SCANNED DEC 1 2 2018

OMB No 1545 0047

Department of the Treasury

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

mater	i i di i i i C i	ende Service														
A	For tl	he 2017 calen	dar year,	or tax yo	ear begin	ning 1	7/01		, 2	017, and e	ending	g 6,	/30		, 20.	
В	Check	ıf applıcable	С										D Em	ployer ider	ntification	n number
	A	ddress change	WINE ?	TO WAT	ER								2	0-887	7288	-
	N	ame change	PO BOX										E Tel	ephone nur	nber	
	In	itial return	BOONE	, NC 2	28607								1 (828) -3	355-9	9655
	\vdash	nal return/terminated														
	Н	mended return	ĺ										G Gro	oss receipts	\$	2,197,136.
	\mathbf{H}	pplication pending	F Name :	and address	s of nancina	officer r	TOVO	ON D II	CNDT	737		H(a) Is the		return for si		
	^	pplication pending				oo. L	TCKS	ON B H	FINDE	· · · ·	- 1			nates includ list (see ir		H
_	Т	avamat atatus	Same A			\-	/ıncor	. no \	4947(a)	1) or ()	27	If 'No	, attach a	list (see in	struction	s) L
÷		exempt status	X 501(c)		501(c) ((ınser	L NO)	4547(a)	1) 01					_	
<u>J</u>			W.WINE			1				т.				on number		
K		n of organization	X Corpor	ation	Trust	Association	n	Other *		L Year of	formation	on 200)7	M State of	legal dor	micile NC
Pa	rt I	Summar	<u>y</u>													
	1													TER_A	ND_SP	ANITATION;
ģ		TO EDUCA	<u>TE AND</u>	<u>) RAIS</u>	E_AWA	<u>RENESS</u>	<u>ABC</u>	UT_THE	_GLO	BAL WAT	<u> </u>	<u>CRISI</u>	<u>.s</u>			
5					- -					-						
Activities & Governance					- -					-, -						
š	2	Check this bo								disposed	of mo	re than	25% of		ssets	1.0
9	3	Number of vo								luno 1h)				3	ļ	10
ş	4	Total number		~			•	• •						5		8
ij	5	Total number					-	2017 (Fai	I (V , III I	e 2a)				6	1	16 421
寰	7.							n (C)_line	12_			1		7a	 	16,720.
⋖	/a	Total unrelated	t huernee	c tavahle	income	from For	m 990	T 164 34	CE	IVED	•	1		7b	+	3,109.
	- 0	THE CHITCHALE	i ousines.	- CANADIC		1101111101	730	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1	Prior Y			Surrent Year
	8	Contributions	and arar	ate (Part	VIII line	16)		NO NO	1/ 1	0 2040	380	! ├──		5,257.	-	1,280,033.
ē	9	Program serv	_	-				NU la	} V	9 2018	OS			1,153.	1	827,831.
를	10	Investment in						-1			Ìά	<u> </u>		,103.		021,031.
Revenue	11	Other revenu							HINES	AL LIT		1├		7,653.	 	62,927.
_		Total revenue									٠ــــــــــــــــــــــــــــــــــ	!├──		5,166.	+	2,170,791.
	13	Grants and s								· · · · · · · · · · · · · · · · · · ·		 -		7,431.	 	431,522.
	14	Benefits paid		•	•								77	, 431.	 	431,322.
		Salaries, other							n (A)	lines 5 10	`		C1 (270	 	050 240
တ္ဆ	15								ш (А),	11162 2-10	,		017	9,378 <u>.</u>	 	850,248.
nse	16a	Professional	fundraisir	ng fees (Part IX,	column (/	A), line	e ile)								
Expenses	b	Total fundrais	sing expe	nses (Pa	art IX, co	lumn (D)	, line 2	5) 🟲		282,5	<u>74.</u>					
ũ	17	Other expens	ses (Part	IX, colur	nn (A), li	nes 11a-	11d, 1	lf-24e)					584	1,614.		599,150.
	18	Total expens), line 2	25)				,423.		1,880,920.
	19	Revenue less	expense	s Subtr	act line 1	8 from II	ne 12							1,743.		289,871.
58			<u> </u>								_	Beginn		rrent Year		End of Year
t Assets or	20	Total assets	(Part X. I	ine 16)										295.	†	1,647,368.
8g B	21	Total liabilitie)									3,422.		1,270,624.
	22	Net assets or	•			ne 21 fro	m line	20						5,873.		376,744.
				_	abtracti	inc 21 nc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					<u>'</u>		5,075.	1	370,744.
	ırt II	Signatur														
Unde	er pena plete D	Ities of perjury, I de Declaration of prepa	eclare that I arer (other t b	nave exami	ned this reti is based on	urn, includin all informat	g accom on of wh	panying sche ich preparer	dules and has any k	statements, nowledge	and to t	ne best of	my know	eage and be	eller, it is	true, correct, and
				/	<u> </u>	de a	a					T	- 11	115-1	201	2
C:		Signatu	re of officer			مرجوم		3				<u>_</u>	Date	1171		v
Siç He	jn				T 1737							Dmad				
пе	re		KSON B		LE Y							Pres	siden	τ		-
			•			Preparer's	const			Date			Ta	hi.	PTIN	
			oreparer's na	nii C		'	•			Date			Check	□ it	. ,	
Pa						Self-	Prep	oared_					self-em	ployed	<u> </u> L	
Pro	epar	er Firm s nam	• <u>• </u>										1			
US	e Or	ily Firm's addin	ess 🏲 崖										Tirm's	CIN > C		
													Phone	no		
Ma	y the	IRS discuss th	ns return	with the	preparei	r shown a	bove?	(see inst	ructions	5)						Yes No
BA	A Fo	r Paperwork F	Reduction	Act No	ice, see	the sepa	rate in	structions	<u>.</u>		TEE	A0113L 0	8/08/17			Form 990 (2017)

