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For Paperwork Reduction Act Notice, see the separate instructions

Department of the Treasury

Form

# Change of Accounting Period

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

2014

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service 01/01/15 For the 2014 calendar year, or tax year beginning , and ending 06/30/15 D Employer Identification number C Name of organization Check if applicable WINE TO WATER Address change Doing business as 20-8877288 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 2567 828-355-9655 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BOONE 28607 498,847 G Gross receipts \$ Amended return Name and address of principal officer H(a) Is this a group return for subordinates? Application pending DICKSON B HENDLEY PO BOX 2567 H(b) Are all subordinates included? BOONE 28607 If "No," attach a list (see instructions) **X** 501(c)(3) 501(c) ( ) (insert no ) 4947(a)(1) or Tax-exempt status 527 WWW.WINETOWATER.ORG Website 🕨 H(c) Group exemption number Form of organization X Corporation Trust Year of formation 2007 NC M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWARENESS ABOUT Expenses ANNED Revenue 2015 Activities & Governance THE GLOBAL WATER CRISIS 2 Check this box ▶ │ │ 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) 8 4 Number of independent voting members of the governing body (Part VI, line 1b) 8 4 8 5 Total number of individuals employed in calendar year 2014 (Part-V, line-2a 5 RECEIVED 0 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 7a S b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year** Current Year 752,186 493,050 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,194 -9,176 783,380 483,874 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 237,561 190,487 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 232,180 162,223 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 72,274 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 283,464 176,801 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 753,205 529,511 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -45,637 30,175 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 180,741 128,617 21 Total liabilities (Part X, line 26) 52,218 45,731 22 Net assets or fund balances Subtract line 21 from line 20 128,523 82,886 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 Signature of office Sign DICKSON B Here PRESIDENT Type or print name and title Pnnt/Type preparer's name Check PTIN 5/16/16 Paid KEVIN OLIVER self-employed P00705260 Preparer BRYCE HOLDER CPA 56-1433465 Firm's name Firm's EIN **Use Only** PO BOX 1908 BOONE, NC 28607 828-264-3595 May the IRS discuss this return with the preparer shown above? (see instructions) No X Yes

4d Other program services (Describe in Schedule O )

(Expenses \$ 101,503 including grants of \$ 18,605 ) (Revenue \$ )

4e Total program service expenses ▶ 389,659

2015 TO JUNE 2015, 40 NEW WELLS WERE DRILLED AND 47 NEW LATRINES WERE BUILT

HIGHLY EFFECTIVE HOUSEHOLD FILTRATION UNITS THAT PROVIDE 99.9% DISINFECTION

PURCHASED OVER 200 CERAMIC WATER FILTERS, WHICH ARE

FILTERS, AND PROVIDING EDUCATION ON SANITATION AND HYGIENE.

SERVING 1,211 PEOPLE.

FROM JANUARY

# Form 990 (2014) WINE TO WATER 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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		<u> </u>
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 98-197 If "Yes," complete Schedule C,			
_	Part III	5		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? If			37
7	"Yes," complete Schedule D, Part I	6		<u> </u>
•	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		<u> </u>
J	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		1	
	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			••
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	40-		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12a		
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b	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? If "Yes," complete Schedule F, Parts II and IV	15	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? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
20a	If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
	1. 199 to mio 200, alo trio organization attach a copy of its addition intalical statements to this feturn?	20b		<u></u>

#### Form 990 (2014) WINE TO WATER 20-8877288 Page 4 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 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? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I X 25b 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 X disqualified persons? If "Yes," complete Schedule L, Part II 26 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) С was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 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? If "Yes," complete Schedule R, Part I X 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a

controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

related organization? If "Yes," complete Schedule R, Part V, line 2

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

Form 990 (2014)

X

X

X

35b

36

37

36

37

38

Part VI

Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
			1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	2			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	)		2b	X	<u></u>
	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?			3a		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			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	nority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	cial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts		•		
	(FBAR)			ŧ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				ļ
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds				1
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_	<u> </u>	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		•	7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d_				ŧ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit conti	ract?		7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f	ļ	<b></b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		•	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l	by the		•		ŧ
	sponsoring organization have excess business holdings at any time during the year?			8	ļ	
9	Sponsoring organizations maintaining donor advised funds.					ŧ
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	<u> </u>	<b>—</b>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	<del> </del>	<u> </u>
10	Section 501(c)(7) organizations. Enter	1	ı	<u> </u>		1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			1
11	Section 501(c)(12) organizations. Enter	يم ا	I	Į.		
a	Gross income from members or shareholders	11a	<del></del>			
р	Gross income from other sources (Do not net amounts due or paid to other sources	١,			1	
40.	against amounts due or received from them )	11b	L			•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	1	ı	12a	<u> </u>	┼
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	┼	╄
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<del> </del>	<del> </del>
ı.	Note. See the instructions for additional information the organization must report on Schedule O			ŧ		
þ	Enter the amount of reserves the organization is required to maintain by the states in which	،مد ا	ı			
_	the organization is licensed to issue qualified health plans	13b	<del> </del>			1
140	Enter the amount of reserves on hand	13c	L		<del> </del>	<del>  •</del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in School 16.	1		14a	<del> </del>	X
DAA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>'</u>		14b		0 (2014)
				r	Juli 23	<b>♥</b> (∠U14)

