPMENT ORGANIZATION.

OUR HOUSING EFFORTS IMPACTED THE FOLLOWING REGIONS IN AFRICA: BREAD AND WATER FOR AFRICA PROVIDED GRANTS TO ORPHANAGES IN THREE COUNTRIES: KENYA, ZAMBIA, AND SIERRA LEONE. THROUGH THE ONSLAUGHT OF AIDS AND OTHER DISEASES, WARFARE AND POOR SOCIAL CONDITIONS, MANY CHILDREN IN AFRICA ARE ORPHANS. TODAY, THE HOME CARES FOR AND HOUSES 110 CHILDREN, AND PROVIDES 76 MORE FROM SURROUNDING COMMUNITIES WITH MONEY FOR SCHOOL FEES AND BASIC NECESSITIES LIKE FOOD AND CLOTHING.

OUR EDUCATIONAL EFFORTS IMPACTED THE FOLLOWING REGIONS IN AFRICA: KENYA - FUNDING HAS HELPED THE AWARD-WINNING KIPKEINO SCHOOL TO BE RANKED FIFTH OUT OF OVER 300 PRIMARY SCHOOLS IN ITS REGION IN 2008. THE SCHOOL PROVIDES EDUCATION FOR LOCAL ORPHANS FROM THE LEWA CHILDREN'S HOME AS WELL THE GENERAL PUBLIC, AND FEATURES FIRST-CLASS DORMITORIES, CLASSROOMS AND COMMUNITY AREAS, WITH 287 STUDENTS FROM AGES 5-17.

MOZAMBIQUE - BREAD AND WATER FOR AFRICA GRANTED FUNDS TO SHINGA DEVELOPMENT ORGANIZATION TO BEGIN CONSTRUCTION ON A HIGH SCHOOL NEAR MANICA. DONORS' DOLLARS GO INCREDIBLY FAR IN THIS COUNTRY. CONSTRUCTION OF THE SCHOOL, WHICH WE HOPE TO BE OPEN IN 2009. THE AFAR REGION OF ETHIOPIA - BREAD AND WATER FOR AFRICA HELPED FUND THE CONSTRUCTION OF YETEEM'S NEW CENTER IN THE AFAR REGION. THE CENTER, WHICH OPENED IN 2007, HOUSES THE ORGANIZATION'S AFAR OFFICES, COMPUTER

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BREAD AND WATER FOR AFRICA, INC.

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SKILLS TRAINING CENTER, SEWING SKILLS TRAINING CENTER AND AGRICULTURAL PROGRAM SUPPLIES. SIERRA LEONE - BREAD AND WATER FOR AFRICA[®] HAS FUNDED THE CONSTRUCTION OF THE FAITH HEALING DEVELOPMENT ORGANIZATION (FHDO), AS WELL AS SEVEN PRIMARY, ELEMENTARY, SECONDARY SCHOOLS AND VOCATIONAL TRAINING CENTERS.

THIS YEAR BREAD AND WATER FOR AFRICA PROVIDED \$182,980 VALUED IN-KIND TOOLS FOR THE ALPHA FOUNDATION TRAINING CENTER IN SIERRA LEONE. THE FOUNDATION WAS CREATED IN 2000 WITH THE GOAL OF CREATING A "CAN DO" SPIRIT IN LOCAL INDIVIDUALS AND SOURROUNDING COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 2: EUGENE L. KRIZEK, PRESIDENT, BRYAN KRIZEK, CEO, AND PAUL KRIZEK, VP/GENERAL COUNSEL HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEE HAS THE AUTHORITY TO ACT INDEPENDENT OF THE FULL BOARD.

FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PREPARED BY A CPA FIRM. THE AUDIT COMMITTEE OF THE BOARD REVIEWS THE 990 PRIOR TO THE REPORTING TO THE FULL BOARD AT THE QUARTERLY MEETING. AT THAT TIME, THE FULL BOARD DISCUSSES AND APPROVES PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CHARITY MAKES A REASONABLE EFFORT TO DETERMINE THE BUSINESS AND FAMILY RELATIONSHIPS AMONG BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES BY HAVING THE GENERAL COUNSEL

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

DISTRIBUTE A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT" AND THE CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING TO THE ORGANIZATION'S OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ASKING FOR THE INFORMATION REQUIRED BY QUESTION 2 OF PART VI AND QUESTION 28 OF PART IV OF THE FORM 990. THE QUESTIONNAIRE INCLUDES THE NAME, TITLE, DATE AND SIGNATURE OF THE PERSON RESPONDING AND IS WITH THE CONFLICT OF INTEREST POLICY WHICH PROVIDES THE DEFINITIONS OF INDEPENDENT VOTING MEMBER, FAMILY RELATIONSHIP, BUSINESS RELATIONSHIP, AND KEY EMPLOYEE. FURTHERMORE, THE SIGNING PARTY AGREES TO PROMPTLY INFORM THE BOARD CHAIR OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT.

FORM 990, PART VI, SECTION B, LINE 15: THE CHARITY'S POLICY FOR DETERMINING COMPENSATION OF OFFICERS AND KEY EMPLOYEES WAS ESTABLISHED FIRST BY THE BOARD AT ITS MEETING ON JUNE 26, 2004 TO REGULARLY ASSESS THE ORGANIZATION'S PERFORMANCE AND EFFECTIVENESS, AND TO SET GOALS AND OBJECTIVES TO ACHIEVE THE MISSION OF CHRISTIAN RELIEF SERVICES CHARITIES, INC. A BIENNIAL REPORT IS MADE OF THE PERFORMANCE AND EFFECTIVENESS ASSESSMENTS OF BWA, WITH RECOMMENDATIONS FOR FUTURE ACTIONS, AS REQUIRED BY STANDARD 7 OF THE STANDARDS FOR CHARITY ACCOUNTABILITY OF THE BBB WISE GIVING.