$\overline{}$	990 (2017) WINE TO WATER	20-887	7288	F	age 2
Parl	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 TO PROVIDE CLEAN WATER AND SANITATION; TO EDUCATE AND RAISE AWAR GLOBAL WATER CRISIS	ENESS AB	OUT_T	<u> E</u>	·
2	Did the organization undertake any significant program services during the year which were not listed on the pr	or			
	Form 990 or 990-EZ? If 'Yes,' describe these new services on Schedule O		Yes	<u> </u>	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program so If 'Yes,' describe these changes on Schedule O	rvices?	Ye	s X	No
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio and revenue, if any, for each program service reported	vices, as means to others,	asured by the total	expensexpens	ses ses,
4a	CODE COMMUNITIES OF THE DOMINICAN REPUBLIC ARE F	ACING MA ANY INDI S RESORT N THIS P REATE CE ICAN REP NDIVIDUA Y, EDUCA	VIDUAI TO DI ARTICI RAMIC UBLIC LS TH TION	LS AR RINKI JLAR WATE FACT	E NG R ORY
				- -	
4 b	(Code) (Expenses \$111,763. Including grants of \$101,598.) (INCLUDING PRAITOLE. ALTHOUGH THE AREA WAS HOME TO A FEW WELLS, THERE WAS SYSTEM TO SUSTAIN THE WHOLE POPULATION. LAST YEAR, 6 WELLS WERE CONSTRUCTED AND MORE THAN 100 FILTERS WERE DISTRIBUTED, IMPACTING TOTAL. RAITOLE HAS SET A NEW STANDARD FOR WINE TO WATER PROGRAMS HAS TRULY REVOLUTIONIZED OUR PROJECT APPROACH INTO A COMPLEX, LOSUSTAINABLE PROGRAM. THE RELATIONSHIPS WE'VE BUILT ARE DEEPER THAND WE'RE CONTINUING TO PROVIDE SUPPORT AND FOSTER GROWTH IN THE THAT THEY WILL PROSPER LONG AFTER WATER IS PROVIDED.	ANI TO TO TO SANI REPAIRED COVER 2 MOVING NG-LASTI AN ANY WEED PLE	TARY V OR NI ,400 I FORWAI NG ATER S OF NEI	NATER EWLY LIVES RD. I SYSTE PAL S	T
					. -
4 c	(Code) (Expenses \$ 79,316. including grants of \$ 70,648.) (COLOMBIA - DESPITE HAVING THE LARGEST TRIBUTARY IN THE WORLD, TH SOURCES IN COLOMBIA ARE CONTAMINATED AND OVER-CONSUMED BY VARIOU MINING EXPLOITATION AND DRUG PRODUCTION. IN ADDITION, REGIONS LI AND TOLIMA EXPERIENCE DRY SEASONS THAT CAUSE RESIDENTS TO GO WIT FIVE MONTHS. THIS PAST YEAR, WINE TO WATER COMPLETED 20 WELL REPPROJECTS AND DISTRIBUTED MORE THAN 350 FILTERS TO COMMUNITIES LI WHERE THE ENTIRE POPULATION RECEIVED ACCESS TO CLEAN WATER. AS RESIDENTED IN FIX AND TRAINING SESSIONS, WE ARE ABLE TO SEE COMMUNITIES LIKE THOSE PART OF THE SOLUTION.	E MAJORI S FACTOR KE LA GU HOUT WAT AIRS OR KE TORIB ESIDENTS LTER DIS IN COLO	TY OF S, SUC AJIRA ER FOR CONSTR IO CAU LEARI TRIBU	CH AS , HUI R UP RUCTI UCA, N HOW	LA TO ON
4 d	Other program services (Describe in Schedule O) See Schedule O				

Form **990** (2017)

Form 990 (2017) WINE TO WATER Partive 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
á	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ŀ	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	11 b		Х
(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? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	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.	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 257 If 'Yes,' complete Schedule D, Part X	11 e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
ŀ	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	Х	
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	Х	
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		Х
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 Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III	19		Х

Form 990 (2017) WINE TO WATER

Partiv Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		Х
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	22	Х	
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		Х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
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? If 'Yes,' complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	· · ·	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2017)

14a 14b

Form **990** (2017)

Form 990 (2017) WINE TO WATER	20-88772	88	P	age'
Part V Statements Regarding Other IRS Filings and Tax Compliance				
Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	ō		
c Did the organization comply with backup withholding rules for reportable payments to vendors ar (gambling) winnings to prize winners?	nd reportable gaming	1 c		<u> </u>
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Star ments, filed for the calendar year ending with or within the year covered by this return	te- 2a 1	_		
b If at least one is reported on line 2a, did the organization file all required federal employr		2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see		20	- A	
3a Did the organization have unrelated business gross income of \$1,000 or more during the	•	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	year	3 b	X	
•	- No. 10 Alberta de la compansión de la	1 30		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other	other authority over, a er financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country		4		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the	•	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax si	helter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000 solicit any contributions that were not tax deductible as charitable contributions?	0, and did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contri not tax deductible?	ibutions or gifts were	6 b		
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 ar services provided to the payor?	nd partly for goods and			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	ed?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a perso		7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal		7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization f				
as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did		7 g		
Form 1098-C? 8 Sponsonng organizations maintaining donor advised funds. Did a donor advised fund maintain		7h		
organization have excess business holdings at any time during the year?	ned by the sponsoring	8		
		-		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related	nercon?	9b		
10 Section 501(c)(7) organizations. Enter	person	7.0		
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	\dashv		
11 Section 501(c)(12) organizations. Enter	100	\dashv		
a Gross income from members or shareholders.	11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources	118	+		
against amounts due or received from them)	116	10		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lie		12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	\dashv		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		12		
a Is the organization licensed to issue qualified health plans in more than one state?	- duta O	13a		
Note. See the instructions for additional information the organization must report on Sche	equie 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	13b	_		
c Enter the amount of reserves on hand	13c	 		.,
14a Did the organization receive any payments for indoor tanning services during the tax year		14a		Х
to le live a librar de Elland a Carrar 700 de remonte tancon nominando a le 'Non ' americana am arrallamentame	in tabadida (1	1 1/1		

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

Section A. Governing Body and Management	
Check if Schedule O contains a response or note to any line in this Part VI	X
Schedule O. See instructions	
a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	
a 'No' response to line 8a 8b or 10b below describe the circumstances, processes, or changes in	