Form 990 (2014) WINE TO WATER 20-8877288 Page 6 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 X 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 8 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 8 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 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? X 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8Ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Νo 10a Did the organization have local chapters, branches, or affiliates? 10a 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? X 11a 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 X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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 NONE 17 List the states with which a copy of this Form 990 is required to be filed > 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 X Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > KATY COOK PO BOX 2567

BOONE

828-355-9655

NC 28607

Form 990 (2014)	WINE	TO	WATER

20-8877288

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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	bo off	x, unle	Pos check ess pe	rson ı	than one s both ar r/trustee)	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ALLEN PETERSON										
	40.00									
BOARD CHAIRMAN	0.00	X		X				0	0	0
(2) DICKSON B HENDLE					ļ					
	40.00	l						_		_
PRESIDENT	0.00	X		X				0	0	0
(3) ANNIE C MARION		1								
	20.00					i				
VICE PRESIDENT (4) TERRIE BLEVINS	0.00	X		X	_	$\vdash$		0	0	0
(4) TERRIE BLEVINS	15.00									
TREASURER	0.00	x		x		1		o	o	0
(5) WENDY FUSCOE	0.00	^		^	<del> </del>	+-+				
(0) (12122	15.00									
BOARD MEMBER	0.00	x			Ì	1 1		o	o	0
(6) LEONARD C BLEVIN							_			
. ,	15.00									
BOARD MEMBER	0.00	X						0	0	0
(7) JERRY BUTLER										
	15.00	İ								
BOARD MEMBER	0.00	X						0	0	0
(8) RAY BUCHANAN						1 1			•	
	15.00					1 1				
INTERIM CHAIRMAN	0.00	X			ļ	<del>                                     </del>		0	0	0
(9) ALAN YAWN	15.00									
	15.00			1						
BOARD MEMBER	0.00	X		ļ				0	0	0
(10)										
(11)				-		$\prod$		, ,		

<u>ra</u>	(A) Name and title	(B) Average hours per week (list any	(d	o not	Pos check ess pe	C) sition more erson i	than o	ne an	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations		(F) Estimate amount of	of	_
		hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	٥	from the organizati and relati rganizatio	e ion ed	
(12)														-
(13)														_
(14)														_
(15)	<del></del>													_
(16)														-
(17)					-									_
(18)	·													-
(19)					<u> </u>									_
1b c d	Sub-total  Total from continuation shee  Total (add lines 1b and 1c)	ets to Part VII, S	ectio	on A		<u>l</u>	ļ	<b>&gt; &gt; &gt;</b>						- -
2	Total number of individuals (increportable compensation from	cluding but not lin the organization	nited	to th	ose	liste	dabo	ve)	who received more than \$1	00,000 of				_
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedu 1a, is the sum of	ile J f rep	for s ortab	uch i	indiv ompe	idual ensat	ion :	and other compensation from			3	Yes No	_
5	individual  Did any person listed on line 1a for services rendered to the organization.	a receive or accru ganization? If "Ye	ie co	mpe	ensat	ion f	rom a	any i	unrelated organization or inc	dividual		5	X X	_
Sect 1	ion B. Independent Contracto Complete this table for your five compensation from the organize	e highest compei												_
_		(A) business address	прет	ISOLI	011 10	i iiic	Calc	Illia		(B) tion of services		Corr	(C) pensation	- -
										- · · · · · · · · · · · · · · · · · · ·	$\longrightarrow$			_
			_											_
	·····								<del></del>	· · · · · · · · · · · · · · · · · · ·			<del></del> -	_
									·				<del></del>	-
2	Total number of independent or received more than \$100,000 or								listed above) who	0				_
DAA												Form	990 (201	4)