AT THE DIRECTION OF THE BWA BOARD, THE CHAIRMAN AND THE EXECUTIVE/GOVERNMENT COMMITTEE OF THE BOARD UNDERTOOK A COMPARABILITY SURVEY OF OTHER NON-PROFIT ORGANIZATIONS WITH SIMILAR MISSIONS, INCOMES AND GEOGRAPHICAL LOCATIONS. IN CONDUCTING THE RESEARCH FOR THIS SURVEY, IT RELIED ON ASSOCIATION SURVEYS, PHONE INQUIRIES, CONSULTANT RESEARCH, ETC.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public
Inspection

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BREAD AND WATER FOR AFRICA, INC.

Employer identification number

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AND IN PARTICULAR, ON COMPARABILITY DATA INCLUDING PROFESSIONAL SURVEYS PUBLISHED BY GUIDESTAR PHILANTHROPIC RESEARCH, INC., IN 2007, AND ON THE 2008 PUBLICATION BY THE HANOVER RESEARCH COUNCIL OF EXECUTIVE COMPENSATION DATA PERTAINING TO NONPROFITS LOCATED WITHIN THE WASHINGTON, D.C. METROPOLITAN AREA. THE PUBLISHED SURVEYS, CONTAINING THE MAXIMUM TOTAL COMPENSATION PER COMPARABILITY DATA, WERE PRINTED ON A FORM FOR CREATING THE SAFE HARBOR FOR EXECUTIVE COMPENSATION AND WERE CONSIDERED BY THE EXECUTIVE/GOVERNMENT COMMITTEE, WHICH AGREED ON A MINIMUM TOTAL COMPENSATION PACKAGE FOR SUBMISSION TO THE FULL BOARD OF DIRECTORS FOR ITS FINAL APPROVAL TOGETHER WITH A BOARD EVALUATION ON EACH OFFICER ON JUNE 14, 2008.

THE CHARITY HAS FOUND THAT ITS EXECUTIVES ARE WELL UNDERPAID COMPARED TO WHAT THEY MIGHT OBTAIN ELSEWHERE, INCLUDING IN THE CHARITABLE SECTOR. THE CHARITY HAS NEVER MADE A DECISION TO RAISE THE COMPENSATION OF ITS EXECUTIVES AS FAR UP TO WHAT THE MARKET SURVEYS SAY THAT THE CHARITY SHOULD BE PAYING THEM.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, CA, CT, DE, FL, MA, MD, MI, NJ, NY, NC, OH, PA, VA

FORM 990, PART VI, SECTION C, LINE 19: THE CHARITY POSTS LAST THREE YEARS AUDITS AND LINKS TO LAST THREE YEARS 990S (VIA GUIDESTAR) ON ITS WEBSITE. ALSO, THE ARTICLES AND BYLAWS ARE AVAILABLE TO ANYONE WHO REQUESTS THEM AT NO CHARGE. THEY ARE COPIED AND MAILED OUT WITHIN 30 DAYS. THE SAME APPLIES FOR THE CONFLICT OF INTEREST POLICIES.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

FORM 990, PART XI, LINE 2C: THE CHARITY HAS A COMMITTEE THAT ASSUMES
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS
AND SELECTION OF AN INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN THESE
PROCESSES FROM THE PRIOR YEAR.

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1) CHRISTIAN RELIEF SERVICES, INC.		C		
(2) CHRISTIAN RELIEF SERVICES CHARITIES, INC.		C		
(3)				
(4)				
(5)				
(6)				

Part II Continuation of Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CENTER FOR HOUSING COUNSELING TRAINING, INC. - 91-1812359, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES CHARITIES, INC. - 52-1394775, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
MOUNTAIN LAKES HOUSING FOUNDATION, INC. - 54-1639377, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS ALEXANDRIA HOUSING CORPORATION - 31-1659036, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS SCOTTSDALE HOUSING CORPORATION - 54-1990752, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS CAMBRIDGE HOUSING CORPORATION - 54-2041806, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS PINE RIDGE HOUSING CORPORATION - 54-2041803, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS FOUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRS THE COVE HOUSING CORPORATION - 54-2041798, 2550 HUNTINGTON AVE., #200, ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	
CRSC RESIDENTIAL, INC. - 54-2041807 2550 HUNTINGTON AVE., #200 ALEXANDRIA, VA 22303	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	

Schedule R-1 (Form 990) 2008

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization Bread and Water for Africa, Inc		Employer identification number 54 1884520	
	Number, street, and room or suite no. If a P.O. box, see instructions. 2550 Huntington Ave, /Suite 200			
	City, town or post office, state, and ZIP code For a foreign address, see instructions Alexandria, VA 22303, US			

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

Bread and Water for Africa, Inc

- The books are in the care of ► **2550 Huntington Ave, Suite 200, Alexandria, VA 22303, US**

Telephone No. ► **703-317-9086**

FAX No. ► **703-317-9690**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **2/15/2010** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year or
► ☒ tax year beginning **7/1/2008**, and ending **6/30/2009**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.