		Yes	No					
1 a 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 1b	8							
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of officer, director, trustee, or key employee? See Schedule 0		2 X	-					
3 Did the organization delegate control over management duties customarily performed by or under the direct super of officers, directors, or trustees, or key employees to a management company or other person?	vision	3	Х					
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	$\frac{X}{X}$					
6 Did the organization have members or stockholders?								
7 a 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?								
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?								
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	r by							
a The governing body?		8a X						
b Each committee with authority to act on behalf of the governing body?	L	8b X	 					
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 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	<u>e Internal Rev</u>							
		Yes						
10a Did the organization have local chapters, branches, or affiliates?	<u> </u>	10a	X					
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to e operations are consistent with the organization's exempt purposes?	Li	0 в						
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u> </u>	1a X	 					
	hedule 0	2a X						
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		2b X						
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe is Schedule O how this was done See Schedule O		2c X	<u> </u>					
13 Did the organization have a written whistleblower policy?	<u> </u>	13	X					
14 Did the organization have a written document retention and destruction policy?	1	4 X						
15 Did the process for determining compensation of the following persons include a review and approval by independ persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ent							
a The organization's CEO, Executive Director, or top management official	<u> </u>	5a X	↓					
b Other officers or key employees of the organization	<u>[</u> 1	15b X						
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	İ							
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 to organization's exempt status with respect to such arrangements?		6ь]					
Section C. Disclosure								
17 List the states with which a copy of this Form 990 is required to be filed NON	•							
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section public inspection. Indicate how you made these available. Check all that apply	ction 501(c)(3)s o	nly) ava	lable					
X Own website X Another's website Upon request Other (explain in S	Schedule O)							
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financia the public during the tax year See Schedule O	I statements available	to						
20 State the name, address, and telephone number of the person who possesses the organization's books and record	ds ►							
KATY COOK PO BOX 2567 BOONE NC 28607 (828)-355-9655								
BAA TEEA0106L 08/08/17	F	orm 990	(2017)					

Page 7 PartiVIII 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											
				(C))						
(A) Name and Title	(B) Average hours per		dır	ector	/truste	eck more ss person r and a ee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations		
(1) DAVID CUTHBERT	40]				1 1					
CEO	0	X		Х			99,167.	0.	0.		
(2) DICKSON B HENDLEY	40]			1	1 1					
President	0	Х		Х			99,167.	0.	0.		
(3) ALLEN PETERSON	1				l						
Director	0	X					0.	0.	0.		
(4) RAY BUCHANAN	1										
Director	0	Х					0.	0.	0.		
(5) BRENT FEWELL	1				П						
Director	0	X					0.	0.	0.		
(6) FONDA HOPKINS	1										
Director	0] x					0.	0.	0.		
(7) SUSAN BUNDA	1										
Director	0	X					0.	0.	0.		
(8) JERRY BUTLER	1										
Director	0] x					0.	0.	0.		
(9) WENDY FUSCOE	1										
Director	0	X					0.	0.	0.		
(10) PAUL THOMPSON	1										
Director	0 -	X					0.	0.	0.		
(11) KATELYN COOK	40										
CFO	0 0	1		Х			44,583.	0.	0.		
(12)											
(13)									,		
4.0											
(14)		-									
		ŀ		l							

Form 990 (2017) WINE TO WATER		1/		1					20-887728		
[Part VIII] Section A. Officers, Directors, Tru	(B)	Ney T	En	1010		es,	and	a Hignest Con	ipensated Emp	loyees (continue	d)
(A) Name and title	Average hours per week	offi	, unle	Pos check ess pe	sition more erson direct	than is both or/trus	h an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	(list any hours for related organiza - tions below dotted line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W 2/1099 MISC)	(w-2/1099 MISC)	from the organization and related organizations	
(15)											
(16)											
(17)											
(18)					-						
(19)				_							
(20)											
(21)											
(22)											
(23)											
(24)											
(25)		-									
1 b Sub-total	_						>	242,917.	0.		<u>0.</u>
c Total from continuation sheets to Part VII, Secti d Total (add lines 1b and 1c)	on A						•	<u>0.</u> 242,917.	0.		<u>0.</u> 0.
2 Total number of individuals (including but not limited from the organization) 0	to those I	sted	abo	ve) v	who	recei	ved	more than \$100,00			<u>. </u>
										Yes N	lo
3 Did the organization list any former officer, direct on line 1a ⁹ If 'Yes,' complete Schedule J for suc	tor, or tru h ındıvıdu	stee, <i>al</i>	key	y en	nplo	yee,	or h	nighest compensa	ted employee	3	Χ
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	f reportab er than \$1	le co 50,0	mpe 00?	ensa If ')	tion es,	and con	oth <i>nple</i>	ner compensation ete Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e comper s,' comple	satic	n fr	om dule	any <i>J fo</i>	unre	late ch p	ed organization or erson	ındıvıdual	5	Χ
Section B. Independent Contractors					مادة	oto	i boo	at second more t	han \$100,000 of		
Complete this table for your five highest compen compensation from the organization. Report compensation.	sated indisation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax yea	ir	
Name and business add	ress							Description	of services	(C) Compensation	
2 Total number of independent contractors (including t	out not lim	ited to	o the	ose I	isted	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization							,				
BAA	· · · · · · · · · · · · · · · · · · ·	TEEAC	108L	. 08/	08/17					Form 990 (20	17)

Form 990 (2017) WINE TO WATER 20-8877288 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) (A) Total revenue Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Grants 1 a Federated campaigns 1 a Similar Amounts **b** Membership dues 1 b c Fundraising events 1 c Gifts, d Related organizations 1 d e Government grants (contributions) 1 e Contributions; and Other Simi f All other contributions, gifts, grants, and similar amounts not included above 1 f ,280,033 q Noncash contributions included in lines 1a-1f \$ 20,160 h Total. Add lines 1a-1f 1,280,033 Business Code Program Service Revenue 558,978 558,978 2a Filter Program _ 268,853 b Volunteer Program Proceed 268,853 f All other program service revenue q Total. Add lines 2a-2f 827,831. Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents 43,065 **b** Less rental expenses 26,345 c Rental income or (loss) 16,720 16,720 d Net rental income or (loss) 16,720 (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events **9 a** Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold

c Net income or (loss) from sales of inventory Miscellaneous Revenue 11a Merchandise & Books 24,596 24,596 21,611 21,611 b Event Revenue d All other revenue e Total. Add lines 11a-11d 46,207 12 Total revenue. See instructions 170,791 874,038 16,720 Form 990 (2017) WINE TO WATER

Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			mplete column (A)	
	Check if Schedule O contains a r	<u>'</u>			
Do 6b,	not include amounts reported on lines 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 domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	14,426.	14,426.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	417,096.	417,096.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	233,454.	171,532.	23,449.	38,473.
6	Compensation not included above, to	255, 454.	171,552.		30, 173.
	disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	498,132.	294,674.	87,907.	115,551.
8	Pension plan accruals and contributions (include section 401(k) and 403(b)			·	
	employer contributions)	7,005.	4,079.	1,167.	1,759.
9	Other employee benefits	58,696.	35,295.	8,491.	14,910.
	Payroll taxes	52,961.	33,644.	8,319.	10,998.
	Fees for services (non-employees)				
	a Management				
	Legal				
	a Accounting I Lobbying				_
	Professional fundraising services See Part IV, line 17				
	Investment management fees		<u> </u>		
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule ()	97,419.	89,435.	3,054.	4,930.
	Advertising and promotion	103,551.	65,521.	228.	37,802.
	Office expenses	61,187.	28,974.	5,970.	26,243.
14	Information technology Royalties	24,859.	4,429.	5,736.	14,694.
15 16	Occupancy	7,833.	4,750.	1,954.	1,129.
	Travel	122,383.	119,908.	270.	2,205.
	Payments of travel or entertainment expenses for any federal, state, or local public officials	122, 363.	119,900.	270.	2,200.
19	Conferences, conventions, and meetings	9,638.	6,586.	1,317.	1,735.
	Interest	6,954.	4,433.	695.	1,826.
	Payments to affiliates				
22	· ' ' ' '	16,833.	12,507.	2,296.	2,030.
	Insurance Other eveness ltemize eveness not	22,958.	18,418.	3,484.	1,056.
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)				
;	Program Supplies & Materials	92,629.	92,629.		
	Freight Expense	19,834.	19,834.		
	Event Expenses	13,072.	5,839.		7,233.
	:				
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	1,880,920.	1,444,009.	154,337.	282,574.
26	Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
BAA		TEEA0110L 08			Form 990 (2017)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 179,038. Cash - non-interest-bearing 167.858 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 22,591 4 76,516 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 5 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7,556 7,556. 8 Inventories for sale or use 16,217 82,209. q 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 1,357,794 10b 1,186,073 10 c 1,302,049 b Less accumulated depreciation 55,745 investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 400,295 647,368. 17 17 Accounts payable and accrued expenses 92,140 138,612. 18 18 Grants payable 19 Deferred revenue 92,567 60,945. 19 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 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 22 300,000 300,000. 23 Secured mortgages and notes payable to unrelated third parties 828,715 771,067. Unsecured notes and loans payable to unrelated third parties 24 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. 25 26 Total liabilities. Add lines 17 through 25 1,313,422 1,270,624 Organizations that follow SFAS 117 (ASC 958), check here > X and complete Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets 86,873 27 314,998. Temporarily restricted net assets 28 61,746. 29 Permanently restricted net assets Fund Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 9 Capital stock or trust principal, or current funds 30 Net Assets 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 86,873 33 376,744. Total liabilities and net assets/fund balances 1,400,295. 34 1,647,368. 34 Form **990** (2017)

Form	1990 (2017) WINE TO WATER 20-1	8877288		Pa	ige 12	
Par	t XI Reconciliation of Net Assets	-				
	Check 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	2,17	70,7	791.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,88			
3	Revenue less expenses Subtract line 2 from line 1	3			371.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			373.	
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6	_			
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9			0.	
10	10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))					
Par	t XII Financial Statements and Reporting				744.	
	Check if Schedule O contains a response or note to any line in this Part XII				П	
		_		Yes	No	
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O					
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both	d on a				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	te		_		
	Separate basis Consolidated basis Both consolidated and separate basis					
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?		2 c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
3 a	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?		3 a		X	
b	olf '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	t	3 b			
BAA			Form	990 <i>(</i>	(2017)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047

2017

Open to Public Inspection

Name (or the	organization					Employer Identific	ation number				
WIN	Ε :	TO WATER					20-887728	20-8877288				
Par	1	Reason for Public Cha	rity Status (All or	rganizations must o	comple	te this	part.) See instruc	tions				
The c	rga	nization is not a private found	dation because it is (For lines 1 through 12,	check o	nly one	box)					
1		A church, convention of church	es, or association of cl	hurches described in sec t	tion 170(b)(1)(A)((i).	~~				
2	П	A school described in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ))		1) 1				
3	П	A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17)(b)(1)(A	A)(tii).	U				
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	,	ental unit described in s	ection 1	70(b)(1))(A)(v).					
7	X	An organization that normally r in section 170(b)(1)(A)(vi).	eceives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pu	blic described				
8		A community trust described		A)(vi). (Complete Part I	1)							
9		An agricultural research organi or university or a non-land-granuniversity										
10		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.)										
11	П	An organization organized ar			ety See	section	1 509(a)(4).					
12		An organization organized at or more publicly supported o	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a))(2). See section 509(a	ut the purposes of one a)(3). Check the box in				
а	Innes 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV. Sections A and B.											
b	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.											
С		Type III functionally integrated organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, a	nd function	onally integrated with, its	supported				
d		Type III non-functionally integrated The constructions) You must com	rated A supporting ora	anization apprated in cor	noction	with ite e	cupported organization(s	that is not				
е	1 1	Check this box if the organiz- integrated, or Type III non-fu	ation received a writte	en determination from t	the IRS							
f	En	ter the number of supported	, ,	supporting organization	'							
		ovide the following information	•	d organization(s)								
(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 10 above (see instructions))	(iv) l organizat in your g docur	ion listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
(B)												
(C)												
(D)												
(E)												