Pa	ırt V				tains a	response or	r note to any line i	n this Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
nts Its	1a	Federated campaig	ıns	1a						
irar our	ь	Membership dues		1b						
S, C	С	Fundraising events		1c	_					
gift ar	đ	Related organization	ons	1d			Ī			
in,	е	Government grants (contri	butions)	1e						
rio S	f	All other contributions, gift								
ᄚ		and similar amounts not in	cluded above	1f		493,050				
d d	g	Noncash contributions incl		f	\$					
Program Service Revenue   Contributions, Gifts, Grants   Program Service Revenue   And Other Similar Amounts	h	Total. Add lines 1a	–1f			<u> </u>	493,050			
nue	_					Busn Code				
eve	2a					1		<del>-</del>		
e R	b					<del>                                     </del>				
Z	C					<del> </del>				
n Se	d									
yran	e	A.U 41						···		
Prog	T ~	All other program s		ue						
_		Total. Add lines 2a Investment income		udone	la intere	<u> </u>				
	3	and other similar a		vidend	is, mere					
	4	Income from invest	•	vomn	t bond n	roceeds				
	5	Royalties	inichi di tax-t	skemp	t bond pi	b		<del></del>		
	•	Troyanics	(i) Real		(u)	Personal				
	6a	Gross rents	(7			· orozina:				
	b	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental income	or (loss)			<b>•</b>	Ţ	•		
	7a	Gross amount from	(i) Securities		(	ıı) Other				· · · · · · · · · · · · · · · · · · ·
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (loss)				<b>•</b>		•		
æ	8a	Gross income from fu	ndraising even	ts						
Other Revenue		(not including \$								
eve		of contributions report	ed on line 1c)							
Z :		See Part IV, line 18		а						
Ĕ	b	Less direct expens		b						
J	С			- 1	events	<b>•</b>	·			
	9a	Gross income from ga	aming activities							
		See Part IV, line 19		а						
	b	Less direct expens		b			#			
	C	•		ng acti	vities	<b>•</b>		***************************************		
	10a	Gross sales of inve	-			5 705				
	Ι.	returns and allowa		<b>a</b>		5,797				
	ı	Less cost of good		b	<u> </u>	14,973	0.176			
	ြင	Net income or (los		ot inv	entory		-9,176			-9,176
	11a	<del></del>	eous Revenue			Busn Code	Ī			
						<del>  </del>				
	b					<del>                                     </del>	·			
	4	All other revenue				<del>  -  </del>	-			
	d	Total. Add lines 11	a_11d							
	12	Total revenue. Se				<b>.</b>	483,874	0		0.150
	12	Total levellue. Se	e manuchons	•			403,074	0	0	-9,176

# Form 990 (2014) WINE TO WATER Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All other or		column (A)	
	Check if Schedule O contains a respons	<del></del>			
	ot include amounts reported on lines 6b, b, 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 domestic organizations				
	and domestic governments See Part IV, line 21	<u> </u>			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	400 40-			
	individuals See Part IV, lines 15 and 16	190,487	190,487		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		·		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)  Other salaries and wages	116,136	62,119	25,852	28,165
8	Pension plan accruals and contributions (include	110,130	02,119	23,632	20,103
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,175	16,068	5,909	13 198
10	Payroll taxes	10,912	5,014	2,749	13,198 3,149
11	Fees for services (non-employees)		0,021		3/223
а	Management				
b	Legal	-			
С	Accounting	2,250		2,250	<del> </del>
d	Lobbying	,			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	3,722		167	3,555
12	Advertising and promotion	9,340	1,564	81	7,695
13	Office expenses	10,879	2,407	4,151	4,321
14	Information technology				
15	Royalties				····
16	Occupancy	8,400	4,409	1,338	2,653
17	Travel	44,885	32,620	8,016	4,249
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest			<del></del>	
21	Payments to affiliates	5,646		5 646	
22	Depreciation, depletion, and amortization Insurance	10,366	8,610	5,646 854	902
23 24	Other expenses Itemize expenses not covered	10,300	0,010	004	902
24	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column			Į.	
	(A) amount, list line 24e expenses on Schedule O)				
а	EMERGENCY RELIEF	30,510	30,510	<del></del>	
b	CONSULTING SERVICES	15,210	15,210		
c	SUPPLIES	13,924	13,924	<del></del>	<del></del>
d	BANK CHARGES	7,832	430	7,402	
е	All other expenses	13,837	6,287	3,163	4,387
25	Total functional expenses. Add lines 1 through 24e	529,511	389,659	67,578	72,274
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				- 000

