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DLN: 93493318009663

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

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

Open to Public Inspection

A F-		2012 1		2012		<u> </u>
			endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31 C Name of organization	-2012	D Employer	identification number
_		pplicable	WINE TO WATER			
_	tress ch	,	Doing Business As		20-8877	288
Naı —	me cha	nge				
Init	ial retu	rn	Number and street (or P O box if mail is not delivered to street address) Room/suit	e	E Telephone r	number
Ter	mınate	d	PO BOX 2567		(828) 35	5-0655
– Am	ended	return	City or town, state or country, and ZIP + 4		(828) 35:	5-9655
– _{App}	olication	n pending	BOONE, NC 28607		G Gross receip	ots \$ 638.886
			F Name and address of principal officer	H/a) Ic th	nis a group ret	
			DICKSON B HENDLEY		ates?	T Yes ▽ No
			PO BOX 2567 BOONE,NC 28607			
			BOONE, NC 20007			cluded? Yes No
та Та	x-exem	npt status	✓ 501(c)(3)	If "N	lo," attach a li	st (see instructions)
	- 1	·		H(c) Gro	up exemption	number ►
J W	ebsite	≥: = - VV V\	VW WINETO WATER ORG			
∢ Forr	n of or	ganızatıon	✓ Corporation Trust Association Other ►	L Year of f	ormation 2007	M State of legal domicile NC
Pa	rt I	Sum	mary			
Governance	-		escribe the organization's mission or most significant activities VIDE CLEAN WATER AND SANITATION, TO EDUCATE AND RAISE	A WA RENES	SS ABOUT TH	E GLOBAL WATER
₫	-					
<u>ş</u>	, ;	Check +	his box দ if the organization discontinued its operations or disposed of	more than	25% of its not	assets
9		CHECK II	ins box Fig. In the organization discontinued its operations of disposed of	more than	25 70 01 113 1161	. assets
	3	Number	of voting members of the governing body (Part VI, line 1a)			3 7
Activities &	4	Number	of independent voting members of the governing body (Part VI, line 1b)		🗔	4 6
	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a) .		$ ag{}$	5 6
2	6	Total nu	mber of volunteers (estimate if necessary)			6
	7a -	Total un	related business revenue from Part VIII, column (C), line 12		7	7a 0
	ь	Net unre	elated business taxable income from Form 990-T, line 34		7	7b
				Pri	or Year	Current Year
	8	Contri	butions and grants (Part VIII, line 1h)		420,167	599,660
₽	9	Progra	am service revenue (Part VIII, line 2g)			0
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)			0
芒	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,721	7,574
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line			407.004
					425,888	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)		247,148	
	14		its paid to or for members (Part IX, column (A), line 4)			0
8	15	Saları 5–10)	es, other compensation, employee benefits (Part IX, column (A), lines)		181,751	180,174
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)			0
ੜੇ	b	Total fu	ındraısıng expenses (Part IX, column (D), line 25) ▶113,934			
ш.	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		101,739	174,729
	18	Total	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		530,638	622,227
	19	Reven	ue less expenses Subtract line 18 from line 12		-104,750	-14,993
Net Assets or Fund Balances				_	ng of Current Year	End of Year
eger Eger	20	Total	assets (Part X, line 16)		100,205	86,136
ችይ ሕ	21		liabilities (Part X, line 26)		3,250	4,174
ŽΞ	22	Netas	ssets or fund balances Subtract line 21 from line 20		96,955	81,962
Pai	rt II	Sign	ature Block			
ny ki	nowled arer ha	dge and as any k	perjury, I declare that I have examined this return, including accompany belief, it is true, correct, and complete Declaration of preparer (other the nowledge *** ature of officer	an officer) is		
Here		DICK	CSON B HENDLEY PRESIDENT			
			e or print name and title			
					eck If PTI	N
Paid	t	_			lf-employed	
	pare		Firm's name BRYCE HOLDER CPA PA	Fin	m's EIN 🟲	
	On		Firm's address ► PO BOX 1908	Ph	one no (828) 26	4-3595
		- =				