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				-			
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	752,186.	491,532.	1,192,096.	1,196,257.	1,259,8	373.	4,891,944.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.
4	Total. Add lines 1 through 3	752,186.	491,532.	1,192,096.	1,196,257.	1,259,8	373.	4,891,944.
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)							0.
6	Public support. Subtract line 5 from line 4							4,891,944.
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 201	7	(f) Total
7	Amounts from line 4	752,186.	491,532.	1,192,096.	1,196,257.	1,259,8	373.	4,891,944.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on				1,959.	-1	L68.	1,791.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	66,503.	5,797.	41,489.				113,789.
11	Total support. Add lines 7 through 10	,						5,007,524.
12	Gross receipts from related activ	ities, etc (see ins	structions)				12	874,039.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)		▶ [
	tion C. Computation of Pul						ا ا	
	Public support percentage for 20			ne 11, column (f))	•		14	97.69%
	Public support percentage from 2						15	96.47 %
16a	33-1/3% support test—2017. If the and stop here. The organization	ne organization di qualifies as a put	d not check the b olicly supported o	oox on line 13, an irganization	d line 14 is 33-1/3	3% or more,	check	this box
b	33-1/3% support test—2016. If the and stop here. The organization	e organization dic qualifies as a pul	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or n	nore, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he i	re. Explain i	n Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' f	and-circumstance test The organiza	s' test, check this ation qualifies as	box and stop he a publicly support	r e. Explain i ed organiza	in Part ition	VI how the ►
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 1/a	, or 1/b, check th	is box and s	see ins	structions -

20-8877288

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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						
Calen	dar year (or fiscal year beginning in) >	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.					/	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b				/		
8	Public support. (Subtract line 7c from line 6)						
	tion B. Total Support		1 41 551	1 12005	1	4 > 0017	40 7 1 1
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 20/5	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6			 			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.		/				
	Add lines 10a and 10b Net income from unrelated business		ļ <i></i>				****
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)						
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(> □
	tion C. Computation of Pu			12 (6)		15	o.
15	Public support percentage for 20		•	ne 13, column (f);)	15 16	%
16	<u> </u>					16	6
	tion D. Computation of Inv		<u>-</u>		ımn (fl)	17	%
17	Investment income percentage t	,		-	11111 (1 <i>)</i>)	17	%
18 19a	33-1/3% support tests—2017. If	/			nd line 15 is more		
	is not more than 33-1/3%, check 33-1/3% support tests—2016. If	k this box and sto	p here . The orga	nization qualifies a	as a publicly supp	orted organizatior	ì ► ∐
	line 18 is not more than 33/1/39	6, check this box	and stop here . Ti	ne organization qu	ialifies as a public	ly supported orga	nization 🖢
20	Private foundation. If the organi	zation did not che	eck a box on line			hedule A (Form 9	00 000 EZ 2017

20-8877288

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing 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 organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and 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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI 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 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	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 despite being controlled or supervised by or in connection with its supported organizations	4b		
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) purposes	4c	 .	
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 ElN 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 was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		!
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	7		
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 or 990-EZ)	8		
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		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
С	Did a disqualified person (as defined in line 9a) 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		 ,
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
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		

Pa	rt IV	Supporting Organizations (continued)			
-11	Uac tha	ercentration accounted a cuft or contribution from any of the following percent?		Yes	No
	a A perso	organization accepted a gift or contribution from any of the following persons? n who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	ŭ	ng body of a supported organization?	11a		
	-	member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI .	11c		
Sec	ction B.	Type I Supporting Organizations			
1	Did tho	directors, trustees, or membership of one or more supported organizations have the power to regularly appoint		Yes	No
•	or elect Part VI If the or	at least a majority of the organization's directors or trustees at all times during the tax year? If No,' describe in how the supported organization(s) effectively operated, supervised, or controlled the organization's activities againzation had more than one supported organization, describe how the powers to appoint and/or remove			
		s or trustees were allocated among the supported organizations and what conditions or restrictions, if any, to such powers during the tax year	1		
2	Did the	organization operate for the benefit of any supported organization other than the supported organization(s) erated, 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 ing organization			
Sec		Type II Supporting Organizations			
-	- CIOII O.	Type it Supporting Organizations		Yes	No
1	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 ing organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction 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			1
•	organiza	organization provide to each of its supported organizations, by the last day of the intermitation in the attention at the attention of support provided during the prior tax by or the form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiza	ation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were ar	ny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	the orga	ation(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how anization maintained a close and continuous working relationship with the supported organization(s)	2		·
3	By reas	on of the relationship described in (2), did the organization's supported organizations have a significant the organization's investment policies and in directing the use of the organization's income or assets at			
		s during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played	3		
Sec		Type III Functionally Integrated Supporting Organizations			
_		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
		organization satisfied the Activities Test Complete line 2 below			
1	b 🗌 The	organization is the parent of each of its supported organizations. Complete line 3 below			
	c 🗌 The	organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struc	tions)	
2	Activitie	s Test Answer (a) and (b) below.		Yes	No
4	supporte organiz	stantially all of the organization's activities during the tax year directly further the exempt purposes of the di organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported ations and explain how these activities directly furthered their exempt purposes, how the organization was live to those supported organizations, and how the organization determined that these activities constituted			
		tially all of its activities	2a		1
I	the orga	activities described in (a) constitute activities that, but for the organization's involvement, one or more of anization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for anization's position that its supported organization(s) would have engaged in these activities but for the ation's involvement	2b]
3	Parent o	of Supported Organizations Answer (a) and (b) below.			
;	a Did the each of	organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the o	organization exercise a substantial degree of direction over the policies, programs, and activities of each of its ed organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	ov 20, 1970 (explain ii t complete Sections A	n Part VI) See through E
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		and a second standard state	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
_ 8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrated	Type III supporting or	ganization
BAA			Schedule A (F	orm 990 or 990-FZ) 2017