Form 990 (2014)
Part X WINE TO WATER Balance Sheet

art :					
	Check if Schedule O contains a response or note to	any line in this Part X	(A)		(B)
			(A) Beginning of year		( <b>B</b> ) End of year
1	Cash—non-interest bearing		110,102	1	92,10
2	Savings and temporary cash investments		110,102	2	<u> </u>
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net	29,975	4	<u>.</u>	
5	Loans and other receivables from current and former office	ore dispeters	29,913	4	
"	trustees, key employees, and highest compensated employees				
l	Complete Part II of Schedule L	yees		ا ۽	
	•	( d-fddt		5	
6	Loans and other receivables from other disqualified person				
	4958(f)(1)), persons described in section 4958(c)(3)(B), are				
	sponsoring organizations of section 501(c)(9) voluntary en	· ·			
۱.	organizations (see instructions) Complete Part II of Sched	lule L		6	1 4/
7	Notes and loans receivable, net		14 073	7	1,40
8	Inventories for sale or use		14,973		10 17
9	Prepaid expenses and deferred charges	1 1		9	10,1
10a	Land, buildings, and equipment cost or	60 297			
١.	other basis Complete Part VI of Schedule D	10a 60,287	05 601		04.0
ı	Less accumulated depreciation	10b 35,345	25,691		24,94
11	Investments—publicly traded securities		<u> </u>	11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		100 541	15	100 6
16	Total assets. Add lines 1 through 15 (must equal line 34)		180,741		128,6
17	Accounts payable and accrued expenses	•	22,186		23,4
18	Grants payable		00 615	18	1.0.0
19	Deferred revenue		20,615		16,6
20	Tax-exempt bond liabilities		20		
21	Escrow or custodial account liability Complete Part IV of S			21	
22	Loans and other payables to current and former officers, d				
	trustees, key employees, highest compensated employees	s, and		1	
l	disqualified persons Complete Part II of Schedule L			22	······································
23	Secured mortgages and notes payable to unrelated third p			23	
24	Unsecured notes and loans payable to unrelated third part			24	
25	Other liabilities (including federal income tax, payables to i				
	parties, and other liabilities not included on lines 17-24) C	omplete Part X			
	of Schedule D		9,417		5,5
26	Total liabilities. Add lines 17 through 25		52,218	26	45,7
	Organizations that follow SFAS 117 (ASC 958), check	here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.		100		
27	Unrestricted net assets		128,523	27	82,8
28	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958)	, check here ▶ 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 f	und		31	
32	Retained earnings, endowment, accumulated income, or o	other funds		32	
33	Total net assets or fund balances	'	128,523		82,8
34	Total liabilities and net assets/fund balances		180,741	34	128,6

orm	990-(2014) WINE TO WATER	<u> 20-</u> 8877288			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any lir	e in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	-	1	4	83,	874
2	Total expenses (must equal Part IX, column (A), line 25)		2	5	29,	511
3	Revenue less expenses Subtract line 2 from line 1		3	_	45,	637
4	Net assets or fund balances at beginning of year (must equal Part X, line 33,	column (A))	4	1	28,	523
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Pnor period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must	equal Part X, line			_	
	33, column (B))		10		82,	<u>886</u>
Pa	et XII Financial Statements and Reporting				_	
	Check if Schedule O contains a response or note to any lir	e in this Part XII				
		_			Yes	No
1	Accounting method used to prepare the Form 990 Cash X A	ccrual Other				
	If the organization changed its method of accounting from a prior year or check	cked "Other," explain in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an inde	•		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			•		
		and separate basis				
b	Were the organization's financial statements audited by an independent acco			2b	L	X
	If "Yes," check a box below to indicate whether the financial statements for the	e year were audited on a				
	separate basis, consolidated basis, or both					Ī
	<del></del>	and separate basis		<b>[</b>		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume			1		
	of the audit, review, or compilation of its financial statements and selection of	f an independent accountant?		2c	<u> </u>	ļ
	If the organization changed either its oversight process or selection process of	luring the tax year, explain in				l
	Schedule O					1
3a	As a result of a federal award, was the organization required to undergo an a	udit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?			3a	<u> </u>	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization	<del>-</del>				
	required audit or audits, explain why in Schedule O and describe any steps ta	ken to undergo such audits		3b		

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

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

2014

Name of the organization WINE TO WATER

Employer identification number 20-8877288 Reason for Public Charity Status (All organizations must complete this part.) See

1 41	11 11000	on for Public Charity	Status (All organizations i	Hust Col	ilbiere r	riis part.) See instruction	<u>5.                                    </u>							
he or	ganization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	e box )									
1	A church, co	nvention of churches, or asso	ciation of churches described in s	section 1	70(b)(1)( <i>i</i>	A)(i).								
2	A school des	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)											
3 [	A hospital or	a cooperative hospital service	e organization described in <b>section</b>	on 170(b)	(1)(A)(iii)									
4	A medical res		in conjunction with a hospital des	scnbed in	section 1	70(b)(1)(A)(iii). Enter the hosp	ital's name,							
5 [		on operated for the benefit of (b)(1)(A)(iv). (Complete Part I	a college or university owned or	operated	by a gove	rnmental unit described in								
6	_		vernmental unit described in <b>sec</b>	tion 170(	h)(1)(A)(v	١								
_ ⊱			ubstantial part of its support from											
		section 170(b)(1)(A)(vi). (Co		a govern	nentai un	it or from the general public								
8	$\neg$			`										
9														
ے د	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	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4)													
11														
· · · [	one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check													
_	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g													
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving													
		- : : : :	regularly appoint or elect a majo	nty of the	directors	or trustees of the supporting								
	_ ·	You must complete Part IV	•											
b	<del></del>		sed or controlled in connection w											
	control or ma	nagement of the supporting of	rganization vested in the same p	ersons th	at control	or manage the supported								
r	<b>_</b> `	s) You must complete Part	·											
C	Type III fund	tionally integrated. A suppo	rting organization operated in co	nnection v	vith, and f	unctionally integrated with,								
-	its supported	organization(s) (see instruction	ons) You must complete Part I	V, Sectio	ns A, D, a	and E.								
d [	Type III non	-functionally integrated. A s	upporting organization operated	ın connec	tion with i	s supported organization(s)								
	that is not fur	nctionally integrated. The orga	inization generally must satisfy a	distributio	n requirer	nent and an attentiveness								
_	requirement	(see instructions) You must	complete Part IV, Sections A a	nd D, an	d Part V.									
e [	Check this be	ox if the organization received	a written determination from the	IRS that	t is a Type	e I, Type II, Type III								
	-		ctionally integrated supporting org	janization										
		of supported organizations												
g	Provide the follov	ving information about the sup	pported organization(s)	T										
(1) 1	Name of supported organization	(ii) EiN	(Ifi) Type of organization	(iv) Is the o	rganization ir governing	(v) Amount of monetary	(vi) Amount of							
	Organization		(described on lines 1–9 above or IRC section		nent?	support (see instructions)	other support (see instructions)							
			(see instructions))				·							
				Yes	No									
A) 														
B)														
C)			-	<u> </u>										
D) 														
E)														
otal				<u> </u>										

