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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BREAD AND WATER FOR AFRICA, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8301 RICHMOND HIGHWAY 300 City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, VA 22309 F Name and address of principal officer: BRYAN L. KRIZEK SAME AS C ABOVE	D Employer identification number 54-1884520 E Telephone number (703) 317-9440 G Gross receipts \$ 12,100,466. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number 3299
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.AFRICANRELIEF.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1997 M State of legal domicile: VA		

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SUPPORT AND STRENGTHEN GRASSROOTS INITIATIVES FOR SELF-SUFFICIENCY, HEALTH AND EDUCATION.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9	
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0	
	6	Total number of volunteers (estimate if necessary)	6	9	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue			Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	10,074,072.	12,062,356.
9		Program service revenue (Part VIII, line 2g)	0.	0.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	15,023.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52.	7,541.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,074,124.	12,084,920.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,959,473.	11,863,726.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	49,921.	50,901.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
Expenses			Prior Year	Current Year	
	b	Total fundraising expenses (Part IX, column (D), line 25)	58,223.	70,947.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,067,617.	11,985,574.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,507.	99,346.	
	19	Revenue less expenses. Subtract line 18 from line 12	729,656.	1,038,530.	
	20	Total assets (Part X, line 16)	26,267.	20,278.	
	21	Total liabilities (Part X, line 26)	703,389.	1,018,252.	
	22	Net assets or fund balances. Subtract line 21 from line 20			
			Beginning of Current Year	End of Year	
			729,656.	1,038,530.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Paid Preparer Use Only	Signature of officer BRYAN L. KRIZEK, CEO Type or print name and title	Date 11/12/2014	Check if self-employed <input type="checkbox"/>	PTIN P00639053 Firm's EIN 52-1511275 Phone no. (202) 822-5000
Print/Type preparer's name FRANK H. SMITH		Preparer's signature 		Date 11/11/14
Firm's name RAFFA, P.C.		Firm's address 1899 L STREET, NW, SUITE 900 WASHINGTON, DC 20036		

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

☒ Yes ☐ No

COPY

9-17

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 11,437,506. including grants of \$ 11,349,986.) (Revenue \$)

HEALTH - GENERAL AND REHABILITATIVE- SIERRA LEONE IS HOME TO THREE NON-GOVERNMENTAL ORGANIZATIONS (NGOS) WITH HEALTHCARE PROJECTS, CLINICS, AND HOSPITALS SUPPORTED BY BREAD AND WATER FOR AFRICA (BWA): THE NDEGBORMEI DEVELOPMENT ORGANIZATION (NDO), THE FAITH HEALING DEVELOPMENT ORGANIZATION (FHDO), AND CHRISTIAN HEALTH ASSOCIATION OF SIERRA LEONE (CHASL). COMBINED, THESE THREE NGOS PROVIDE CARE TO OVER 55,000 PEOPLE EVERY YEAR, WITH A FOCUS ON GENERAL HEALTHCARE FOR PREGNANT, LACTATING WOMEN AND CHILDREN UNDER FIVE. (SIERRA LEONE HAS SOME OF THE HIGHEST MATERNAL AND INFANT MORTALITY RATES IN THE WORLD).

(SEE SCHEDULE O FOR CONTINUATION)

4b (Code) (Expenses \$ 313,510. including grants of \$ 311,300.) (Revenue \$)

EDUCATIONAL INSTITUTIONS AND RELATED PROGRAMS:

A KEY TENET OF BREAD AND WATER FOR AFRICA'S MISSION IS THAT EDUCATION IS THE FUTURE OF AFRICA. EDUCATING AFRICA'S YOUNGER GENERATION HAS BEEN A PRIORITY FOR BREAD AND WATER FOR AFRICA SINCE OUR FOUNDING. IN OUR FISCAL YEAR 2014, WE GRANTED \$47,300.00 IN CASH GRANTS AND PROVIDED \$242,000.00 IN IN-KIND VALUE ITEMS TO EDUCATIONAL PROGRAMS IN KENYA, SIERRA LEONE, ZIMBABWE AND ETHIOPIA WHILE BOLSTERING PARTNERSHIPS THAT HAVE BEEN HELPING CHILDREN IN THESE COUNTRIES FOR OVER A DECADE.

(SEE SCHEDULE O FOR CONTINUATION)

4c (Code) (Expenses \$ 120,606. including grants of \$ 119,756.) (Revenue \$)

ORPHAN CARE:

MANY CHILDREN IN AFRICA HAVE BEEN MADE ORPHANS BECAUSE OF HIV/AIDS, PREVENTABLE DISEASES, WARFARE, AND SOCIAL CONDITIONS THAT HAVE PRE-MATURELY CLAIMED THE LIVES OF THEIR PARENTS. WITHOUT HELP, THESE CHILDREN HAVE LITTLE HOPE FOR FUTURE PROSPECTS OF ECONOMIC AND SOCIAL ADVANCEMENT, AND SOMETIMES EVEN FOR SURVIVAL. WE ARE PROUD TO SUPPORT OUR PARTNERS' EFFORTS TO GIVE THESE CHILDREN A BRIGHTER FUTURE AND THUS GRANTED \$75,016.50 TO ORPHANAGES IN THREE COUNTRIES THIS YEAR.