Page 7

	tion D. Distributions	apporting Organiza	tions (commuca)	Current Year				
	tion D — Distributions			Current rear				
	Amounts paid to supported organizations to accomplish exempt pu							
	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of s							
4								
	Qualified set-aside amounts (prior IRS approval required)		<u></u> -					
6	Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6							
_ 7								
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	tion is responsive (provide	details					
9	Distributable amount for 2017 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(ıii) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI) See instructions	_						
3	Excess distributions carryover, if any, to 2017							
а								
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
1	f Total of lines 3a through e							
g	Applied to underdistributions of prior years							
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from Section D, line 7 \$	The second secon		,				
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount	1						
c	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions	1	!					
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions							
7	Excess distributions carryover to 2018. Add lines 3 _j and 4c							
8	Breakdown of line 7.							
a	Excess from 2013.							
	Excess from 2014							
	Excess from 2015							
	Excess from 2016			<u> </u>				
	Excess from 2017			1				
	There is a second of the secon		1					

BAA

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Part II, Line 10 - Other Income

Nature and Source		2017	2016		2015	2014	2013
WINE PROCEEDS	Total	\$ 0.	\$ 0	\$ \$	41,489. 41,489.	\$ 5,797. \$ 5,797.	\$ 66,503. \$ 66,503.

Additional Explanation of Other Income

REVENUE GENERATED FROM THE SALE OF WINE - BEGINNING IN 2016, WINE TO WATER

TRANSFERRED RESPONSIBILITY TO A WINERY FOR THE PRODUCTION, SALE AND DISTRIBUTION OF

WINE BENEFITTING WINE TO WATER. PROCEEDS ARE NOW COLLECTED AS DONATIONS FROM THE

WINERY INSTEAD OF DIRECT-TO-CONSUMER SALES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545 0047 Open(o) Rublic Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	WINE TO WATER		20-8877288
Par	न्।। Organizations Maintaining Dono	r Advised Funds or Other Similar F	unds or Accounts.
	Complete if the organization ansi	wered 'Yes' on Form 990, Part IV, Iı	ne 6.
		(a) Donor advised funds	(b) 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor are the organization's property, subject to the		n donor advised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant f of the donor or donor advisor, or for any ot	runds can be used only her purpose conferring Yes No
P, ar	Conservation Easements. Complete if the organization answers	wered 'Yes' on Form 990, Part IV, II	ne 7
1	Purpose(s) of conservation easements held by		· · · · · · · · ·
	Preservation of land for public use (e.g., r	ecreation or education) Preservation	on of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation contribution in the	
			Held at the End of the Tax Year
-	Total number of conservation easements		2a
	Total acreage restricted by conservation easer		2 b
	Number of conservation easements on a certif	• •	2 c
(Number of conservation easements included in structure listed in the National Register		_ 2 d
3	Number of conservation easements modified, trantax year ►	sferred, released, extinguished, or terminated b	by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy re		
_	and enforcement of the conservation easemer		Yes No
6	Staff and volunteer hours devoted to monitoring, i	rispecting, handling of violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, insper ►\$	cting, handling of violations, and enforcing con-	servation easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	in Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements		
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Treasures, wered 'Yes' on Form 990, Part IV, II	or Other Similar Assets. ne 8.
	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or research in ficial statements that describes these items	n furtherance of public service, provide,
ŀ	of the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	SFAS 116 (ASC 958), to report in its reven or public exhibition, education, or research in fu	tue statement and balance sheet works of art, rtherance of public service, provide the
	(i) Revenue included on Form 990, Part VIII,	line 1	▶ \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, hamounts required to be reported under SFAS	116 (ASC 958) relating to these items	
_	Revenue included on Form 990, Part VIII, line	1	► \$
	Assets included in Form 990, Part X		▶ \$

PartillI Organizations Mainta	ining Collec	ctions of A	rt, Histori	ical Treasures, o	r Other Similar Ass	ets (cor	ntınu	ed)			
3 Using the organization's acquisition items (check all that apply)	n, accession, and	d other record	ls, check any	of the following that a	re a significant use of its	collection					
a Public exhibition		d	Loan or	exchange programs							
b Scholarly research		е	Other								
c Preservation for future gener	rations										
4 Provide a description of the organize Part XIII											
5 During the year, did the organiza to be sold to raise funds rather the	ation solicit or r han to be main	receive donat itained as pa	tions of art, irt of the org	historical treasures, o anization's collection	or other similar assets	Yes		No			
Rartiva Escrow and Custodia line 9, or reported an	l Arrangeme	ents. Com	plete if the	e organization an	swered 'Yes' on Fo	rm 990,	Par	ίV,			
	1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?										
b If 'Yes,' explain the arrangement	t in Part XIII an	nd complete i	the following	ı table		Ш		_			
·		•	_			Amount					
c Beginning balance					1 c						
d Additions during the year					1 d						
e Distributions during the year					1 e						
f Ending balance					1f						
2a Did the organization include an a	amount on Forr	n 990, Part 🕽	K, line 21, fo	or escrow or custodial	account liability?	Yes		No			
b If 'Yes,' explain the arrangement	t in Part XIII C	heck here if	the explana	tion has been provide	ed on Part XIII		L	_			
Partiva Endowment Funds. C	1										
3 - December of wear halones	(a) Current y	rear (b) Prior year	(c) Two years back	(d) Three years back	(e) For	ur years	back			
1 a Beginning of year balance						+					
b Contributions	ļ					+					
c Net investment earnings, gains, and losses											
d Grants or scholarships											
 Other expenditures for facilities and programs 											
f Administrative expenses											
g End of year balance	L										
2 Provide the estimated percentage		-		lg, column (a)) held	as						
a Board designated or quasi-endowm	nent •		િ								
b Permanent endowment ► c Temporarily restricted endowmer		8									
The percentages on lines 2a, 2b, a											
The percentages on lines 2a, 20, at	na ze snoaia eq	uai 100 /6									
3 a Are there endowment funds not in to organization by	the possession (of the organiza	ation that are	held and administered	d for the		Yes	No			
(i) unrelated organizations						3a(i)					
(ii) related organizations						3a(ıi)					
b If 'Yes' on line 3a(ii), are the rela	-		•			3b					
4 Describe in Part XIII the intended			endowmen	t funds							
Partivil Land, Buildings, and Complete if the organi			on Form	990. Part IV. line	e 11a. See Form 99	0. Part	X. Iır	ne 10.			
Description of property		a) Cost or otl		(b) Cost or other	(c) Accumulated	(d) Bo					
		(investm		`basis (other)	depreciation						
1 a Land	-			529,864.	20 576	_		864.			
b Buildingsc Leasehold improvements				621,280.	20,576.			704.			
•	-			161,474.				474.			
d Equipment e Other	-			1,732.	646.			086.			
Total. Add lines 1a through 1e (Colum	nn (d) must ca	ual Form 900	Part Y co	43,444.	34,52 <u>3.</u> ▶	1	•	921. 049.			
BAA	" (u) must eqt	aar i 01111 330	, rait A, CO	idititi (D), ilile 100)	Sched	ule D (Form					
					231100	7. 3	,				