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.)

Sec	tion A. Public Support				.cace complete	· arriir /	
	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	545,580	420,167	599,660	752,186	491,532	2,809,125
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	545,580	420,167	599,660	752,186	491,532	2,809,125
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						2,809,125
	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	545,580	420,167	599,660	752,186	491,532	2,809,125
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on			-· · · .			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		34,193	39,226	66,503	5,797	145,719
11	Total support. Add lines 7 through 10						2,954,844
12	Gross receipts from related activities, etc. (					12	
13	First five years. If the Form 990 is for the o		second, third, fourth	n, or fifth tax year as	s a section 501(c)(3	3)	
<u> </u>	organization, check this box and stop here						<b>•</b>
	tion C. Computation of Public Su	• •			<del> </del>	<del></del>	
14	Public support percentage for 2014 (line 6,		•	<b>ስ</b> )		14	95.07%
15	Public support percentage from 2013 Sche					15	94.94%
16a	33 1/3% support test—2014. If the organi				/3% or more, check	k this	
	box and stop here. The organization qualif		. •				<b>▶</b> [X
b	33 1/3% support test—2013. If the organic				33 1/3% or more,		
47.	check this box and <b>stop here.</b> The organization			•			▶ [
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac	is-and-circumstanc	es" test The organ	ization qualifies as	a publicly supporter	d	
<b>b</b>	organization	2 164ha annanimatio			101 17 11		▶ _
b	10%-facts-and-circumstances test—201					ie	
	15 is 10% or more, and if the organization re-				•		
	Explain in Part VI how the organization mee supported organization	ets the Tacts-and-cl	rcumstances" test	ine organization q	uaiities as a publicly	1	_
18	Private foundation. If the organization did	not check a hov on	line 13 16a 16h 1	17a or 17h abaak (	this hav and ass		<b>-</b> _
	instructions	HOL GREEK & DOX OII	10, 10a, 10b,	ira, or irb, check i	una DOY AUG 266		▶ [

# 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.)

Sec	tion A. Public Support			o.o.i, piedee o		<i>'</i>	
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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)						
Sec	tion B. Total Support		-				
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
С	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 VI)						
13	Total support. (Add lines 9, 10c, 11,		]				<del></del> _
	and 12)		<u></u>			<u> </u>	
14	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year a	as a section 501(c)	(3)	<b>▶</b> □
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2014 (line 8,	column (f) divided	by line 13, column	(1)		15	%_
16	Public support percentage from 2013 Sche					16	%_
	tion D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·		<del></del>	
17	Investment income percentage for 2014 (lir			column (f))		17	%
18	Investment income percentage from 2013					18	%
19a	33 1/3% support tests—2014. If the organ						
L	17 is not more than 33 1/3%, check this bo						▶ [_]
ь	33 1/3% support tests—2013. If the organ						▶ □
20	line 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did		-	•			

### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and com	olete Part V)		
Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			1
	organization was described in section 509(a)(1) or (2)	2		ĺ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		ĺ
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	50		<b></b>
-	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b	l	İ
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)	35	Ì	
·	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
74	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	1	1	
b		4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		
_	despite being controlled or supervised by or in connection with its supported organizations	4b		<del> </del>
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	<b>!</b> .	1	1
_	purposes	4c	ļ	ļ
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a	<b>{</b>	<del> </del>
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	ŧ		
	designated in the organization's organizing document?	_5b	ļ <u>.</u>	<u> </u>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ	ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		l	1
	Part VI.	6	ļ	ļ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			1
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7	ļ <u> </u>	—
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8	ļ	ļ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	ļ	<u> </u>
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b_	<u> </u>	<u> </u>
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	<del> </del>
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	ļ	<b></b>
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10b		