(SEE SCHEDULE O FOR CONTINUATION)

4d Other program services (Describe in Schedule O)

(Expenses \$ 83,272. including grants of \$ 82,685.) (Revenue \$)

4e Total program service expenses 11,954,894.

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources 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?		
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.		
a	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.		
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		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒**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.	10	
b Enter the number of voting members included in line 1a, above, who are independent	9	
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 X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
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	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
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 X	
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 X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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 X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b X	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
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 **AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME**

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

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **BIEU DO, CONTROLLER - (703) 317-9086**
8301 RICHMOND HIGHWAY, NO. 300, ALEXANDRIA, VA 22309

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EUGENE L. KRIZEK PRESIDENT	1.00 39.00	X		X				0.	77,070.	3,511.
(2) JAMES J. O'BRIEN, ESQ. CHAIRMAN OF THE BOARD	1.00 7.00	X		X				0.	0.	0.
(3) CLYDE B. RICHARDSON TREASURER	1.00 7.00	X		X				0.	0.	0.
(4) SHERRILL BARREIRO DIRECTOR	1.00 7.00	X						0.	0.	0.
(5) ROBERT J. HISEL, JR. DIRECTOR	1.00 5.00	X						0.	0.	0.
(6) EMIL HER MANY HORSES DIRECTOR	1.00 7.00	X						0.	0.	0.
(7) REV. CHARLES T. HOLLIDAY DIRECTOR	1.00 5.00	X						0.	0.	0.
(8) TRACY KELSO, MSW DIRECTOR	1.00 5.00	X						0.	0.	0.
(9) THOMAS M. O'BRIEN DIRECTOR	1.00 5.00	X						0.	0.	0.
(10) FRANK STITELY, CPA DIRECTOR	1.00 5.00	X						0.	0.	0.
(11) NISHA SINGH SECRETARY	1.00 39.00			X				0.	38,091.	5,776.
(12) BRYAN L. KRIZEK CEO	3.00 57.00			X				0.	184,685.	17,088.
(13) PAUL KRIZEK VP/GENERAL COUNSEL	3.00 57.00			X				0.	167,587.	16,392.
(14) BETHELHEM TESSEMA EXECUTIVE DIRECTOR	30.00 20.00			X				41,304.	41,304.	7,463.

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 164,034.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 11764950.				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 133,372.				
	g Noncash contributions included in lines 1a-1f \$	11593162.				
	h Total. Add lines 1a-1f		12062356.			
Program Service Revenue	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		9,252.			9,252.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		5,771.			5,771.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a AFRICAN TOUR REVENUE	900099	7,470.			7,470.	
b MISCELLANEOUS INCOME	900099	71.			71.	
c						
d All other revenue						
e Total. Add lines 11a-11d		7,541.				
12 Total revenue. See instructions.		12084920.	0.	0.	22,564.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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	11,863,726.	11,863,726.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	44,634.	44,634.		
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	1,891.	1,891.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	722.	722.		
9 Other employee benefits				
10 Payroll taxes	3,654.	3,654.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,070.		15,070.	
d Lobbying				
e 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 Sch. O.)	10,195.	9,775.	420.	
12 Advertising and promotion	6,895.			6,895.
13 Office expenses	15,465.	7,920.	4,175.	3,370.
14 Information technology				
15 Royalties				
16 Occupancy	635.		635.	
17 Travel	18,548.	18,501.		47.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	631.	631.		
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.)				
a BAD DEBT EXPENSE	3,440.	3,440.		
b DRUG TESTING	68.		68.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,985,574.	11,954,894.	20,368.	10,312.
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)

COPY

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	145,397.	1	177,339.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	165,700.	3	201,768.
	4 Accounts receivable, net	173.	4	219,442.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,243.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	439,981.
	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	414,143.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	729,656.	16	1,038,530.	
Liabilities	17 Accounts payable and accrued expenses	4,300.	17	4,147.
	18 Grants payable		18	
	19 Deferred revenue	1,500.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	20,467.	25	16,131.
	26 Total liabilities. Add lines 17 through 25	26,267.	26	20,278.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		20,547.	27	177,340.
28 Temporarily restricted net assets		682,842.	28	840,912.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		703,389.	33	1,018,252.
34 Total liabilities and net assets/fund balances		729,656.	34	1,038,530.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,084,920.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,985,574.
3	Revenue less expenses. Subtract line 2 from line 1	3	99,346.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	703,389.
5	Net unrealized gains (losses) on investments	5	22,517.
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	193,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,018,252.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number
54-1884520

Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.
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The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

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, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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 in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6813429.	9163960.	9317977.	10074072.	12062356.	47431794.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6813429.	9163960.	9317977.	10074072.	12062356.	47431794.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						47431794.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6813429.	9163960.	9317977.	10074072.	12062356.	47431794.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					9,252.	9,252.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		138.		52.	7,541.	7,731.
11 Total support. Add lines 7 through 10						47448777.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.96	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	100.00	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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 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 in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2010 AMOUNT: \$ 138.