PartiVIII Investments - Other Securities.		N/A
Complete if the organization answered	'Yes' on Form 990), Part IV, line 11b. See Form 990, Part X, line 1:
(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)		
(E) (F)		
(G)		
()	· <u> </u>	
(1)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12)		
PartiVIIII Investments - Program Related.		N/A
Complete if the organization answered), 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)		
<u>(6)</u> <u>(7)</u>		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		
PartIIX Other Assets.	N/A	
Complete if the organization answered		
), Part IV, line 11d See Form 990, Part X, line 15
(a) Des	scription), Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(a) Des		
(a) Des		
(a) Des (1) (2) (3) (4)		
(a) Des (1) (2) (3) (4) (5)		
(a) Des (1) (2) (3) (4) (5) (6)		
(a) Des (1) (2) (3) (4) (5) (6) (7)		
(a) Des (1) (2) (3) (4) (5) (6) (7) (8)		
(a) Des (1) (2) (3) (4) (5) (6) (7)		
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription	
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b)	Scription 3) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on F	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) Partix Other Liabilities. Complete if the organization answered 'Yes' on Figure 1.	Scription 3) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F (a) Doscription of liability (1) Federal income taxes (2)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F (a) Doscription of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (E) Partix Other Liabilities. Complete if the organization answered 'Yes' on F (a) Doscription of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	B) line 15)	(b) Book value
(a) Des (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Partix Other Liabilities. Complete if the organization answered 'Yes' on F. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	B) line 15) orm 990, Part IV, line 1 (b) Book value	(b) Book value

5

TIME TO WITHIN		20 0011200	9-
PartiXI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a		
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2 a		
b Donated services and use of facilities	2 b	Į.	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<u>'</u>	2 e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	į darbi	
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, III	ne 12)	5	
PartiXIII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return. N/A	
Complete if the organization answered 'Yes' on Form	990, Part IV, line 12a		
Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2 a	je j	
b Prior year adjustments	2 b		
c Other losses.	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	<u> </u>	2 e	
3 Subtract line 2e from line 1		3	
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	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

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.

► Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545 0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WINE TO WATER

Employer identification number

20-8877288

Pa	rt I General Informa on Form 990, P		es Outside the	e United States. Complet	e if the organizatio	n answered "	Yes'
1				substantiate the amount of its celection criteria used to award			XNo
2	For grantmakers. Describe United States	e in Part V the organi	zation's procedures	s for monitoring the use of its gra	nts and other assistance	outside the	
3	Activities per Region (TI	he following Part I, I	ine 3 table can be	e duplicated if additional space	s needed)Part V		
	(a) Region	(b) Number of offices in the	(c) Number of employees,	(d) Activities conducted in the region (by type) (such	(e) If activity listed in	(f) Total	for

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region Pt V
				WELL REHAB &	
(1) SOUTH AMERICA			PROGRAM SERVICES	WATER FILTERS	79,316
EAST ASIA AND THE				WELL & LATRINE	
(2) PACIFIC		1	PROGRAM SERVICES	CONSTRUCTION	56,730
				FILTER	
(3) CENTRAL AMERICA			PROGRAM SERVICES	DISTRIBUTION	19,839
				FILTER	
(4) CENTRAL AMERICA		4	PROGRAM SERVICES	DISTRIBUTION	179,156
				WELL REHAB &	
(5) SUB-SAHARAN AFRICA			PROGRAM SERVICES	WATER FILTERS	52,268
EAST ASIA AND THE	-			FILTER	
(6) PACIFIC			PROGRAM SERVICES	DISTRIBUTION	4,160
			_	WELL REHAB &	
(7) SOUTH ASIA		1	PROGRAM SERVICES	WATER FILTERS	111,763
· · · · · · · · · · · · · · · · · · ·		· ··		FILTER	
(8) EAST ASIA			PROGAM SERVICES	DISTRIBUTION	10,028
(9)					
(10)				_	
(11)					
(12)		-			
(13)					
(14)					
(15)					
(16)					
(17)					
3 a Sub-total		6			513,260.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	6			513,260.

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

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 WINE TO WATER

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.

