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A For the 2009 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

, 2009, and ending

Inspection

, 20

OMB No 1545-1150

2009 **Open to Public**

В	Check if ap						ployer identification number			
=		use IRS label or Wine to Water			20-8877288					
=	Name cha	change print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tel-			Telephone number					
=	initial retu Terminate	In ID O Pay 2567					828-221-0346			
Ħ	Amended	return	Specific Instruc-	City or town, state or country, and ZIP + 4	F Gr	oup Exe	mpti	on		
=	Application pending tions. Boone, NC 28607									
	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting N							Method		
	a completed Schedule A (Form 990 or 990-EZ). Other (specif									
				H Ch	eck ▶ [If the	orgar	nization is not		
1.	Vebsit	:e: ▶ <u>wine</u> 1	towater.	prg req	ured to a	attach S	ttach Schedule B (Form 990,			
<u>J 1</u>	ax-exe	empt status (check or	ly one) — 🗹 501(c) (3) ◀ (insert no) 🗌 4947(a)(1) or 🔲 527 📗 990	0-EZ, or 9	90-PF)				
K	Check 🕨	► 🗌 If the	e organi	ation is not a section 509(a)(3) supporting organization and its gross receipts an	re normall	y not m	ore th	nan \$25,000 A		
	Form 99	90-EZ or Form	n 990 ret	urn is not required, but if the organization chooses to file a return, be sure to	file a com	plete re	turn			
L A	Add lines			9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 9		▶ \$	5			
Р	art I	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (See t	he instr	uction	s foi	r Part I.)		
	1	Contribution	ons, gift	s, grants, and similar amounts received		1		377,825		
	2	Program so	ervice r	evenue including government fees and contracts		2				
	3	Membersh	ıp dues	and assessments		3				
	4	Investment	t incom	·		4		122		
	5a			n sale of assets other than inventory \ 5a		╛				
	b	Less: cost	or othe	basis and sales expenses LULIVIII 5b						
4	С	Gain or (los	ss) fron	sale of assets other than inventory (Subtract line 5b from line 5a)		5c				
Revenue	6	Special events	s and act	vities (complete applicable parts of schedule). (Laby amount befrom gaming, check he	ere▶ 🔲					
Š	а	Gross reve	nue (no	rancidding w 177 Or continuations						
æ		reported on line 1)								
	b	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)								
	С									
	7a	Gross sale	s of inv	entory, less returns and allowances		╛				
	b	Less. cost	_							
	С	Gross prof	7c							
	8	Other reve)	8						
	9	Total reve	nue. A	d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> ▶</u>	9		377,947		
	10	Grants and	10		121,446					
	11	Benefits pa	11							
es	12							80,136		
Expenses	13	Professional fees and other payments to independent contractors						550		
ă	14	Occupancy, rent, utilities, and maintenance						10,540		
ш	15	Printing, publications, postage, and shipping								
	16	Other expenses (describe Admin, vehicle, tvl, education events, promotion, program						62,051		
	17			Add lines 10 through 16		17		274,723		
sts	18 19			for the year (Subtract line 17 from line 9)		18		103,224		
SS	ן וש				iee willi	19	İ	70,231		
Net Assets	00	end-of-year figure reported on prior year's return)						70,231		
Ž	20	, ,						173,455		
P	art II	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more, file		21 0 instea	ad o			
(See the instructions for Part II.) (A) Beginning of								(B) End of year		
25	'					65,310	22	164,605		
	22 Cash, savings, and investments					35,010	23	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
24				Vendor refunds due, employee adv, inventory, net assets)		7,012	$\overline{}$	10,944		
25		otal assets		· · · · · · · · · · · · · · · · · · ·		72,322	-	175,549		
26		Total liabilities (describe ▶ Payroll tax liabilities					26	2,094		
							27	173,455		
	For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form 990-EZ (2009)									

Par	Statement of Program Service Accom	plishments (See the instri	uctions for Part II	l.)		Expenses			
	is the organization's primary exempt purpose?					ired for section			
	ribe what was achieved in carrying out the org)(3) and 501(c)(4) lizations and section			
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	. ~	a)(1) trusts, optional			
each	program title.				for ot	hers)			
28	Recognizing that future access to clean water and s	anitation depends on commu	nity training and ed	ducation,					
	program staff completed construction of a water/sanitation training facility in Uganda								
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, che			28a	141,268			
29	Provided wells and water system rehabilitation tools	in Cambodia, household wa	ter filters and cons	truction					
	tools in Uganda								
		includes foreign grants, che	eck here	_, ▶ □	29a	29,874			
30	Provided wells and water systems to orphanages in	Peru							
		includes foreign grants, che	eck here	. ▶ ☑	30a	28,806			
31	Other program services (attach schedule)								
		includes foreign grants, che	eck here		31a				
	Total program service expenses (add lines 28a		· , · · · ·	🕨	32	199,948			
Par	List of Officers, Directors, Trustees, and Key								
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contributio employee benefit	plans &	(e) Expense account and			
		devoted to position	enter -0)	deferred comper	nsation	other allowances			
	son Hendley	Executive Director, 40			_	_			
	Harrison Lane, Boone, NC 28607	ŕ	43,338		0	0			
	ard Blevins	Director, 1	_	j		_			
	rivette Branch Road, Boone, NC 28607		0		0	0			
	e Blevins	Treasurer, 3	_		_	_			
	rivette Branch Road, Boone, NC 28607		0		0	0			
	es Kenneth Isaacs	Director, 1	_		_	_			
	3ox 1607, Boone, NC 28607		0		0	Ü			
	Hendley	Director, 1				_			
	Harrison Lane, Boone, NC 28607		0		0				
	Clawson	Chairman, 3	_			_			
	Voods Lane, Banner Elk, NC 28604		0		0	U			
	n Horne	Secretary, 1							
IVY L	ane, Boone, NC 28607		0		0	U			
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Part	Other Information (Note the statement requirements in the instructions for Part V.)		·	ugo e
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<u> </u>	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		✓_
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?			
h		38a		✓
b 39	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b Section 501(c)(7) organizations. Enter:	ł		
о э а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed. ▶ North Carolina		•	
42a	The organization's books are in care of ▶ Annie Clawson Telephone no. ▶	328-22	1-034	6
	Located at ► King Street, Boone, NC ZIP + 4 ►	28	607	
b	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	401	Yes	
	account)?	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
40	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	•	▶ ⊔
	Dalah		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		 	
ΛĒ		44		├
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	<u> </u>	1
	too, to made so completed incode of tom cook LL	1 40		