20-8877288 Schedule A (Form 990 or 990-EZ) 2014 WINE TO WATER Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a A family member of a person described in (a) above? 11b A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to Yes No regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated. supervised, or controlled the supporting organization Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below b The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions) Activities Test Answer (a) and (b) below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

За

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Pnor Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities 1a Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI) Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 035 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

Parl	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continued)	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations			
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	· · · · · · · · · · · · · · · · · · ·		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а				
<u>b</u>				
С				
<u>d</u>				
	From 2013			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount		_	
<u>    i                                </u>	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u> </u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			
<u>a</u>				
<u>b</u>				
<u>c</u>				
	Excess from 2013			
	Excess from 2014	E	1	t

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 WINE TO WATER

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Part VI 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)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 145,719

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

lame	of the organization	E E	mployer	dentification number
W	INE TO WATER		n_0	877288
	Organizations Maintaining Donor Advised Fun Complete if the organization answered "Yes" to Fo	ds or Other Similar Funds or Acc		
		(a) Donor advised funds	(1	) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			<del></del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclus	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	iting that grant funds can be used		
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	Conservation Easements.	000 Part IV Fa - 7		
	Complete if the organization answered "Yes" to Fe			
1	Purpose(s) of conservation easements held by the organization (check at			
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically importar		area
	Protection of natural habitat	Preservation of a certified historic str	ucture	
2	Preservation of open space	Annual Control of Cont		
2	Complete lines 2a through 2d if the organization held a qualified conserval easement on the last day of the tax year	ition contribution in the form of a conservation	·	
2	Total number of conservation easements			Held at the End of the Tax Year
_	Total acreage restricted by conservation easements		2a	
	Number of conservation easements on a certified historic structure include	ed in (a)	2b	
	Number of conservation easements included in (c) acquired after 8/17/06		2c	
_	historic structure listed in the National Register	, and not on a	2d	
3	Number of conservation easements modified, transferred, released, extin	quished or terminated by the organization du	$\overline{}$	
-	tax year ▶	galoriso, or torrimided by the organization de	ing the	•
4	Number of states where property subject to conservation easement is loc	ated >		
5	Does the organization have a written policy regarding the periodic monito			
	violations, and enforcement of the conservation easements it holds?	3, ., .,		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	<b>•</b>	,		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year		
	<b>▶</b> \$			
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 easemen			
	balance sheet, and include, if applicable, the text of the footnote to the organization.	ganization's financial statements that describe	s the	
17.	organization's accounting for conservation easements  art   Organizations Maintaining Collections of Art.	listaria I Tassauras au Othas Civ		4-
	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to Fe		ınar A	issets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not	<del></del>	cheet	······································
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide, in Part XIII, the text of the footnote to its financial		· •.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		eet	
	works of art, historical treasures, or other similar assets held for public ex			
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	\$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treasures, or ot	her similar assets for financial gain, provide th	ne	
	following amounts required to be reported under SFAS 116 (ASC 958) re			
а	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
_ b	Assets included in Form 990, Part X			\$

Schedule D (Form 990) 2014 WINE IC		<u> </u>			8//288	Page 2
Part III Organizations Maintain						(continued)
Using the organization's acquisition, access collection items (check all that apply)	ssion, and other records,	check any of the foll	owing that are a	significant	use of its	<del></del>
a Public exhibition	d 🗍	Loan or exchange p	rograms			
b Scholarty research	<b>)==</b>	Other	_			
c Preservation for future generations						
4 Provide a description of the organization's	collections and explain h	ow they further the	organization's e	xempt purp	ose in Part	
XIII	·	•	•			
5 During the year, did the organization solice	t or receive donations of	art, historical treasu	res, or other sım	ıılar		
assets to be sold to raise funds rather that	n to be maintained as par	t of the organization	's collection?			Yes No
Part IV Escrow and Custodial						
Complete if the organiza	tion answered "Yes"	to Form 990, P	art IV, line 9.	or repor	ted an amount o	n Form
990, Part X, line 21.				•		
1a Is the organization an agent, trustee, custo	odian or other intermedial	ry for contributions of	r other assets n	ot		
included on Form 990, Part X?						Yes No
b If "Yes," explain the arrangement in Part X	III and complete the follo	wing table				
						Amount
c Beginning balance					1c	<u> </u>
d Additions during the year					1d	
e Distributions during the year					1e	
f Ending balance					1f	
2a Did the organization include an amount or	Form 990, Part X, line 2	1, for escrow or cus	todial account lia	ability?	<del></del>	Yes No
b If "Yes," explain the arrangement in Part X	III Check here if the exp	lanation has been pi	ovided in Part X	CIII		
Part V Endowment Funds.	• • • •					
Complete if the organiza	tion answered "Yes"	to Form 990, P	art IV, line 10	0		
	(a) Current year	(b) Pnor year	(c) Two yea	ars back	(d) Three years back	(e) Four years back
1a Beginning of year balance		*				
<b>b</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 c	urrent year end balance (	line 1g, column (a))	held as	<del></del>		
a Board designated or quasi-endowment	%					
<b>b</b> Permanent endowment ▶	%					
c Temporarily restricted endowment ▶	%					
The percentages in lines 2a, 2b, and 2c si	nould equal 100%					
3a Are there endowment funds not in the pos	session of the organization	on that are held and	administered fo	r the		
organization by	-					Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations						3a(ii)
b If "Yes" to 3a(ii), are the related organizati	ons listed as required on	Schedule R?				3b
4 Describe in Part XIII the intended uses of						<del></del>
Part VI Land, Buildings, and E	quipment.					
Complete if the organiza	tion answered "Yes"	to Form 990, P	art IV, line 1	1a See i	Form 990, Part X	, line 10.
Description of property	(a) Cost or other b		or other basis		ccumulated	(d) Book value
	(investment)		(other)	de	preciation	
1a Land			20,000			20,000
<b>b</b> Buildings			•			
c Leasehold improvements						-
d Equipment			·			· · · · · · · · · · · · · · · · · · ·
e Other			40,287		35,345	4,942
Total. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Part X	, column (B), line 10				24,942
		_				