2012 AMOUNT: \$ 52.

2013 AMOUNT: \$ 71.

AFRICAN TOUR REVENUE

2013 AMOUNT: \$ 7,470.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number
54-1884520

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

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

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATE	16,131.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	
	16,131.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	12,107,437.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	22,517.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	22,517.
3	Subtract line 2e from line 1	3	12,084,920.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,084,920.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	11,985,574.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,985,574.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,985,574.

Part XIII Supplemental Information.

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.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED JUNE 30, 2014, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013**Open to Public
Inspection**

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on
Form 990, Part IV, line 14b.**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance,
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No****2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the
United States.**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA, FASO,	0	0	GRANTMAKING		11,863,726.
3 a Sub-total	0	0			11,863,726.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			11,863,726.

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

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	AGRICULTURAL PROGRAM	36,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	ORPHANS CARE PROGRAM SUPPORT	36,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	FOOD SELF-SUFFICIENCY/HEAL	57,730.	WIRE TRANSFER	178,421.	MEDICINE, MEDICAL SUPPLIES, HYGIENE ITEMS, FURNITURE, RELIEF SUPPLIES	FMV
			SUB-SAHARAN AFRICA	ORPHANS CARE PROGRAM SUPPORT	35,042.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EDUCATION PROGRAM	18,000.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EDUCATION AND VOCATIONAL TRAINING AND ORPHANS CARE PROGRAM SUPPORT	39,500.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	EDUCATION PROGRAM SUPPORT	6,300.	WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	HEALTH CARE PROGRAM SUPPORT	20,000.	WIRE TRANSFER	41,725.	MEDICAL SUPPLIES, HYGIENE ITEMS, FURNITURE, AND RELIEF SUPPLIES	FMV

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

12

3 Enter total number of other organizations or entities

0

Schedule F (Form 990) 2013

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Part V Supplemental Information

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.

PART I, LINE 2:

EXPLANATION: INDIVIDUALS REPRESENTING THE FOREIGN ORGANIZATIONS CONTACT BREAD AND WATER FOR AFRICA ("BWA") AND SUBMIT A WRITTEN PROPOSAL DESCRIBING THEIR NEED FOR ASSISTANCE. BASED ON THE REQUEST, BWA EVALUATES THEIR ARTICULATED NEED FOR ASSISTANCE IN THE AREAS OF ADMINISTRATION, TECHNICAL SUPPORT, HOUSING, BASIC EDUCATION, MEDICAL ASSISTANCE, CLOTHING, FOOD, ETC.

THE FOLLOWING CRITERIA ARE CONSIDERED:

I. THE ORGANIZATION IS REGISTERED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR IS CHURCH RELATED, OR IS AN OTHERWISE CERTIFIED COMMUNITY-BASED, NON-GOVERNMENTAL ORGANIZATION (NGO) AND IS LOCATED IN THE AFRICAN CONTINENT, OR IS AN INTERNATIONAL NGO WITH A MISSION THAT IS SIMILAR OR COMPLIMENTARY TO THAT OF BWA.

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

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

IV. THE RECIPIENT ORGANIZATION DEMONSTRATES ACCOUNTABILITY FOR ITS USE OF GRANTED FUNDS AND FORMALLY AGREES TO PROVIDE REPORTING AND DOCUMENTATION TO ESTABLISH THAT THE FUNDS ARE USED FOR THE BENEFIT OF THE ILL, NEEDY, ELDERLY, OR INFANTS AND CHILDREN AS OUTLINED IN THEIR APPROVED APPLICATION.

Part V Supplemental Information

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.

V. THE ORGANIZATION DEMONSTRATES PROGRESS TOWARD SELF-SUFFICIENCY FOR ITS PROGRAM AND WILL NOT NEED INDEFINITE ON-GOING FUNDING, WHILE ALSO PROVIDING MEASURABLE RESULTS FOR THE BENEFICIARIES WITHIN THE TIMELINES INDICATED IN THE PROPOSAL.

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

ONCE FOREIGN ORGANIZATIONS ARE FUNDED, BWA MONITORS ITS GRANTS THROUGH THE GRANTEE'S REGULAR REPORTING OF REQUIRED INFORMATION AND THROUGH SITE VISITS CONDUCTED BY STAFF OR BOARD MEMBERS FROM BWA AND/OR ITS NETWORK ORGANIZATIONS. INDEED, BREAD AND WATER FOR AFRICA PROVIDES AN ENHANCED LEVEL OF REVIEW AND SCRUTINY TO COMPLY WITH FEDERAL STATUTES, SUCH AS THE USA PATRIOT ACT, WHICH POTENTIALLY APPLY TO GRANTS TO FOREIGN ENTITIES. SECOND, BREAD AND WATER FOR AFRICA CONDUCTS A REVIEW TO DETERMINE IF THE FOREIGN ORGANIZATION IS EQUIVALENT TO A UNITED STATES CHARITY FOR FEDERAL TAX PURPOSES.