BOONE, NC 28607

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

✓ Yes ☐ No

Forn	orm 990 (2012)						Page 2
Par	art III Statement of Progr Check if Schedule O con				III		
1	Briefly describe the organization	on's mission					
тог	O PROVIDE CLEAN WATER AND S	SANITATION, TO	DEDUCATE	AND RAISE AV	VARENESS ABOUT T	HE GLOBAL WATE	R CRISIS
2	the prior Form 990 or 990-EZ?			ces during the y	ear which were not lis		Yes 🔽 No
	If "Yes," describe these new se						
3	Did the organization cease cond services?		sıgnıfıcant cl 	nanges in how it	conducts, any progra		_ Yes ▼ No
	If "Yes," describe these change					,	, , , , , ,
4		gram service acc nd 501(c)(4) orga	anızatıons ar	e required to rep			
4a	(Code) (Exp. ETHIOPIA DEEP WELL PROJECT WINI ETHIOPIA SINCE 2007 THE PROGRAM WELL IN MANY AREAS OF ETHIOPIA, CONDITIONS MAKE WELL DRILLING M A 125,000, 12 WELL DRILLING PROJE INHABITANTS THERE DO NOT HAVE A BOREHOLE MANAGEMENT AND SANITE ESTIMATED 7,000 ETHIOPIANS	M CONSISTS OF DRIL THE WATER TABLE(A MUCH MORE COMPLE ECT IN DALE WOREDA ACCESS TO CLEAN WA	RTNERED WITH LING DEEP WEL AQUIFER) IS LOV X AND EXPENSI A, LOCATED IN E ATER FUNDING	LS AND ESTABLISHI W, THE SOIL IS VER VE, REQUIRING SPE THOPIA'S SIDAMA A FOR THIS PROJEC	NG LOCAL WATER COMMI Y ARID, AND HARD FORM CIAL HEAVY-DUTY DRILL CONE WITHIN THE GREAT F INCLUDED LABOR, MATE	E CLEAN WATER TO RUF TTEES TO MANAGE AND ATION (SUCH AS ROCK RIGS IN LATE 2012, WI RIFT VALLEY ROUGHLY RIALS, ADN TRANSPOR	MAINTAIN EACH)EXISTS THESE NE TO WATER FUNDEI 60% OF THE FATION AS WELL AS
4b	.b (Code) (Exp	enses \$	60,168 inc	cluding grants of \$	60,168) (Povonuo ¢	\
	UGANDA/KENYA CLEAN WATER PROJ SANITATION PROGRAMS THROUGH A UGANDA (MIGADDE, KIGUMBA, OPIT, SAND WATER FILTERS MADE OF CON WATER WINE TO WATER FUNDED 44 MACHINE THAT ENABLED US TO BUIL LARGE TANKS EACH TANK IS MADE OF PROGRAM WE HAVE FUNDED IN EAST WERE REPAIRED IN 2012 WITH 2,800 TRUCK REPAIRS, TIRES, TOOLS, ADN RUNNING COSTS, ADMINISTRATIVE CO	LOCAL UGANDAN NO , AND ATTIAK) AND T ICRETE, GRAVEL, ANI 48 BIO-SAND FILTER: D THREE (1,500 LITE OF SPECIALIZED SOII T AFRICA IS THE REF 0 BENEFICIARIES HY I TWO NEW MOTORO	GO CALLED CON WO IN KENYA(I) MEDIA SAND I S IN 2012, PROV ER) RAINWATER L BRICKS AND I VAIRING OF BRO (GIENE PROMOT YLES NEEDED T	NECT AFRICA CON BUISA AND KEBWEZ FOR THE 38% OF T VIDING CLEAN WAT HARVEST TANKS ATTACHED TO GUKEN WELLS AND TETION WAS CARRIED OKEEP PROGRAMS	NECT AFRICA OPERATES I I) OUR BIGGEST PROGRA HE COUNTRY'S POPULATION ER TO 3,534 UGANDANS AN ESTIMATED 300 PEOPL TTERS ON LARGER COMM RAINING LOCALS ON PROPOLITION IN ALL OF OUR PROPOLITION	FOUR COMMUNITY RESOLATION THAT DOES NOT HAN WE ALSO FUNDED A NE'E NOW HAVE ACCESS TUNITY STRUCTURES THE MAINTENANCE A TOGRAMS ADDITIONAL FU	OURCE CENTERS IN AND INSTALLING BIO- /E ACCESS TO CLEAN W BRICK-MAKING O WATER FROM THESE HE THIRD MAJOR DTAL OF TEN WELLS NDING WAS USED FOR
4c	c (Code) (Exp	enses \$	51.837 inc	cluding grants of \$	51,837) (1	Revenue \$)
	CAMBODIA- RELIEF AND DEVELOPMEI IN PHNOM PENH, CAMBODIA CALLED PROGRAM WHICH INCLUDES SUPPOF 60% OF THE POPULATION LIVES WIT PREY VENG PROVINCES THERE ARE FILTERS, AND OFFERING COMMUNIT WATER IN ADDITION, 120 LATRINES TO FURTHER COMBAT CONTAMINATE WORKSHOPS REACHED 1,012 PEOPUL WEEKLY RADIO PROGRAM ON SANITA	NT ASSISTANCE PRO KONE KMENG WINE RTING LOCAL STAFF: HOUT CLEAN WATER FOUR ASPECTS TO C TRAINING ON SANS WERE BUILT FOR 1, ED WATER, 400 CER/ E AND OVER HALF OF	GRAM- SINCE 2 TO WATER CO SALARIES, LOCA AND SANITATIO JUR WORK IN C ITATION AND HY 028 BENEFICIAI MIC WATER FII FALL THE BENEI	008, WINE TO WAT MPLETELY FUNDS A L MATERIALS, TRAN DN MOST OF THE V AMBODIA DRILLIN 'GIENE IN 2012, 13 RIES GPS LOCATIO TERS WERE GIVEN FICIARIES OF THE F	ER HAS PARTNERED WITH LL OF KONE KMENG'S REI SPORTATION AND PROGR VORK IS FOCUSED IN THE G SHALLOW WELLS, BUILD LI WELLS WERE DRILLED TOR, PICTURES, AND DATA TO POSITIVELY AFFECT 2 RDA PROGRAM ARE CHILD	I A LOCAL COMMUNITY IEF AND DEVELOPMENT AM ADMINISTRATION I RURAL VILLAGES OF TI ING LATRINES, PROVID: SIVING 1,916 PEOPLE A ARE TAKEN FOR EACH ,759 CAMBODIANS COI	BASED ORGANIZATION ASSISTANCE (RDA) CAMBODIA, NEARLY E SVAY RIENG AND ING CERAMIC WATER CCESS TO CLEAN WELL AND LATRINE MUNITY SANITATION
	(Code) (Exp	enses \$	197,242 ind	cluding grants of \$	52,067) (1	Pevenue \$)
	SYRIA- REFUGEE WATER RELIEF- IN LIMITED RESOURCES OR SECURITY SYRIA/TURKEY BOARDER THE SAWY OF REMOVING 100% OF ALL HARMFUCAN FILTER UP TO 250 GALLONS PER EXPENSES TO EDUCATE AND IMPLEM WATER FILTER FACTORY- IN RESPONT OPERATIONAL IN JANUARY 2011 THE AND CAN PROVIDE CLEAN WATER FO 17,000 FILTERS IN 2012, WINE TO VICHON, AND 6 FILTERS IN TEST LOCE FUNDED NECESSARY TOOLS, TRUCK CENTER PROGRAM- IN PRIMA VERA, WATER DRAINS INTO THE NEW HOLD AND THE KITCHEN STAFF WAS TRAINFOR THE 600 CHILDREN WHO COME	2011, THE DEADLY S WINE TO WATER RE ZER FILTER IS A SMAI JL BACTERIA, PROTO R DAY FOR UP TO TEI ENT THE FILTER PROTO RESE TO THE 7 0 MAG E FACTORY PRODUCI OR A FAMILY OF FIVE WATER FUNDED 260 CATIONS AS A RESUI MAINTENANCE, AND GUATEMALA, WINE TO DING TANK PROVIDIN NED ON THEIR PROPI	SYRIAN CIVIL WASPONDED BY DI L HALLOW FIBE ZOA, AND CYST N YEARS FUND OGRAM IN TAIBA NITUDE EARTHG ES SILVER-INFU FOR UP TO FIV FILTERS FOR M LT, AN ESTIMAT UPGRADES NEC TO WATER INST	AR ERUPTED, LEAVI STRIBUTING 1,188 R MEMBRANE FILTE S THE GRAVITY FE ING FOR THIS PROJ QUAKE OF 2010, TH SED, BUCKET-FIT (E YEARS THE FACT EDICAL CLINIC PAT ED 1,580 HAITIANS CESSARY FOR THE F ALLED A ROOF WAT UNDREDS OF CHILE	NG 4 MILLION INTERNALLY SAWYER POINTONE WATE R THAT USES TECHNOLOGED SYSTEM EASILY ATTAC ECT COVERED THE COST E CAMPS, WITH AN ESTIM E WINE TO WATER/FILTERS ORY REMAINS SUSTAINABE IENTS IN JACMEL, 50 FILT WERE ABLE TO HAVE CLE. DPERATION OF THE FACTOR ER DRAINAGE SYSTEM ON DREN ALSO, THREE LARGI	V DISPLACED PEOPLE W R FILTERS TO REFUGEE GY DERIVED FROM KID! HES TO ANY BUCKET O! OF FILTERS, BUCKETS, ATED 11,880 BENEFICIA RPURE FILTER FACTOR! THAT PURIFY WATER U LE AND HAS PRODUCEE ERS FOR A REMOTE MO AN WATER IN ADDITION ORY GUATEMALA- PRIM A LOCAL FEEDING CEN E CERAMIC WATER FILT	ITH EXTREMELY E CAMPS ALONG THE NEY DIALYSIS, CAPABLE R CONTAINER AND AND TRAVEL ARIES HAITI- CERAMIO OF BECAME FULLY OF TO 99 9% PURITY OF APPROXIMATELY OUNTAIN VILLAGE IN N, WINE TO WATER IA VERA FEEDING TER SO THAT RAIN ERS WERE INSTALLED
<i>p</i> . 1	d Other program as	mbo in Cakadii	0)				
4d	, ,	7,242 includin		!	52,067) (Revenue \$)