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Schedule D (Form 990) 2014

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" (	to Form 990. Part IV. line	11b See Form 990. Pa	art X. line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-ye	
1) Financial d	derivatives			-
2) Closely-he	ld equity interests			
3) Other				
(A)				
(B)			•	
(C)				
(D)				
(E)				<i>y</i> -
(F)				
(G)				
(H)				
otal. (Column	n (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, Pa	art X, line 13
-	(a) Description of investment	(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
(1)			<del>-</del> • • • • • • • • • • • • • • • • • • •	·····
(2)				
(3)			-	· · · · · · · · · · · · · · · · · · ·
(4)		-		
(5)				
(6)				
(7)			········	
(8)				-
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.	· · · · · · · · · · · · · · · · · · ·		<del></del>
	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Pa	art X. line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)			<u> </u>	
(9)			<del></del>	
	n (b) must equal Form 990, Part X, col (B) line 15)		<b></b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" line 25	to Form 990, Part IV, line	11e or 11f See Form 9	990, Part X,
	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2) PAYRO	OLL TAX LIABILITIES	5,592		
(3) SALES	TAX PAYABLE			
(4)				
(5)				
(6)				
(7)	***			
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25 ) ▶	5,592		
	uncertain tax positions In Part XIII, provide the text of the fo		cial statements that reports t	he
	flability for uncertain tax positions under FIN 48 (ASC 740)			
			<u>provided</u> in the	· · · · · ·

<u>iche</u>	dule D (Form 990) 2014 WINE TO WATER	20-8877	288	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With Revenue per F	Return.	
	Complete if the organization answered "Yes" to Form 990, I	Part IV, line 12a.		_
1	Total revenue, gains, and other support per audited financial statements		1	483,874
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		_3	483,874
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	L		
а	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	· · · · · · · · · · · · · · · · · · ·
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	<del></del>	5	483,874
₽a	et XII Reconciliation of Expenses per Audited Financial State		r Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	529,511
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	_	
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	529,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	529,511

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

Part XIII Supplemental Information.

<sup>2,</sup> Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2014 WINE TO WATER

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Page 5

Part XIII Supplemental Information (continued)

### **SCHEDULE F** (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organiz		O WATER		Employer Identificat 20-88772	
Part I			Outside the United States.	Complete if the organization answer	red "Yes" on
		ation maintain record	s to substantiate the amount of its gance, and the selection criteria used		
grants or	assistance?				Yes X No
	ntmakers. Describe in Part be outside the United States	= :	procedures for monitoring the use of	fits grants and other	
3 Activities	per Region (The following	Part I, line 3 table car	n be duplicated if additional space is	s 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-SAH	ARAN AFRICA				
EAST AS:	TA		PROGRAM SERVICES	WATER FILTERS, WELLS	
(2)			PROGRAM SERVICES	WATER FILTERS, WELLS	
PHILIPP:	INES				
(3)	1100701 4 61070		PROGRAM SERVICES	WATER FILTERS, WELLS	
CENTRAL (4)	AMERICA & CARIB	BEAN	PROGRAM SERVICES	WATER FILTERS, WELLS	
COLOMBIA	A				
(5)			PROGRAM SERVICES	WATER FILTERS, WELL	
(6)	<u></u>				
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					

(16)

(17)3a Sub-total **b** Total from continuation sheets to Part I c Totals (add

20-8877288

WINE TO WATER

W2WFYE15 05/16/2016 3 49 PM

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. Schedule F (Form 990) 2014