Part IV Supplemental Information

THE STAFF OF RUNNING STRONG REVIEWS THE REPORTS FROM THE GRANTEE TO ASSESS WHETHER THE GRANTEE ADEQUATELY HAS ACCOUNTED FOR THE USE OF GRANT FUNDS AND THE RESULTS ACHIEVED THROUGH THE PROJECT WHICH IS FUNDED BY THE GRANT. RUNNING STRONG STAFF ALSO FROM TIME TO TIME CONDUCTS ON-SITE "FIELD INSPECTIONS" TO REVIEW THE PROJECT FUNDED BY THE GRANT. THE PROJECT FUNDED BY THE GRANT MUST BE CONSISTENT WITH THE CHARITY'S CHARITABLE PURPOSES.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: CHEYENNE RIVER YOUTH PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUTH PROGRAMS IN MAIN AND COKATA WICONI TEEN CENTER, UTILITIES ASSISTANCE, CHILDREN'S GARDEN, HOME REPAIR, AND HOLIDAY PARTIES.

NAME OF ORGANIZATION OR GOVERNMENT: EUCHEE LANGUAGE PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN'S LANGUAGE CLASSES, LANGUAGE APPRENTICES, TRADITIONAL TEACHINGS TO KEEP THE EUCHEE LANGUAGE ALIVE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

Part III	Supplemental information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	

[illegible]

COPY

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number

54-1884520

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		242,680.	FMV
5 Clothing and household goods	X		164,178.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	10	11,151,294.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (RELIEF ITEMS)	X	4	20,290.	FMV
26 Other (SCHOOL SUPP.)	X	2	9,100.	FMV
27 Other (FURNITURE)	X	3	5,620.	FMV
28 Other ()				

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

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

EXPLANATION: ALL OFFERED GIFTS ARE REVIEWED UNDER OUR GIFT ACCEPTANCE

POLICY PRIOR TO ACCEPTANCE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BREAD AND WATER FOR AFRICA, INC.

Employer identification number
54-1884520

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

IN ADDITION TO \$22,252.00 IN CASH GRANTS TO HEALTH CARE-FOCUSED
PROJECTS, BWA PROVIDED IN-KIND DONATIONS TO FHDO AND CHASL: MEDICINES,
MEDICAL SUPPLIES, MEDICAL EQUIPMENT, HYGIENE ITEMS AND RELIEF ITEMS
VALUED AT \$8,092,470.28. THIS IS ALIGNED WITH OUR LONG-TERM MISSION TO
IMPROVE HEALTH CONDITIONS IN UNDER-SERVED PARTS OF AFRICA AND TO ENSURE
THAT THE CLINICS WE HELPED CONSTRUCT ARE ABLE TO CONTINUE TO OPERATE
EFFECTIVELY AND EFFICIENTLY.

FHDO OPERATES THE BUMPE CLINIC WHICH, IN ADDITION TO OFFERING BASIC
HEALTHCARE SERVICES TO PREGNANT AND LACTATING WOMEN AND CHILDREN UNDER
THE AGE OF FIVE, MAINTAINS A SUPPLEMENTAL FEEDING PROGRAM AND EMPLOYS A
TRADITIONAL BIRTH ATTENDANT. FHDO OPERATES FIVE CLINICS IN VARIOUS
TOWNS AND VILLAGES THROUGHOUT THE COUNTRY. THIS YEAR, ALL FIVE CLINICS
BENEFITTED FROM DONATED MEDICINE. IN ADDITION TO BASIC HEALTHCARE
SERVICES, FHDO RUNS A FEEDING PROGRAM FOR PREGNANT WOMEN AND LACTATING
MOTHERS TO INCREASE THEIR VITALITY AND NUTRITION LEVEL. THIS YEAR,
GRANTS FROM BREAD AND WATER FOR AFRICA FUNDED THE CONSTRUCTION OF A
CLINIC AND WATER WELL THAT WILL SERVE THREE THOUSAND PEOPLE IN THE BO
DISTRICT.

CHASL HAS 53 MEMBERS' HOSPITAL AND CLINICS ACROSS SIERRA LEONE WITH THE
MISSION OF PROVIDING QUALITY MEDICAL CARE TO ALL PATIENTS AND
MINISTERING TO THEIR PHYSICAL AND SPIRITUAL NEEDS. IN ADDITION TO
PROVIDING INPATIENT CARE, SURGERY, OBSTETRIC DELIVERY AND NEWBORN CARE,
THE HOSPITAL PROVIDES LABORATORY, ULTRASOUND AND X-RAY SERVICES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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Name of the organization

BREAD AND WATER FOR AFRICA, INC.

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54-1884520

FULL-SERVICE OUTPATIENT CLINICS ARE OPERATED SIX DAYS PER WEEK ALONG WITH A FULL MALNUTRITION PROGRAM IN THE AREA.

IN ZAMBIA, THE KABWATA ORPHANAGE AND TRANSIT CENTRE FOCUSED THEIR EFFORTS ON BUILDING UPON THE PAST SUCCESSES OF ITS MOBILE CLINIC BY PREPARING TO OPEN THE PERMANENT CLINIC IN THE KAZEZA DISTRICT THAT HAD PREVIOUSLY BEEN FUNDED BY BWA. MUCH PROGRESS HAS BEEN MADE IN THE PAST YEARS, AND THE NEW CLINIC HAS BEEN FULLY OPERATIONAL SINCE MARCH 2014. ADDITIONALLY, BECAUSE THE GOVERNMENT IS PROVIDING DOCTORS AND OTHER MEDICAL STAFF - AS PART OF ITS NEW EFFORT TO IMPROVE ITS COUNTRYWIDE HEALTHCARE PROGRAM - THE CLINIC HAS BEEN SELF-SUFFICIENT IN ITS OPERATIONS FROM THE START. THE NEW CLINIC HAS BEEN A HUGE BENEFIT TO RESIDENTS, SOME OF WHOM WOULD OTHERWISE HAVE TO WALK UP TO 24 MILES TO GET BASIC AND EMERGENCY MEDICAL CARE.

HOPE SERVICES (HPS) AND HOPE OUTREACH FOUNDATION (HOF) AND INTERNATIONAL MINISTRIES BASED IN YAOUNDE, CAMEROON IS ONE OF THE MOST RECENT HEALTHCARE PARTNERS FOR BREAD AND WATER FOR AFRICA. THE OBJECTIVE OF THESE ORGANIZATIONS IS TO PROVIDE HOLISTIC CARE PRIMARILY IN AREAS OF MEDICINE, PSYCHOLOGY, SOCIAL NEEDS, AND EDUCATION. THE HEALTH CENTER IN YAOUNDE MEETS THE NEEDS OF OVER 35,000 PEOPLE EACH YEAR AT LITTLE OR AT NO COST TO THE PATIENTS. ADDITIONALLY, HOPE SERVICES PROVIDES MEDICAL OUTREACH TO VILLAGES IN THE NORTHWEST REGION TWICE A YEAR.

THE HPS AND HOF PROGRAMS ARE ALSO CURRENTLY ADDRESSING THE HEALTH NEEDS OF YAOUNDE URBAN REFUGEES. WITH THE INFLUX OF THESE REFUGEES AND THE INCREASED CONGESTION OF THE MAIN MEDICAL FACILITY, BWA WAS ABLE TO

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PROVIDE RELIEF THIS YEAR WITH A GRANT OF \$20,000.00 FOR THE EXPANSION OF THE OPERATING THEATRE AND ADMISSION ROOMS. IN ADDITION, BREAD AND WATER FOR AFRICA PROVIDED TOTAL IN-KIND SUPPORT VALUED AT \$889,148.57 IN MEDICAL EQUIPMENT, MEDICAL SUPPLIES, HYGIENE ITEMS AND OTHER RELIEF ITEMS TO CONTINUE SUPPORT OF THEIR HEALTHCARE MISSION IN CAMEROON.

IN 2012, BREAD AND WATER FOR AFRICA ESTABLISHED A PARTNERSHIP WITH HARAMAYA UNIVERSITY, WHICH IS LOCATED IN THE EASTERN REGION OF THE FEDERAL REPUBLIC OF ETHIOPIA. THIS LEARNING INSTITUTION IS COMPRISED OF TEN OR MORE COLLEGES OF DIFFERENT DISCIPLINES, INCLUDING A COLLEGE OF MEDICINE AND COLLEGE OF HEALTH EDUCATION. THE HARAMAYA UNIVERSITY ALSO HAS A CAMPUS CLINIC, COMMUNITY CLINICS AND HOSPITALS THAT PROVIDE EDUCATIONAL AND HEALTH SERVICES TO A POPULATION OF OVER 50,000 RESIDENTS. THROUGH THIS PARTNERSHIP, BREAD AND WATER FOR AFRICA DONATED MEDICINE, MEDICAL EQUIPMENT, HEALTH CARE SUPPLIES, AND HYGIENE ITEMS WITH A TOTAL VALUATION OF \$2,369,544 TO HARAMAYA UNIVERSITY'S HEALTHCARE EFFORTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FHDO'S SEVEN SCHOOLS IN SIERRA LEONE HAVE BEEN EDUCATING CHILDREN IN NEED FOR MANY YEARS. IN 2015, THE FIRST EVER CLASS THAT BEGAN THEIR PRIMARY EDUCATION AT FHDO-RUN SCHOOLS WILL GRADUATE FROM SECONDARY SCHOOL, MARKING A GREAT SUCCESS FOR THESE EDUCATIONAL PROGRAMS AND DEMONSTRATING THE LONGEVITY OF IMPACT THAT AN INVESTMENT IN LOCAL PARTNERS CAN YIELD. BWA IS LOOKING FORWARD TO THIS LANDMARK GRADUATION AND IS HONORED TO HAVE BEEN A PART OF THIS JOURNEY. TWO YEARS AGO, BREAD AND WATER FOR AFRICA FUNDED THE FIRST PHASE OF CONSTRUCTION FOR THE WATERLOO PRIMARY SCHOOL THAT OFFERS EDUCATION TO THE POOR AND