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 are	section 4947(a)(1) no 47(a)(1) nonexempt c nd 51.	onexempt charitat haritable trusts mus	ole trusts only. A st answer question	II sec ons 46	tion 3–49l	 o	
	Did the organization engage in direct or indirect		ivities on behalf of o	r in opposition to		Yes	No	
	candidates for public office? If "Yes," complete	Schedule C, Part I			46		I	
	Did the organization engage in lobbying activitie				47		✓	
	s the organization a school as described in section	, , ,			48		1	
	Did the organization make any transfers to an ex		lated organization? .		49a		✓	
	If "Yes," was the related organization a section 5				49b		<u> </u>	
50	Complete this table for the organization's five his	ghest compensated en	nployees (other than	officers, directors, t	truste	es an	d key	
	employees) who each received more than \$100,000 of compensation from the organization. If there is none, er (a) Name and address of each employee paid more (b) Title and average hours per week (c) Compensation (d) Contributions to employee benefit plans to employee benefit					(e) Expense account and		
None	than \$100,000	devoted to position		deferred compensation	other	allowa	inces	
None		{						
-				 				
								
			-					
	Total number of other employees paid over \$100							
	Complete this table for the organization's five \$100,000 of compensation from the organizatio			tors who each rece	eived	more	than	
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) Ty	pe of service	(c) Cor	mpensa	ation	
None								
		· · · · · · · · · · · · · · · · · · ·						
 -								
								
d	Total number of other independent contractors of	each receiving over \$10	0,000▶					
	Under penalties of perjury, I declare that I have examin	ed this return, including accor	npanying schedules and st	atements, and to the bes	st of my	knowl	edge	
	and belief, it is true, correct, and complete Declaration	of preparer (other than office) is based on all informatio	n of which preparer has a	any kno	wledge	е	
Sign				Ø .11 1	\circ			
Here		·		8-11-1	<u> </u>			
	Signature of officer			Date				
	Annie Clawson							
	Type or print name and title	16.	Ob	Oronoror's identifiant	abor IC a		otione\	
Paid	Preparer's signature	Date	self	Preparer's identifying nun	iber (56	z mstruc	aons)	
Prepare	r's Firm's name (or	.	employed ▶ L	<u> </u>				
Use On	y yours if self-employed),		E					
May th	address, and ZIP + 4 Per IRS discuss this return with the preparer showing	n above? See instruction		none no	1 V~-			
THAY UI	on to disouss this retain with the proparer show	Labove: Oce instructio		<u>- L</u>	Yes	<u></u>	No	

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

20 8877288 Wine to Water Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/2 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **c** ☐ Type III–Functionally integrated a ☐ Type I **b** Type II **d** ☐ Type III–Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col col. (i) of your (i) organized in the above or IRC section governing document? (see instructions)) support? US? Yes Yes No Yes

Total

Par	(Complete only if you check					and 170(b)(1)(A)(VI) —	
	tion A. Public Support				,			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	140,553	173,511	309,406	623,470	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0	
4	Total. Add lines 1 through 3	0	0	140,553	173,511	309,406	623,470	
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)						29,058	
6	Public support. Subtract line 5 from line 4.						594,412	
_	tion B. Total Support						,	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	0	0	140,553	173,511	309,406	623,470	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	37	122	159	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0	
11	Total support. Add lines 7 through 10 .						623,629	
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	0	
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				n 501(c)(3) ► ☑	
14	Public support percentage for 2009 (line			1. column (fl)		14	%	
15	Public support percentage from 2008 Scl	, ,,	•			15	%	
16a		•	-	on line 13, and	line 14 is 331/3 9	% or more, che	ck this box	
	a 33½% support test—2009. If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33% % support test—2008. If the organization quality box and stop here. The organization quality				and line 15 is	33% % or more,	check this	
17a	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstate Private foundation. If the organization did	acts-and-circum inces" test. The	istances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the	