Total program service expenses 🕨

412,499

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νo
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170 (b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
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? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
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? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and $11e^{\gamma}$ If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)					
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21		No		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d				
25a	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? If "Yes," complete Schedule L, Part I	25a		No		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No		
26	disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," complete Schedule L, Part II					
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV					
_		28a		No		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο		
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No		
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</i> "Yes," complete Schedule R, Part I	33		No		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo		
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b				
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		No		

Fai	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 0		165	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c		Νo
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			
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 (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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)?	4a		No
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		
a	Trayes, indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
L1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
ט	against amounts due or received from them)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	<u> </u>		
L4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
b	Enter the number of voting members included in line 1a, above, who are independent								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes						
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? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo					
6	Did the organization have members or stockholders?	6		No					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No					
Se	Section B. Policies (This Section B requests information about policies not required by the Internal R								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Νo					
14	Did the organization have a written document retention and destruction policy?	14		Νo					
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?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b							

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ANNIE C MARION PO BOX 2567 BOONE, NC (828) 355-9655

Part VIII 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 Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec k, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	lottal		Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations		
(1) CARL CLAWSON BOARD CHAIRM	3 00	x						0	0		
(2) DICKSON B HENDLEY	40 00	х		x				0	0		
PRESIDENT		_ ^						0	U		
(3) ANNIE C MARION	40 00	х		x				0	0		
VICE PRESIDE				_^				o o	O		
(4) TERRIE BLEVINS	3 00	×		×				0	0		
TREASURER		_ ^						o l	O		
(5) JEFF HENDLEY BOARD MEMBER	1 00	х						0	0		
(6) LEONARD C BLEVINS	1 00	х						0	0		
BOARD MEMBER (7) JERRY BUTLER	1 00				_						
BOARD MEMBER	100	х						0	0		
(8) ALLEN PETERSON	1 00	l						_	_		
BOARD MEMBER		×						0	0		

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

	(A)	(A) (B) (C) (D) (E)									T	(F)		
	Name and Title	Average hours per	Posi more t	tion ((do r		heck		Reporta	Reportable		_	Estima mount of	
		week (list	perso	n is	both	and	officer	•	from th	ne	compensation from related	- -	compens	ation
		any hours for related					stee)		organization 2/1099-M		organizations (W 2/1099-MISC)		from t rganızatı	
		organizations below	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former					relate organiza	
		dotted line)	2 2 2 2	<u>∏</u>	<u> -</u>) P) () () () () () () () () () () () () ()	单					J	
			trus	<u>5</u>) ee	을							
			8	Til St.			ensa							
				ď			# ed							
												+		
												-		
1b	Sub-Total			•				►						
C	Total from continuation sheet	s to Part VII, S	ection A	١.		•		•						
d					•	•	•	•						
2	Total number of individuals (in \$100,000 of reportable compe					liste	d abov	e) w	ho received	more th	ian			
													Yes	No
3	Did the organization list any fo						emplo	yee	, or highest o	ompen	sated employee			
	on line 1a? If "Yes," complete S						• .	•		•		3		N o
4	For any individual listed on line organization and related organ													
	ındıvıdual		• •		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ									nization 	or individual for	_		
			5.1101							_ •	· · ·	5		No_
	ection B. Independent Co											_		
1	Complete this table for your five compensation from the organization												tax year	
	(A) Name and business address (B) Description of services									(C)				
	IV	Lattic and Dublic55								Des	Supplier of Services	\pm	Сотпрен	544011
												+		
												#		
									1			- 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Part V	***	Statement of Revenue					
		Check if Schedule O contains a response	e to any question i	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
(0	1a	Federated campaigns 1a					311
ınts Ints	b	Membership dues 1b					
ons, Gints, Grants Similar Amounts	С	Fundraising events 1c					
ĘĘ.	d	Related organizations 1d					
] - -	e	Government grants (contributions) 1e					
Sin's	_						
Other	f	All other contributions, gifts, grants, and similar amounts not included above	599,660				
₽ ₹	g	Noncash contributions included in lines 1a-1f \$	9,125				
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		599,660			
			Business Code				
Program Service Revenue	2a						
Bev≪	b						
- P	c						
χer. Σ	d						
E	е						
100 100	f	All other program service revenue					
<u>ጵ</u>	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends and other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	▶ [
		(ı) Real	(II) Personal				
		Gross rents Less rental					
	b	expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities Gross amount	(II) Other				
		from sales of assets other					
	b	than inventory Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
o l	8a	Gross income from fundraising events (not including					
Other Revenue		\$					
<u>\$</u>		of contributions reported on line 1c) See Part IV, line 18					
<u>.</u> 1		a					
Ě		Less direct expenses b Net income or (loss) from fundraising ev	onts b				
_	c 9a	Gross income from gaming activities	ents p -				
		See Part IV, line 19					
	L	a					
	b c	Less direct expenses b Net income or (loss) from gaming activit	ies				
		Gross sales of inventory, less	· · · · · · · · · · · · · · · · · · ·				
		returns and allowances .	39,226				
	b	Less cost of goods sold b	31,652				
		Net income or (loss) from sales of inven		7,574			7,574
ļ			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See Instructions	🕨	607 234			7 574

Form 990 (2012) Part IX Statement of Functional Expenses

Section	ection 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)									
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>					
	ot include amounts reported on lines 6b, o, 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 United States See Part IV, line 21									
2	Grants and other assistance to individuals in the United States See Part IV, line 22									
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	267,324	267,324							
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees									
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$									
7	Other salaries and wages	145,704	45,399	47,213	53,092					
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)									
9	Other employee benefits	20,841	6,696	4,742	9,403					
10	Payroll taxes	13,629	4,036	4,545	5,048					
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying									
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,000	725	3,285	2,990					
12	Advertising and promotion	1,981		13	1,968					
13	Office expenses	16,967	18	4,991	11,958					
14	Information technology									
15	Royalties				-					
16	Occupancy	24,214	7,445	6,187	10,582					
17	Travel	20,968	14,327	911	5,730					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	74		74						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	8,278		8,278						
23	Insurance	4,369		4,369						
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)									
а	SUPPLES	59,248	55,404	229	3,615					
b	TELEPHONE & INTERNET	13,465	7,296	1,834	4,335					
c	BANK CHARGES	6,292	327	5,965						
d	VEHICLE EXPENSES	6,218	2,152	735	3,331					
e	All other expenses	5,655	1,350	2,423	1,882					
25	Total functional expenses. Add lines 1 through 24e	622,227	412,499	95,794	113,934					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)									

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		83,762	1	64,403
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		772	4	4,967
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees Complete Part I Schedule L	tors, trustees, key I of		5	
Assets	6	Loans and other receivables from other disqualified persons (as de $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contand sponsoring organizations of section $501(c)(9)$ voluntary employerant organizations (see instructions) Complete Part II of Schedule L	ributing employers		6	
	7	Notes and loans receivable, net		509	7	503
	8	Inventories for sale or use		2,035	8	4,686
	9	Prepaid expenses and deferred charges		·	9	,
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 34,368		_	
	ь	Less accumulated depreciation	10b 22,791	13,127	10c	11,577
	11	Investments—publicly traded securities			11	_
	12	Investments—other securities See Part IV, line 11	•		12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	_
	15	Other assets See Part IV, line 11			15	_
	16	Total assets. Add lines 1 through 15 (must equal line 34)		100,205	16	86,136
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	_
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
100	21	Escrow or custodial account liability Complete Part IV of Schedul	e D		21	
lities	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabilit		persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related and other liabilities not included on lines 17-24) Complete Part X				
		D		3,250		4,174
	26	Total liabilities. Add lines 17 through 25		3,250	26	4,174
رم do		Organizations that follow SFAS 117 (ASC 958), check here ► $\overline{\wp}$ a	nd complete			
₹	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets		65,038	27	81,962
<u>ದ</u>	28	Temporarily restricted net assets		31,917	28	01,502
<u>~</u>	29	Permanently restricted net assets	• •	31,317	29	
Ĕ	29	·	· ·		29	
<u>工</u>		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	r j aliu			
Assets or Fund Balance	30	Capital stock or trust principal, or current funds			30	
ě Š	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
ASS	32	Retained earnings, endowment, accumulated income, or other fund			32	
Š	33	Total net assets or fund balances		96,955	33	81,962
Z	34	Total liabilities and net assets/fund balances		100,205	34	86,136

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6	507,234	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6	522,227	
3	Revenue less expenses Subtract line 2 from line 1	3			-14,993	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		96,955		
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			81,962	
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII				. Г	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed or	1			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepbasis, consolidated basis, or both	arate				
	▼ Separate basis					
c	c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	ne	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b			

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As Filed Data -

DLN: 93493318009663

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

WINE TO WATER

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.

Open to Public Inspection

									20-88772		
	t I			blic Charity Sta						nstruction	S
	rganı:		•	te foundation becaus	•			·	•		
1		A chur	ch, conventi	on of churches, or a	ssociation of	churches d	lescribed in s e	ection 170	(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	l)(A)(ii). (At	tach Sched	ule E)				
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ibed in sectio	n 170(b)(1	L)(A)(iii).		
4	Γ	A medi	cal researcl	h organization opera	ted ın conjun	ction with a	hospital des	cribed in se	ection 170(b)(1)(A)(iii).	Enter the
_	_			ty, and state							
5	ļ	_	•	erated for the benefi	-	or universi	ty owned or o	perated by	a governmen	tal unit des	cribed in
	_			A)(iv). (Complete P	•						
6	<u>_</u>			local government o	_						
7	굣			at normally receives			support from	a governm	iental unit or f	rom the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			nnlata Dart II	Γ \			
9	<u>'</u>		•	at normally receives			•	•	ibutions mam	harchin fac	s and gross
3	'	_		rities related to its e					· ·	-	· -
		•		oss investment inco	· ·	=		-			
		•		ganızatıon after June				•		tax, nom b	,4311163363
10	_	•	,	ganized and operated	•			•	•		
11	<u>'</u>	_		ganized and operated	•	'				o carry out	the nurneses of
11	,	_		•			, ,		,		
one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See s the box that describes the type of supporting organization and complete lines 11e through 11h											
		a i	 Туре I	b	┌ Type II	I - Function	ally integrate	ed d	Type III - No	on-function	ally integrated
e	Γ			ox, I certify that the							
				on managers and ot	her than one	or more pub	olicly support	ed organiza	ations describ	ed in secti	on 509(a)(1) or
f			1509(a)(2)	received a written de	etermination	from the IP	S that it is a	Type I Ty	ne II or Tyne	III cuppor	ting organization
•			this box	received a writteri d	ecerminacion	nom the 11	.5 that it is a	Type I, Ty	pe II, or Type	TIT Suppor	
g		Since A	ugust 17, 2	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from an	y of the		,
			ng persons?								
				rectly or indirectly o	•		•	persons de	escribed in (ii)		Yes No
		•		governing body of th		5	n?				g(i)
			•	er of a person descr							g(ii)
				lled entity of a perso						119	g(iii)
h		Provide	the followi	ng information about	the supporte	ed organızat	non(s)				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is t	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) A mount of
S	uppoi	rted		organization	organizati	on in	the organi		organizat		monetary
or	ganiz	ation		(described on	col (i) list		ın col (i) d	•	col (i) org		support
				lines 1 - 9 above	your gove docume		suppor	t?	ın the U	S?	
				or IRC section (see	aocume	nt?					
				instructions))					1		
					Yes	No	Yes	No	Yes	No	
Total									-		

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (d) 2011 (c) 2010 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 173,511 309,406 545,580 420,167 599,660 2,048,324 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 173,511 309,406 545,580 420,167 599,660 2,048,324 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 2,048,324 line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 173,511 309,406 545,580 420,167 599,660 2,048,324 Amounts from line 4 Gross income from interest, dividends, payments received on 37 122 159 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain 34,193 39,226 73,419 or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 2,121,902 through 10) **12** Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 96 530 % Public support percentage for 2011 Schedule A, Part II, line 14 15 99 990 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2012. 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 10%-facts-and-circumstances test - 2011. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	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						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. 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 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) 2012

DLN: 93493318009663

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

temal	Revenue Service	► Attach to For	m 990. ► See separate instructions.		Inspection
	ne of the organ	ization		Emp	loyer identification number
MIN	E TO WATER			20-	8877288
Pai	rt I Organ	izations Maintaining Donor Adv	vised Funds or Other Similar Fu		
		zation answered "Yes" to Form 990	, Part IV, line 6.		·
			(a) Donor advised funds		(b) Funds and other accounts
	Total number a	·			
		tributions to (during year)			
		nts from (during year)			
ŀ	Aggregate valu	ie at end of year			
5		zation inform all donors and donor advisor organization's property, subject to the or	ors in writing that the assets held in dono ganization's exclusive legal control?	or advi	Yes No
5	used only for c		onor advisors in writing that grant funds fit of the donor or donor advisor, or for an		
Par	t III Conse	rvation Easements. Complete ıf	the organization answered "Yes" to	o Forn	n 990, Part IV, line 7.
L 2	Preservation Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ertifie	ically important land area d historic structure n of a conservation
		·			Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c	
d		servation easements included in (c) acq ure listed in the National Register	juired after 8/17/06, and not on a	2d	
3	Number of con	servation easements modified, transferr	ed, released, extinguished, or terminate	d by th	ne organization during
	the tax year ►				
ļ	Number of stat	tes where property subject to conservati	ion easement is located ►		
5	Does the organ		the periodic monitoring, inspection, hand	dling of	violations, and Yes No
i	Staff and volur	iteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents o	during the year
,	A mount of exp ► \$	enses incurred in monitoring, inspecting	ı, and enforcıng conservatıon easements	durin	g the year
3		nservation easement reported on line 2(o' '0(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
)	balance sheet, the organization	, and include, if applicable, the text of the on's accounting for conservation easeme		stater	ments that describes
ar		izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, (es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
la	works of art, hi	storical treasures, or other similar asse	16 (ASC 958), not to report in its revents held for public exhibition, education, coits financial statements that describes	or rese	arch in furtherance of public
b	works of art, hi		16 (ASC 958), to report in its revenue s ts held for public exhibition, education, o e items		
	(i) Revenues I	ncluded in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets Inc	luded in Form 990, Part X			> \$
2	If the organiza	•	ical treasures, or other similar assets fo 116 (ASC 958) relating to these items	r finan	
а	Revenues incli	uded in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	<u>the</u>	<u>r Similar As</u>	<u>sets (c</u>	:ontinued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck	any of t	the follo	wing that a	re a	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	er the or	ganızatıon	's ex	empt purpose ı	n	
5	During the year, did the organization solicit	or receive donations	ofar	t, his	torıcal	treasur	es or othe	rsım			
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Part IV, line 9, or reported an an	nount on Form 99	0, Pa	art X	, line	21.				90,	
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 XII	I and complete the	follov	wing t	able		_				
							-		An	nount	
C	Beginning balance						-	1 c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	•						│ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	n has	been pro	ovided in P	art >	(III .		Γ
Pa	rt V Endowment Funds. Complete										
1-	Barranian of warmhalance	(a)Current year	(b) Prior	year	b (c) Tw	o years back	(d)	Three years back	(e)Four	/ears back
1a L	Beginning of year balance							-			
b	Contributions							\vdash			
С	Net investment earnings, gams, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g g	End of year balance							\vdash			
2	Provide the estimated percentage of the curi	rent vear end haland	re (lin	ne 1 a	colum	n (a)) h	eld as	-			
a	Board designated or quasi-endowment	ene year ena baranc		ic ig	, coram	(u // ii.	cia as				
b	•										
	Permanent endowment -										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that	are hel	d and ad	Iministered	for	the	Yes	No
	(i) unrelated organizations								3a(+140
	(ii) related organizations								3a(
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	Sched	dule R?				3t	,	
4	Describe in Part XIII the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa				(h)Cost or	othor	(a) Assumulate	ا (م)	Poole value
	Description of property				a) Cost onsiders	estment)	(b) Cost or basis (oth		(c) Accumulate depreciation	ı (a) ı	Book value
1a	Land										
b	Buildings									\bot	
	Leasehold improvements		•							\bot	
	Equipment		•							\bot	
	Other		•					1,368	<u> </u>	'91	11,577
Tota	l. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part 🛚	X, colu	ımn (B), line	10(c).)			🗠		11,577

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	2.	
(a) Description of security or category	(b)Book value	(c) Metho	d of valuation
(including name of security)		Cost or end-o	f-year market value
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Table (Calcar (b) and a surf Sam 200 Back (cal (D) (sa 42)	•		
(-) (-)		1.2	
Part VIII Investments—Program Related. Se			4 - 6 1
(a) Description of investment type	(b) Book value		d of valuation f-year market value
		Cost of the o	year market value
	<u> </u>		
	P 15		
Part IX Other Assets. See Form 990, Part X, II (a) Descri			(b) Book value
(u) Descri	ption		(b) Book Value
T-1-1 (C-1::::::::::::::::::::::::::::::::::::	- \		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1:		<u> </u>	
Part X Other Liabilities. See Form 990, Part 3			
1 (a) Description of liability	(b) Book value		
Federal income taxes			
PAYROLL TAX LIABILITIES	4,037		
SALES TAX PAYABLE	137		
	<u> </u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2 Fig. 48 (ΔSC 740) Footpote In Part XIII provide the te	4,174		

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	
C	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

DLN: 93493318009663

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	ne of the organization IE TO WATER	Employer ident	Employer identification number				
AATIA	IL TO WATER				20-8877288		
Pa	General Information "Yes" to Form 990, P			he United States. C	omplete if the organiza	ation answered	
1	For grantmakers. Does the			s to substantiate the	amount of the grants o	 or	
	assistance, the grantees' e	ligibility for the	grants or assis	stance, and the selecti	on criteria used to awa	rd	
	the grants or assistance? .					✓ Yes	
2	For grantmakers. Describe the United States.	ın Part V the or	ganızatıon's p	rocedures for monitori	ng the use of grant fui	nds outside	
3	Activites per Region (The follo	owing Part I, line 3	3 table can be d	uplicated if additional spa	ace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region	
	SUB-SAHARAN AFRICA			PROGRAM SERVICES	WATER FILTERS, WELLS	163,420	
	EAST ASIA			PROGRAM SERVICES	WATER FILTERS, WELLS	51,837	
	SYRIA			PROGRAM SERVICES	WATER FILTERS, WELLS	38,244	
	CENTRAL AMERICA & CARIBBEAN			PROGRAM SERVICES	WATER FILTERS, WELLS	13,823	
3:	Sub-total					267,324	
٠,	b Total from continuation chaots		1				

to Part I

c Totals (add lines 3a and 3b)

267,324

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
			WELLS	103,252	ELEC TRANSFERS			
			WELLS, WATER FILTERS	60,168	ELEC TRANSFERS			
			WATER FILTERS, WELLS	51,837	ELEC TRANSFERS			
			WATER FILTERS, WELLS	38,244	ELEC TRANSFERS			
			WATER FILTERS, WELLS	13,823	ELEC TRANSFERS			
			sted above that are r ee or counsel has pro					
Enter total nu	mber of other or	ganizations or e	ntities					

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+	1		,		1
		+ +		'	+		+
		+		'	+		+
		+	<u> </u>		 		+
	 		 		 	 	+
					<u> </u>		
					<u> </u>	<u> </u>	
							<u> </u>
			1				
		+ + +			,		1
		+ + +			+		
	 	+			+		+
			1		-		+
	 		 		 	 	
			 		<u> </u>	 	
						1	

Part IV Foreign Forms

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

Schedule F (Form 990) 2012

Part V	Supplementa	Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
ACTIVITIES PER REGION	SCHEDULE F, PAGE 1, PART I, LINE 3	SUB-SAHARAN AFRICA 163,420 0 EAST ASIA 51,837 0 SYRIA 38,244 0 CENTRAL AMERICA & CARIBBEAN 13,823 0
		·
	1	

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE O

As Filed Data -

DLN: 93493318009663

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization WINE TO WATER

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

20-8877288

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION		WELL AS BOREHOLE MANAGEMENT AND SANITATION TRAINING THE FINAL WELLS (TOTAL 12) WILL BE COMPLETED IN 2013 AND WILL PROVIDE CLEAN WATER FOR AN ESTIMATED 7,000 ETHIOPIANS

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	LARGE TANKS EACH TANK IS MADE OF SPECIALIZED SOIL BRICKS AND IS ATTACHED TO GUTTERS ON LARGER COMMUNITY STRUCTURES THE THIRD MAJOR PROGRAM WE HAVE FUNDED IN EAST AFRICA IS THE REPAIRING OF BROKEN WELLS AND TRAINING LOCALS ON PROPER MAINTENANCE. A TOTAL OF TEN WELLS WERE REPAIRED IN 2012 WITH 2,800 BENEFICIARIES HY GIENE PROMOTION WAS CARRIED OUT IN ALL OF OUR PROGRAMS ADDITIONAL FUNDING WAS USED FOR TRUCK REPAIRS, TIRES, TOOLS, ADN TWO NEW MOTORCYLES NEEDED TO KEEP PROGRAMS RUNNING THE REMAINING FUNDING WAS SPEND ON VEHICLE RUNNING COSTS, ADMINISTRATIVE COSTS, AND MONITORING/EVALUATIONS

ldentifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	· '	ACCESS TO CLEAN WATER IN ADDITION, 120 LATRINES WERE BUILT FOR 1,028 BENEFICIARIES GPS LOCATIONS, PICTURES, AND DATA ARE TAKEN FOR EACH WELL AND LATRINE. TO FURTHER COMBAT CONTAMINATED WATER, 400 CERAMIC WATER FILTERS WERE GIVEN TO POSITIVELY AFFECT 2,759 CAMBODIANS COMMUNITY SANITATION WORKSHOPS REACHED 1,012 PEOPLE AND OVER HALF OF ALL THE BENEFICIARIES OF THE RDA PROGRAM ARE CHILDREN FINALLY, OUR PARTNERS HOSTED A WEEKLY RADIO PROGRAM ON SANITATION AND HY GIENE, WITH 34,848 LISTENERS AND 242 CALL-INS DURING 2012

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	SYRIA- REFUGEE WATER RELIEF- IN 2011, THE DEADLY SYRIAN CIVIL WAR ERUPTED, LEAVING 4 MILLION INTERNALLY DISPLACED PEOPLE WITH EXTREMELY LIMITED RESOURCES OR SECURITY WINE TO WATER RESPONDED BY DISTRIBUTING 1,188 SAWY ER POINTONE WATER FILTERS TO REFUGEE CAMPS ALONG THE SYRIA/TURKEY BOARDER THE SAWYER FILTER IS A SMALL HALLOW FIBER MEMBRANE FILTER THAT USES TECHNOLOGY DERIVED FROM KIDNEY DIALYSIS, CAPABLE OF REMOVING 100% OF ALL HARMFUL BACTERIA, PROTOZOA, AND CYSTS THE GRAVITY FEED SYSTEM EASILY ATTACHES TO ANY BUCKET OR CONTAINER AND CAN FILTER UP TO 250 GALLONS PER DAY FOR UP TO TEN YEARS FUNDING FOR THIS PROJECT COVERED THE COST OF FILTERS, BUCKETS, AND TRAVEL EXPENSES TO EDUCATE AND IMPLEMENT THE FILTER PROGRAM IN TAIBA AND KAH REFUGEE CAMPS, WITH AN ESTIMATED 11,880 BENEFICIARIES HAITH CERAMIC WATER FILTER FACTORY- IN RESPONSE TO THE 7 0 MAGNITUDE EARTHQUAKE OF 2010, THE WINE TO WATER/FILTERPURE FILTER FACTORY BECAME FULLY OPERATIONAL IN JANUARY 2011 THE FACTORY PRODUCES SILVER-INFUSED, BUCKET-FIT CERAMIC WATER FILTERS THAT PURIFY WATER UP TO 99 9% PURITY AND CAN PROVIDE CLEAN WATER FOR A FAMILY OF FIVE FOR UP TO FIVE YEARS THE FACTORY REMAINS SUSTAINABLE AND HAS PRODUCED APPROXIMATELY 17,000 FILTERS IN 2012, WINE TO WATER FUNDED 260 FILTERS FOR MEDICAL CLINIC PATIENTS IN JACMEL, 50 FILTERS FOR A REMOTE MOUNTAIN VILLAGE IN PICHON, AND 6 FILTERS IN TEST LOCATIONS AS A RESULT, AN ESTIMATED 1,580 HAITIANS WERE ABLE TO HAVE CLEAN WATER IN ADDITION, WINE TO WATER FUNDED NECESSARY TOOLS, TRUCK MAINTENANCE, AND UPGRADES NECESSARY FOR THE OPERATION OF THE FACTORY GUATEMALA. WINE TO WATER PROGRAM- IN PRIMA VERA, GUATEMALA, WINE TO WATER INSTALLED A ROOF WATER DRAINAGE SYSTEM ON A LOCAL FEEDING CENTER SO THAT RAIN WATER DRAINS INTO THE NEW HOLDING TANK PROVIDING WATER TO HUNDREDS OF CHILDREN ALSO, THREE LARGE CERAMIC WATER FILTERS WILL PURIFY UNCLEAN WATER AND ELIMINATE THE NEED TO BUY PURE WATER FOR THE 600 CHILDREN WHO COME TO THE CENTER

ldentifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	JEFF HENDLEY DICKSON B HENDLEY BOARD MEMBER PRESIDENT FATHER AND SON CARL CLAWSON ANNIE C MARION BOARD CHAIR VICE PRES FATHER AND DAUGHTER LEONARD BLEVINS TERRIE BLEVINS BOARD MEMBER BOARD MEMBER SPOUSES

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS FOR REVIEW BEFORE SUBMISSION TO THE IRS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	1	THE PROCESS FOR DETERMINING COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL INCLUDES RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE ORGANIZATIONS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	PART VI, LINE 15B	THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS INCLUDES RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE ORGANIZATIONS

ldentifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	NO DOCUMENTS AVAILABLE TO THE PUBLIC

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493318009663 OMB No 1545-0172 **Depreciation and Amortization** (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** INDIRECT DEPRECIATION Name(s) shown on return WINE TO WATER 20-8877288 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · 6.262 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property 5,024 3.0 НΥ 200 DB 1,675 1,704 5 0 НΥ 200 DB **b** 5-year property 341 c 7-year property d 10-year property **e** 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs ΜM S/L h Residential rental property 27 5 yrs ММ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 8,278 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sepecial depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 1.	(i) Elected ection 179 cost
(a) Date placed in particular type of property (list vehicles first) Type of property (list vehicles first) Date placed in service precentage in service with the property placed in service during the tax year and used more than 25% in a qualified business use (see instructions) 15. Special deprecation allowance for qualified listed property placed in service during the tax year and used more than 25% in a qualified business use (see instructions) 15. Property used more than 50% in a qualified business use 15. Property used 50% or less in a qualified business u	Elected ection 17' cost
50% in a qualified business use 6 Property used more than 50% in a qualified business use 7 Property used 50% or less in a qualified business use 7 Property used 50% or less in a qualified business use 8 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (i), lines 26 Enter here and on line 7, page 1 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year (do not include commuting) miles driven during the year (do not include commuting) miles driven during the year (a) 31 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no % owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
17 Property used 50% or less in a qualified business use 17 Property used 50% or less in a qualified business use 18 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles 19 Openies this section for vehicles used by a sole proprietor, partner, or other "more than 55% owner," or related person rough even fix answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) Vehicle 1 20 Vehicle 1 21 Vehicle 2 22 Vehicle 3 23 Total miles driven during the year and on line 30 owner or related person lines driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use owner or related person? 35 Was the vehicle available for personal use? 36 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees who are no woners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	(f)
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38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	
9 Do you treat all use of vehicles by employees as personal use?	
10 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?	
#1 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	+
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	
Part VI Amortization	
(h) (e)	
(a) Date Amortizable amortization begins (c) (d) Code section period or percentage (f)	
12 A mortization of costs that begins during your 2012 tax year (see instructions)	
13 A mortization of costs that began before your 2012 tax year	
44 Total Add amounts in column (f) See the instructions for where to report	

TY 2012 GeneralDependencySmall

Name: WINE TO WATER

EIN: 20-8877288

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction Reference:

Regulations Reference:

Description: OUT OF BONUS DEPR-3 YR

Attachment Information: YEAR ENDED: DECEMBER 31, 2012 20-8877288 WINE TO WATER

PO BOX 2567 BOONE, NC 28607 ELECTING OUT OF BONUS

DEPRECIATION ALLOWANCE FOR 3-YEAR PROPERTY THE TAXPAYER

ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR 3-YEAR DEPRECIABLE PROPERTY

ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO

ALL SUCH QUALIFIED BONUS DEPRECIATION PROPERTY PLACED IN

SERVICE DURING THE TAX YEAR.

TY 2012 GeneralDependencySmall

Name: WINE TO WATER

EIN: 20-8877288

Business Name or Person Name:

Taxpayer Identification Number:

Form, Line or Instruction Reference:

Regulations Reference:

Description: OUT OF BONUS DEPR-5 YR

Attachment Information: YEAR ENDED: DECEMBER 31, 2012 20-8877288 WINE TO WATER

PO BOX 2567 BOONE, NC 28607 ELECTING OUT OF BONUS

DEPRECIATION ALLOWANCE FOR 5-YEAR PROPERTY THE TAXPAYER

ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168(K) FOR 5-YEAR DEPRECIABLE PROPERTY

ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO ALL SUCH QUALIFIED BONUS DEPRECIATION PROPERTY PLACED IN

SERVICE DURING THE TAX YEAR.