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2013.04030 BREAD AND WATER FOR AFRICA, BWFA__1

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DISADVANTAGED IN THE COMMUNITY. WE ARE HOPING TO FUND THE SECOND AND FINAL PHASE THIS YEAR TO COMPLETE THE CONSTRUCTION.

THE KIPKEINO PRIMARY SCHOOL, FOUNDED BY BWA'S VOLUNTEER SPOKESPERSON PHYLLIS KEINO, REMAINS ONE OF THE TOP-RATED PRIMARY SCHOOLS IN KENYA, EDUCATING MANY ORPHANS FROM THE LEWA CHILDREN'S HOME (LCH) AS WELL AS OTHER CHILDREN FROM THE TOWNS AND VILLAGES SURROUNDING ELDORET. THE SCHOOL CURRENTLY HAS 380 STUDENTS. AS IS THE CASE WITH ITS PARTNER ORGANIZATIONS (LCH AND BARAKA FARM) ITS REPUTATION HAS MADE IT A MODEL OF EDUCATION IN THE REGION AND FOR OUR OTHER PARTNERS. IT IS A CONTINUING SOURCE OF PRIDE FOR BWA AND THE CHARITY CONTINUED ITS ENTHUSIASTIC SUPPORT OF THE KIPKEINO PRIMARY SCHOOL IN 2014 BY PROVIDING GRANT SUPPORT FOR THE SCHOOL ADMINISTRATOR'S SALARY. WE ARE PLEASED TO HELP WITH HER IMMENSELY SUCCESSFUL ENDEAVORS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN KENYA, THE LEWA CHILDREN'S HOME IS A MODEL FOR THE MANY OTHER PROGRAMS WE SUPPORT. THE LEWA CHILDREN'S HOME BEGAN WHEN BREAD AND WATER FOR AFRICA'S VOLUNTEER SPOKESPERSON PHYLLIS KEINO TOOK IN FOUR CHILDREN WHOSE PARENTS - WHO HAD BEEN GOOD FRIENDS OF THE KEINO FAMILY - DIED IN A CAR CRASH IN THE EARLY 1970S. TODAY, THE LEWA CHILDREN'S HOME PROVIDES COMPREHENSIVE SHELTER AND CARE FOR 107 CHILDREN ON-SITE, AND PROVIDES 331 ADDITIONAL CHILDREN FROM SURROUNDING COMMUNITIES WITH MONEY FOR SCHOOL FEES AND BASIC NECESSITIES LIKE FOOD AND CLOTHING. OVER THE YEARS, PHYLLIS HAS EXPANDED HER EFFORTS BY FOUNDED THE KIPKEINO PRIMARY SCHOOL AND BARAKA FARM, ALL WITHIN THE SAME 500-ACRE COMPLEX, WORKING TOGETHER TO MAKE THE COMMUNITY STRONGER. BREAD AND WATER FOR AFRICA CONTINUED ITS ENTHUSIASTIC SUPPORT OF THE LEWA

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CHILDREN'S HOME IN 2014 WITH QUARTERLY GRANT FUNDING THAT WAS USED FOR THE UPKEEP OF THE HOME AND TO PROVIDE OPERATIONAL DAILY SUPPORT FOR THE STAFF AND CHILDREN.

THE KABWATA ORPHANAGE AND TRANSIT CENTRE (KOTC), LOCATED IN LUSAKA, ZAMBIA, WAS FOUNDED BY ANGELA MIYANDA TO PROVIDE A LOVING, CARING, SECURE AND HEALTHY ENVIRONMENT FOR ORPHANS IN THIS COUNTRY (THOUGH THEIR EFFORTS HAVE SINCE EXPANDED OPERATIONS TO INCLUDE COMMUNITY HEALTHCARE - SEE ABOVE). MOST OF THE CHILDREN TAKEN IN BY KOTC HAVE LOST THEIR PARENTS TO THE TERRIBLE AIDS EPIDEMIC IN THE COUNTRY. THE KOTC CHILDREN ARE PROVIDED QUALITY NUTRITION, SHELTER, EDUCATION AND SKILLS TRAINING. NEARLY 300 ORPHANS AND OVER 2,000 OTHER INDIVIDUALS BENEFIT FROM THESE SERVICES, WHICH BWA IS PROUD TO FUND. AS IT CONTINUES DOWN ITS PATH TOWARD SELF-SUFFICIENCY, THE CENTRE HAS BEEN DEVELOPING AN INCOME-GENERATING PROJECT IN THE FORM OF A BANANA PLANTATION, WHICH IS CURRENTLY EARNING \$16,000.00 TO \$20,000.00 PER YEAR.

THE SHINGA DEVELOPMENT TRUST IN MUTARE, ZIMBABWE REACHES OUT TO OVER 400 CHILDREN PER YEAR THROUGH THEIR FEEDING AND NUTRITION PROGRAM. GIVEN THE DESPERATE ECONOMIC SITUATION IN ZIMBABWE (WITH AN UNEMPLOYMENT RATE OF 95% AND PER CAPITA GDP OF UNDER \$100), THE SHINGA DEVELOPMENT TRUST'S MISSION IS TO CARE FOR THE NEEDIEST CHILDREN POSSESSING PARTICULAR URGENCY. SHINGA PROVIDED SCHOOL FEES, FEEDING PROGRAM AND FOSTER CARE SPONSORSHIP TO MANY CHILDREN IN THE AREA. THIS YEAR, SHINGA FOCUSED ON DEVELOPING A FARM THAT WILL BENEFIT THE ORPHANS FEEDING PROGRAM IN DORA EAST AND DORA WEST. IN ADDITION, BREAD AND WATER FOR AFRICA PROVIDED \$27,500.00 GRANTS FOR THE CONSTRUCTION OF

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ORPHANS' HOUSE, WHICH IS STILL UNDER CONSTRUCTION. WE LOOK FORWARD TO
SUPPORTING SHINGA'S FARMING PROJECT IN FY 2015.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAMS

EXPENSES \$ 83,272. INCLUDING GRANTS OF \$ 82,685. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: EUGENE L. KRIZEK, PRESIDENT, BRYAN L. KRIZEK, CEO, AND PAUL
KRIZEK, VICE PRESIDENT/GENERAL COUNSEL, HAVE A FAMILY RELATIONSHIP.

HOWEVER, THEY ARE NOT COMPENSATED BY BREAD AND WATER FOR AFRICA. VOLUNTEER
BOARD MEMBERS JAMES J. O'BRIEN, CHAIRMAN, AND THOMAS O'BRIEN, DIRECTOR,
HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE INTERNAL REVENUE SERVICE FORM 990 IS PREPARED BY A FIRM OF
CERTIFIED PUBLIC ACCOUNTANTS WITH EXPERTISE IN TAX AND AUDIT ISSUES RELATED
TO TAX-EXEMPT ORGANIZATIONS. THE FORM 990 IN DRAFT FORM IS SENT TO ALL
MEMBERS OF THE BOARD OF DIRECTORS. THE DIRECTORS ARE INSTRUCTED TO SEND
THEIR QUESTIONS, COMMENTS, AND SUGGESTIONS DIRECTLY TO THE AUDIT COMMITTEE
OF THE BOARD OF DIRECTORS. THE AUDIT COMMITTEE, STAFF AND THE AUDITOR, THEN
MAKE A FINAL REVIEW OF THE DRAFT FORM 990. THE AUDIT COMMITTEE ADDRESSES
ANY CONCERNS AND RESPONDS TO THE COMMENTS OF DIRECTORS PRIOR TO SUBMISSION
OF THE FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: BREAD AND WATER FOR AFRICA HAS ADOPTED A DETAILED WRITTEN
CONFLICT OF INTEREST POLICY WHICH DEFINES CONFLICTS OF INTEREST AND

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REQUIRES OFFICERS, DIRECTORS, AND KEY EMPLOYEES AFFIRMATIVELY AND PROMPTLY TO DISCLOSE ALL CONFLICTS OF INTEREST, INCLUDING POTENTIAL CONFLICTS. COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MANDATORY, REQUIRING ALL PERSONS SUBJECT TO THE CONFLICT OF INTEREST POLICY TO ANNUALLY SIGN A STATEMENT AFFIRMING THAT THEY ARE FAMILIAR WITH THE TERMS OF THE POLICY. THE POLICY REQUIRES ALL PERSONS SUBJECT TO THE POLICY TO PROVIDE ANNUALLY WRITTEN RESPONSES TO A QUESTIONNAIRE ENTITLED "CONFLICT OF INTEREST DISCLOSURE STATEMENT." ALL PERSONS SUBJECT TO THE CONFLICT OF INTEREST POLICY ARE OBLIGATED BY THE POLICY TO PROMPTLY INFORM THE CHAIR OF THE BOARD OF DIRECTORS OF ANY MATERIAL CHANGE THAT DEVELOPS WITH REGARD TO THEIR DISCLOSURE STATEMENT WHICH IS DISTRIBUTED TO DIRECTORS AND OFFICERS AT THE ANNUAL MEETING OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE BOARD OF DIRECTORS IS GUIDED IN TERMS OF DETERMINING APPROPRIATE, FAIR AND REASONABLE COMPENSATION BY WRITTEN COMPENSATION GUIDELINES. THESE GUIDELINES WERE ADOPTED BY THE BOARD OF DIRECTORS TO ESTABLISH A PROCEDURE WHEREBY COMPENSATION IS ASSESSED IN TERMS OF RELEVANT MARKET-BASED CONDITIONS. THE COMPENSATION GUIDELINES ARE BASED ON PROCEDURES SET FORTH IN THE TREASURY REGULATION INTERPRETING INTERNAL REVENUE CODE SECTION 4958.