Part II Grants and

								2. 14.44.40
(a) Name of organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash assistance	(t) Method of valuation (book, FMV, appraisal,
	(ir applicable)		Scamita camera	171 000	a dispursement a disp	assistance		other)
				1000				
			WATER FILTERS, WELLS	18,605	ELEC TRANSFERS	FERS		
72.1						A		

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

Enter total number of other organizations or entities

Schedule F (Form 990) 2014

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Page 3 Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash 20-8877288 disbursement (d) Amount of cash grant Part III can be duplicated if additional space is needed (c) Number of recipients (b) Region Schedule F (Form 990) 2014 WINE TO WATER (a) Type of grant or assistance Part III E 2 ව € ତ୍ର 9 Θ 8 **ම** 5 11 (12) 13 (14) (15) 16 13 18

Sche	edule F (Form 990) 2014	WINE TO WATER	20-8877288		Page 4
P	art IV Foreign F	orms			
1	<del>-</del>	U.S. transferor of property to a foreign corporate required to file Form 926, Return by a U.S. Tractions for Form 926)	,	☐ Yes	X No
2	may be required to file I Receipt of Certain Fore	ve an interest in a foreign trust during the tax ye Form 3520, Annual Return To Report Transaction of Green Gifts, and/or Form 3520-A, Annual Informatications for Forms 3520 and 3520-A, do not file with the control of the with the control of the with the control of the control of the with the control of t	ons With Foreign Trusts and on Return of Foreign Trust With a	☐ Yes	X No
3	the organization may be	ve an ownership interest in a foreign corporation required to file Form 5471, Information Return ations (see Instructions for Form 5471)	-	Yes	X No
4	qualified electing fund d	direct or indirect shareholder of a passive foreig uring the tax year? If "Yes," the organization ma Shareholder of a Passive Foreign Investment ( or Form 8621)	y be required to file Form 8621,	Yes	X No
5	the organization may be	ve an ownership interest in a foreign partnership required to file Form 8865, Return of U.S. Pers ee Instructions for Form 8865)		☐ Yes	X No
6		ve any operations in or related to any boycotting may be required to file Form 5713, International le with Form 990)	- · · · · · · · · · · · · · · · · · · ·	☐ Yes	X No

## 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 (see instructions).

### PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURE	ES	INVESTMENTS	3
SUB-SAHARAN AFRICA	\$	0	\$	0
EAST ASIA	\$	0	\$	0
PHILIPPINES	\$	0	\$	0
CENTRAL AMERICA & CARIBBEAN	\$	0	\$	0
COLOMBIA	\$	0	\$	0

SCHEDULE O (Form 990 or 990-EZ)

# 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.

2014

Open to Public Inspection

Name of the organization

Department of the Treasury

WINE TO WATER

Employer identification number 20-8877288

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THESE PROJECTS BENEFITTED APPROXIMATELY 25,041 INDIVIDUALS.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT BENEFICIARIES.

FOR JANUARY THROUGH JUNE 2015, AN ESTIMATED 4,874 PEOPLE IN EAST AFRICA WERE REACHED WITH CLEAN WATER THROUGH ALL OF THESE SERVICES.

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

AND SAFE WATER STORAGE FOR 866 PEOPLE. EDUCATION ON SANITATION AND HYGIENE

(CALLED "WASH") IS DONE ON A COMMUNITY LEVEL WHILE THE WELLS AND LATRINES

ARE BEING INSTALLED. THESE FUNDS COVER ALL ASPECTS OF RDA, FROM

SALARIES AND MATERIALS, TO TRANSPORTATION AND PROGRAM ADMINISTRATION.

FOR JANUARY THROUGH JUNE 2015, AN ESTIMATED 2,825 PEOPLE IN CAMBODIA WERE REACHED WITH CLEAN WATER THROUGH ALL OF THESE SERVICES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

PROVIDED WATER FILTRATION SYSTEMS AND SANITATION EDUCATION AND AWARENESS

FOR PROJECTS LOCATED IN BRAZIL, APPALACHIAN REGION OF THE UNITED STATES,

ETHIOPIA, HONDURAS, AND THE PHILIPPINES.

FOR JANUARY THROUGH JUNE 2015, AN ESTIMATED 20,442PEOPLE WERE REACHED WITH CLEAN WATER THROUGH ALL OF THESE SERVICES.

WINE TO WATER

Employer Identification number

20-8877288

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS LEONARD BLEVINS TERRIE BLEVINS

BOARD MEMBER

BOARD MEMBER

**SPOUSES** 

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 IS DISTRIBUTED TO BOARD MEMBERS AND OFFICERS FOR REVIEW BEFORE SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE PROCESS FOR DETERMINING COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL INCLUDES RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE PROCESS FOR DETERMINING COMPENSATION FOR OTHER OFFICERS INCLUDES RESEARCHING AND COMPARING THE COMPENSATION RANGE WITH COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC