

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-1150 2009

Open to Public Inspection

AF	or the	2009 calenda	ar year,	or tax year beginning , 2009, and en	laing			, 20			
В	heck if a	pplicable	Please	C Name of organization	D	Employ	er identi	fication number			
	\ddress c	hange	use IRS label or	WATER4 FOUNDATION	ļ	26-3260581					
=	Name cha	· }	print or	Number and street (or P O box, if mail is not delivered to street address) Room	/suite E	E Telephone number					
=	nitial retu Ferminate	1	type See	P.O. BOX 8304			405-6	94-5214			
=		<u> </u>	Specific	City or town, state or country, and ZIP + 4	F	Group	Exempt	ion			
=	Amended Applicatio	n pending	Instruc- tions.	EDMOND, OK 73083-8304		Numbe	•	N/A			
					Accountin			Cash			
	o Seci	tion 501(c)(3)	organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach pleted Schedule A (Form 990 or 990-EZ).	Other (sp	-		Casii 🗀 Accidai			
			a con	· · · · · · · · · · · · · · · · ·							
								nization is not			
	Vebsit			R4.ORG				dule B (Form 990,			
JT	ax-exe	empt status (d	check o	nly one) — 🗹 501(c) ( 3 ) ◀ (insert no ) 🔲 4947(a)(1) or 🔲 527	990-EZ, c	or 990-l	PF)				
	Check Dif the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A										
				urn is not required, but if the organization chooses to file a return, be sur			e return	•			
LA	dd lines			9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Fo			\$				
-P	2000 D	Revenu	е, Ехр	enses, and Changes in Net Assets or Fund Balances (S	ee the ins	structi	ions fo	or Part I.)			
	1	Contributio	ns. aift	s, grants, and similar amounts received		. ]	1	451,994			
	2		_	evenue including government fees and contracts		. [	2				
	3	•		and assessments			3				
	4	Investment	•				4	231			
	5a			m sale of assets other than inventory 5a		·	•				
	1 .			r basis and sales expenses							
	b			sale of assets other than inventory (Subtract line 5b from line 5a)	,		5c				
٥	C			r sale of assets other than inventory (Subtract line 3b from line 3a, byttes (complete applicable parts of Schedule G). If any amount is from gaming, che			<del>,,</del>	· · · · · · · · · · · · · · · · · · ·			
Š	6				CONTIGIO P	_	- 1				
Revenue	[6]	<b>对别是(图)</b>	# (le/lv)	s of contributions							
æ							-				
	Less: direct expenses of than fundraising expenses										
	6	<b>҈</b> М <b>ефМафо</b> ф	je gg. ((Q1	entory cass returns and allowances	a)	. [6	ic				
	a	Gross sale	s of inv	entory returns and allowances							
	<b>1</b>	1755-375T	5 gbo	\$ \$\$\tau_{\text{re.}} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
	2	1977	201 (LO	es of inventory (Subtract line 7b from line 7a)		· 🗀	7c				
	8	Other reve	nue (de	scribe ▶		_)	8				
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		⊳	9	452,225			
	10			amounts paid (attach schedule)			0				
	11			r for members		. 🗔	11				
ģ	12	•		mpensation, and employee benefits		. 🗔	12	76,224			
Se	13	-		and other payments to independent contractors			13	116,036			
Expenses	14			utilities, and maintenance			14	500			
Ä	15			ons, postage, and shipping		·	15	1,534			
_	16	• •		lescribe ► SEE ATTACHED LISTING			16	78,777			
		•					17	273,071			
_	17			Add lines 10 through 16							
sts	18			for the year (Subtract line 17 from line 9)			18	179,154			
SS	19			d balances at beginning of year (from line 27, column (A)) (mus				474.000			
Net Assets		-	-	reported on prior year's return)			19	176,386			
ě	20			net assets or fund balances (attach explanation)			20				
	21			balances at end of year. Combine lines 18 through 20			21	355,540			
<b>4</b> 17,	DIATE	Balance	Shee	ts. If Total assets on line 25, column (B) are \$1,250,000 or more,				of Form 990-EZ.			
				(See the instructions for Part II.)	(A) Beginni	ing of ye	ar	(B) End of year			
22	: Ca	ash, savings,	, and in	vestments		176,	386 22	355,540			
23	l La	ind and build	dings .				23				
24		ther assets (d	_	· · · · · · · · · · · · · · · · · · ·			24				
25		•					25				
26		tal liabilitie					26				
27				alances (line 27 of column (B) must agree with line 21)		176.	386 27	355,540			
_=:				,,		, .					