PURSUANT TO THE COMPENSATION GUIDELINES, THE BOARD OF DIRECTORS REVIEWS APPROPRIATE COMPARABILITY SURVEYS WHICH PRESENT THE COMPENSATION DATA OF OTHER TAX-EXEMPT ORGANIZATIONS WITH SIMILAR MISSIONS AND REVENUES, TO ASSESS WHAT IS ORDINARY AND REASONABLE IN TERMS OF THE RELEVANT MARKET FOR COMPENSATION. THE DATA INCLUDED IN THE COMPARABILITY SURVEYS COMES FROM NUMEROUS SOURCES, SUCH AS ASSOCIATION SURVEYS AND CONSULTANT RESEARCH

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STUDIES. THE DATA IS FOCUSED ON COMPARABLE TAX-EXEMPT ORGANIZATIONS LOCATED WITHIN THE GREATER WASHINGTON, DC METROPOLITAN AREA.

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

AL, AK, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE CHARITY PUBLISHES ON ITS WEBSITE THE MOST RECENT AUDITED FINANCIAL STATEMENT AND THE STATEMENTS FOR THE PRECEDING THREE YEARS. BREAD AND WATER FOR AFRICA ALSO MAKES PUBLICLY AVAILABLE ON ITS WEBSITE ITS MOST RECENT IRS FORM 990 AND LINKS TO THE GUIDESTAR WEBSITE WHICH POSTS THE FORMS 990 FOR THE THREE PRECEDING YEARS. BREAD AND WATER FOR AFRICA MAKES AVAILABLE UPON REQUEST COPIES OF ITS ARTICLES OF INCORPORATION, BYLAWS, CONFLICT OF INTEREST POLICY, AND COMPENSATION GUIDELINES.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

RETURN OF UNUSED GRANT FUNDS	-12,000.
CHANGE IN DONOR'S INTENT	205,000.
TOTAL TO FORM 990, PART XI, LINE 9	193,000.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CRS TRIANGLE HOUSING CORPORATION - 54-1922277, 8301 RICHMOND HIGHWAY, # 705, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES KANSAS AFFORDABLE HOUSING CORPORATION - 54-1779171, 8301 RICHMOND HWY, #710, ALEXANDRIA, VA 22309	CHARITABLE	KANSAS	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
MOUNTAIN LAKES HOUSING FOUNDATION, INC. - 54-1639377, 8301 RICHMOND HIGHWAY, # 720, ALEXANDRIA, VA 22309	CHARITABLE	DELAWARE	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS SCOTTSDALE HOUSING CORPORATION - 54-1990752, 8301 RICHMOND HIGHWAY, # 745, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS CAMBRIDGE HOUSING CORPORATION - 54-2041806, 8301 RICHMOND HIGHWAY, # 750, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS FOUNTAIN PLACE HOUSING CORPORATION - 54-2041804, 8301 RICHMOND HIGHWAY, # 755, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRSC RESIDENTIAL, INC. - 54-2041807 8301 RICHMOND HIGHWAY, # 800 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS HOUSING PRESERVATION, INC. - 71-1031988 8301 RICHMOND HIGHWAY, # 450 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES/21ST CENTURY CAMPAIGN, INC. - 54-1748859, 8301 RICHMOND HIGHWAY, # 600, ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 11A, I	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CHRISTIAN RELIEF SERVICES, INC. - 54-1884868 8301 RICHMOND HIGHWAY, # 900 ALEXANDRIA, VA 22309	CHARITABLE	VIRGINIA	501(C)(3)	LINE 7	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS PEORIA HOUSING CORPORATION - 46-1511494 8301 RICHMOND HIGHWAY, # 764 ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X
CRS SOMERSET PLACE HOUSING CORPORATION - 46-39979740, 8301 RICHMOND HIGHWAY, # 768, ALEXANDRIA, VA 22309	CHARITABLE	ARIZONA	501(C)(3)	LINE 9	CHRISTIAN RELIEF SERVICES CHARITIES, INC.		X

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input checked="" type="checkbox"/>	
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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