COIIII :	390-22 (2009)					Page ∡
Pag	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? DRILLING WATER WELLS AND INSTALLING PUMPS						
	ribe what was achieved in carrying out the org					(3) and 501(c)(4)
manr	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		nizations and section (a)(1) trusts, optional
each	program title.					hers)
28	DRILLING PROJECTS AT SPECIFIC SITES IN SIERRA	A LEONE, ZAMBIA, SUDAN,	SWAZILAND, LIBER	RIA,		
	KENYA, GUINEA, MALAWI, MOZAMBIQUE, ETHIOPIA	A, ANGOLA, NICARAGUA, E	CUADOR; PARTNE	RING WITH		
	NON-PROFITS AND NGO ENTITIES ALREADY WORK					
		includes foreign grants, ch	eck here	. ▷ 🗆	28a	38,138
29	*	<u> </u>		<u> </u>		55,146
	SUPPLIES.					
	(Create \$ ) If the amount	includes foreign grants, ch	ook hara		29a	97,206
20	(Grants \$ ) If this amount TRAINING - EQUIPPING OTHER NON-PROFITS AND				230	37,200
30			IZATIONS TO TRA	NOFER		
	THE PUMP/DRILL ASSEMBLY KNOWLEDGE AND IN	STALLATION TECHNIQUES.				
						40.004
		includes foreign grants, ch			30a	40,081
	,				l	_
	(Grants \$ ) If this amount				31a	0
	Total program service expenses (add lines 28a t				32	175,425
Pod	List of Officers, Directors, Trustees, and Key	<del>, ' '</del>	,	·		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ons to t plans &	(e) Expense account and
	(-,	devoted to position	enter -0)	deferred compe	nsation	other allowances
RICH	IARD GREENLY	PRES/BD MEMBER-10 HRS				
4100	LAKE DRIVE, YUKON, OK 73099	FRES/BD WEWBER-10 11K3	0		0	0
SHA	NNON BROWN	SECY/TREAS/BOARD-5 HR				
124 L	OCHWOOD PLACE, YUKON, OK 73099	SECT/TREAS/BOARD-S HR	0		0	0
ROY	TOWNSDIN	20422 MEMBER 4 H2				
1427	5 E. WATERLOO, ARCADIA, OK 73007	BOARD MEMBER-1 HR	0		0	o
CAR	L HAMILTON	MD/DO A DD 4458405D 4 HD				
3617	N. MERIDIAN, OKLAHOMA CITY, OK 73112	VP/BOARD MEMBER-1 HR	0		0	o
PHIL	WHITE					
7708	NW 41ST CIRCLE, BETHANY, OK 73008	BOARD MEMBER-1 HR	0		0	o
	ISTOPHER COTNER					
505 (	GRAY FOX RUN, EDMOND, OK 73003	EXEC DIRECTOR-40	65,000	1	1,224	238
					<del>-</del>	
<del></del>						
	· · · · · · · · · · · · · · · · · · ·					
						. <del> </del>
	·					
	· · · · · · · · · · · · · · · · · · ·					
. <b>.</b>						

Poğ	Other Information (Note the statement requirements in the instructions for Part V.)		
			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	1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	
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	1
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?	38a	1
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	-	
39	Section 501(c)(7) organizations. Enter.		
a b	Initiation fees and capital contributions included on line 9	- 1	
40a	Gross receipts, included on line 9, for public use of club facilities	1	
704	section 4911 ≥		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		
J	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	1
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	1
41	List the states with which a copy of this return is filed. ▶ OKLAHOMA		
42a	The organization's books are in care of ▶ SHANNON BROWN Telephone no. ▶ 4	05-23	5-2695
	Located at ▶ 1220 NW 3RD ST, OKLAHOMA CITY, OK ZIP + 4 ▶	731	06
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		Yes No
	account)?	42b	✓
	If "Yes," enter the name of the foreign country: ▶  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	1
-	If "Yes," enter the name of the foreign country: ▶	_ T&O	
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	<u></u>	
		[	Yes No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		
	Form 990-EZ	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	1
		000	P-7

ireins (	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51	xempt char table trusts	itable trusts only. A must answer questi	All sec ons 46	tion 5–49t	<b>)</b> ——		
46	Did the organization engage in direct or indirect	t political campaign activiti	es on behalf	of or in opposition to		Yes	No		
	candidates for public office? If "Yes," complete				46		✓		
	Did the organization engage in lobbying activities				47		-√		
	is the organization a school as described in section				48		4		
	- · · · , · · · · · · · · · · · · ·								
	Complete this table for the organization's five hi employees) who each received more than \$100,						з кеу		
	employees) who each received more than \$100,	(b) Title and average	(c) Compensa			Expens	SA.		
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans deferred compensation	& acc	allowa	nd		
NONE									
					+				
					+				
	Complete this table for the organization's five I \$100,000 of compensation from the organization			tractors who each red	eived	more	than		
	(a) Name and address of each independent contractor	paid more than \$100,000		b) Type of service	(c) Cor	npensa	tion		
NONE									
				•					
						-			
ď	Total number of other independent contractors e	each receiving over \$100,00	. ▶						
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including accompan of preparer (other than officer) is b	ying schedules ai	nd statements, and to the be	st of my	knowle	dge		
Sign	Mannon Bons	117U	<del></del>	4.15,20					
Here	Signature of officer	Secretion	17700	Date	,				
	Type or print name and title	+ scoreins	1 read	refer					
Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	mber (See	 e instruct	ions)		
Prepare	r's Firm's name (or	<u></u>	Lemployed	EIN Þ					
Use Onl	y yours if self-employed), address, and ZIP + 4			Phone no D					
May the	e IRS discuss this return with the preparer shown	above? See instructions		▶ [	Yes	ПА			
	and assess and reterm that the property shows			· · · · · · <u>/ [</u>		1_E7			

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

<u> 2009</u>

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

WA	TER	4 FOUNDAT	TION						26		3260581
Pa	<u>rt I</u>	Reason	for Public Cl	narity Status (All or	rganizati	ons mus	st comp	lete this	part.) S	ee instru	ctions.
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	s 1 throu	gh 11, cl	neck only	one box	c.)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	cribed in	section	170(b)(1)	(A)(i).	
2		A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service organ	nization o	lescribed	ın sectio	on 170(b	)(1)(A)(iii)		
4			esearch organiza ame, city, and st	ation operated in con ate:		with a ho	-			n 170(b)(	1)(A)(iii). Enter the
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sec	tion 170(	(b)(1)(A)(\	<i>(</i> ).	
7	V			y receives a substanti (1)(A)(vi). (Complete F		its suppo	ort from a	a governr	mental un	it or from	the general public
8				d in section 170(b)(1)	- •	Complete	Part II.)				
9				receives: (1) more th				m contrib	outions, r	nembersh	ip fees, and gross
				ed to its exempt func							
				ent income and unre after June 30, 1975.						n 511 tax	) from businesses
10	П		_	nd operated exclusive				•	-	(a)(4)	
11		_	-	and operated exclusive	-		-				or to carry out the
• •	_			blicly supported organ							
				at describes the type							
		a 🗌 Type	1 b 🗆	] Type II 💢 😋	: 🗆 Tvr	e III-Fun	ctionally	integrate	ed	d [	Type III-Other
е		• •		tify that the organizat			-	_			
		persons other		n managers and othe							
f		If the organi	ization received	a written determinati	on from	the IRS	that it is	a Type	I. Type II	l. or Type	e III supporting
		_	, check this box								
g		•	st 17, 2006, has	the organization acce		gift or c				9	
		•		r indirectly controls, e	either alo	ne or too	ether wi	th persor	ns descri	hed in (ii)	Yes No
				ning body of the supp							11g(i)
		-	=	rson described in (i) a		-				• • •	11g(ii)
				of a person described							11g(iii)
h				ation about the suppo							
(i) i	Vame	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi)	ls the	(vii) Amount of
	org	anızatıon		(described on lines 1-9 above or IRC section	governing document? the organization col (i) listed in your the organization col (i) of y				tion in col	support	
				(see instructions))	governing	document?		port?		zed in the S?	
					Yes	No	Yes	No	Yes	No	
		<del></del>							<u> </u>		
		<del></del>									
							-				
											<del></del>
<b>~</b>			}								

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							
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	0	205,520	451,994	657,514
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	0	205,520	451,994	657,514
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)						322,400
6	Public support. Subtract line 5 from line 4.					L1	335,114
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	205,520	451,994	657,514
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
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 ,						657,514
12	Gross receipts from related activities, etc.					12	0
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3) ► 🗾
	tion C. Computation of Public Sur						
14	Public support percentage for 2009 (line 6		-	• • • • • • • • • • • • • • • • • • • •	(	15	<u>%</u>
15 16a	Public support percentage from 2008 Sch 33% % support test—2009. If the organizand stop here. The organization qualifies	zation did not c	heck the box o		line 14 is 33½ 9	6 or more, chec	k this box
b	331/3 % support test-2008. If the organize	ation did not c	heck a box on	line 13 or 16a,	and line 15 is 3	331/3 % or more,	check this
	box and stop here. The organization qua	lifies as a publi	cly supported o	organization .			⊳ □
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 "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, c organization qua	heck this box a lifies as a public	and <b>stop here</b> . It by supported org	Explain in Part I janization	V how the

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.)

Sac	tion A. Public Support	SG GIC DOX C		21 ( 1.)			
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	dionadi yedi (er needi yedi beginining iii, p	(4) 2000	(5) 2000	(0) 2001	(4) 2000	(0) 2000	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<del></del>	<del> </del>	<u> </u>	<del> </del>	<del></del>
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					<u> </u>	<del></del>
8	Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		·	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	
	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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			<u> </u>			
С	Add lines 10a and 10b						<del> </del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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							
Sec	tion C. Computation of Public Sup	<del></del>				<del>,</del> -	
15	Public support percentage for 2009 (lin			e 13, column (	(f))	15	
16	Public support percentage from 2008 S			<del></del> .	<u> </u>	16	<u>%</u>
Sec	tion D. Computation of Investmen				<del></del>		
17	Investment income percentage for 2009			•	olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 20					18	%_
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this bo						
b	33% % support tests—2008. If the organiline 18 is not more than 33% %, check this	zation did not observed box and stop	check a box on here. The organ	line 14 or line inzation qualifies	19a, and line 1 s as a publicly	6 is more that supported or	n 33½%, and ganization ▷ 🗌
20_	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b	check this be	ox and see in	structions ▶ □

	Schedule A (Form 990 or 990-EZ) 2009 Page 4						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 1 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	0;					
•••••							

#### WATER4 FOUNDATION

EIN: 26-32660581 2009 FORM 990-EZ

## PART I, LINE 16 - OTHER EXPENSES

PROGRAM EXPENSES	
PROJECTS	\$ 38,138
DRILL DEVELOPMENT	15,685
TRAINING	8,829
GENERAL & ADMINISTRATIVE EXPENSES	
PAYROLL TAXES	4,973
PHONE & OFFICE SUPPLIES	1,577
WEBSITE HOSTING FEE	348
PAYROLL PROCESSING FEES	1,125
TRAVEL, LODGING & MEALS	88
VIDEO CAMERA & SOFTWARE	514
BOOKS, PUBLICATIONS, SUBSCRIPTIONS	74
T-SHIRTS	544
MEMBERSHIP DUES	650
PAYPAL FEES	302
INTEREST EXPENSE	61
MISCELLANEOUS	69
MARKING & FUNDRAISING EXPENSES	
WEBSITE MEMBERSHIPS	235
GRANT WRITING SOFTWARE	3,000
GRANT WRITING WORKSHOP	60
VIDEO PRODUCTION/EDITING	255
DEMONSTRATION PUMP	800
TRAVEL, LODGING & MEALS	1,450
	\$ 78,777