(4) CENTRAL PILTER (2) AMERICA INPEDENT 11,425 MIRE (3) CENTRAL MARIER (4) EAST AFRICA MARIER (5) EAST AFRICA PROJECTS 135,421 MIRE (6) EAST ASTA FILTERS 3,564 MIRE (6) EAST ASTA PROJECTS 2,000 WIRE (6) EAST ASTA MARIER 50,730 MIRE (7) SOUTH AMERICA MARIER (9) SOUTH ARENCE MARIER (10) (11) CAST ASTA PROJECTS 101,596 WIRE (12) CAST ASTA PROJECTS 101,596 WIRE (13) (14) CAST ASTA PROJECTS 101,596 WIRE (14) CAST ASTA PROJECTS 101,596 WIRE (15) CAST ASTA PROJECTS 101,596 WIRE (16) CAST ASTA PROJECTS 101,596 WIRE (17) CAST ASTA PROJECTS 101,596 WIRE (18) CAST ASTA PROJECTS 101,596 WIRE (19) CAST ASTA P	-	(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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
CENTRAL WATER 135,421 AMERICA PROJECTS 135,421 WATER 64,710 EAST ASIA FILTERS 3,564. EAST ASIA PROJECTS 2,000 EAST ASIA PROJECTS 2,000 EAST ASIA PROJECTS 50,730 SOUTH AMERICA PROJECTS 10,648 SOUTH AMERICA PROJECTS 101,598.	9		:	CENTRAL	FILTER		WIRE			
WATER WATER 41,710	(2)			CENTRAL AMERICA	WATER PROJECTS		WIRE			
EAST ASIA FILTERS 3,564.	(9)	Targetier to the control of the cont		EAST AFRICA	WATER PROJECTS		WIRE			
WATER PROJECTS	9			EAST ASIA	WASH & FILTERS	3,564.	WIRE			,
WATER SO, 730	(2)			EAST ASIA	WATER PROJECTS	2,000	WIRE			
SOUTH AMERICA PROJECTS 70,648 SOUTH ASIA PROJECTS 101,598.	9			EAST ASIA	WATER PROJECTS		WIRE			
SOUTH ASIA PROJECTS SOUTH ASIA PROJECTS	<u>e</u>			SOUTH AMERICA	WATER PROJECTS	70,648	WIRE			
(10) (11) (12) (13) (14) (15) (16)	(8)			SOUTH ASIA	WATER PROJECTS	101,598.	WIRE			
(10) (11) (12) (13) (14) (15) (16)	(6)									
(11) (12) (13) (14) (15) (16)	(10)									
(12) (13) (14) (15) (16)	(11)									
(14) (15) (16)	(12)									
(14)	(13)									
(15)	(14)									
(16)	(15)									
	(16)									

the grantee or counsel has provided a section 501(c)(3) equivalency letter

8 • 9 Schedule F (Form 990) 2017

3 Enter total number of other organizations or entitles BAA

TEEA3502L 08/10/17

Page 3

. 20-887

Schedule F (Form 990) 2017 WINE TO WATER

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

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2017 (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance (18) BAA 9 **E** (12) (33) (14) (15) (16) (17) € 0 ල 4 3 9 8 (8) 9

BAA

TEEA3505L 08/10/17

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 separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2017

20-8877288

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 - Additional Supplemental Information

PART 1, LINE 2

WINE TO WATER PROVIDES GRANTS TO FOREIGN ORGANIZATIONS FOR WATER PROGRAMS.

OPERATING AGREEMENTS AND MEMORANDUMS OF UNDERSTANDING ARE ENTERED INTO AND SIGNED BY
BOTH PARTIES OUTLINING LOGISTICS. PROJECTS ARE MONITORED AND EVALUATED BY WINE TO
WATER PROGRAM STAFF AND FIELD ASSESSMENTS.

Part I, Line 3f - Method of Accounting

EXPENDITURES ARE TRACKED BY COUNTRY AND PROGRAM.

Part II, Line 1 - Additional Supplemental Information

THE ACCRUAL METHOD IS USED TO ACCOUNT FOR EXPENDITURES.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No 1545 0047

► Go to www.irs.gov/Form990 for the latest information

% ⊠

Yes

Employer identification number 20-8877288

Partill General Information on Grants and Assistance

WINE TO WATER

Department of the Treasury Internal Revenue Service Name of the organization 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
<u>[4]</u>							
(5)							
(<u>0</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government c	organizations listed	n the line 1 table			A	0
3 Enter total number of other organizations listed in the line 1	ons listed in the line	1 table				A	0
1	-	1				- 1 - 1 - 6	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

20-8877288

Page 2

Part III | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed WINE TO WATER Schedule I (Form 990) (2017)

במון בי משלבו וממשונים וו ממשונים ביום	dec la liceaca				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Disaster Relief	4,000		14, 426. FMV	FMV	WATER FILTERS
8					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	de the information	required in Part I,	line 2; Part III, col	umn (b); and any oth	er additional information

Part IV - Additional Supplemental Information

AFTER HURRICANE MARIA DEVASTATED PUERTO RICO, A TOTAL OF 200 FILTERS WERE

DISTRIBUTED TO THE PEOPLE OF YACUCOA AND HUMACAO. SEVERAL FILTERS WERE ALSO ATTACHED

TO PUBLIC TAP STANDS THAT ALLOWED FOR INCREASED SAFE WATER ACCESS AND LOCAL POLICE

WERE ALSO TRAINED ON PROPER FILTER CARE AND MAINTENANCE. IN TOTAL 4000 INDIVIDUALS

WERE SERVED WITH SAFE DRINKING WATER.

Schedule I (Form 990) (2017)

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.

2017

OpenTo Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

WINE TO WATER

► Go to www.irs.gov/Form990 for instructions and the latest information.

20-8877288

Employer identification number

Excess Benefit Transactions				
Complete if the organization answere	d 'Yes' on Form 990, f	Part IV, line 25a or 25b	, or Form 990-EZ, F	art V, line 40b

	(a) Name of disqualified person	(b) Relationship between disqualified	(c) Description of transaction	(d) Con	rected?
ı	(a) Name of disqualified person	person and organization	(c) ocscription of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

^\$____

Rartill Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In (default?	(h) Ap by bo comm	proved pard or nittee?	(ı) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
(1) JEFF HENDLEY	FORMER BOD	BUILDING	Х		100,000.	100,000.		Х	Х		Х	
(2) DICKSON HENDLEY	PRESIDENT	BUILDING	X		100,000.	100,000.		Х	Х		Х	
(3) KATHLEEN SERANO	CEO MOTHER	BUILDING	Х		100,000.	100,000.		X	Х		Х	
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶ \$	300,000.						

Rartill Grants or Assistance Benefiting Interested Persons.

	complete if the organization	allswered 165 off form 330, Fart IV,	11116 27		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

Schedule L (Form 990 or 990-EZ) 2017

Partive Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organia rever	aring of zation's nues?
					Yes	No
(1)		•				
(2)						
(3)						
(4)						
(5)						<u> </u>
(6)						
(7)						<u> </u>
(8)						<u> </u>
(9)						
(10)						

Part V Supplemental Information

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

Supplemental Information

FOR THE OFFICE BUILDING PURCHASE, PERSONAL LOANS WERE MADE TO WINE TO WATER BY JEFF HENDLEY, FORMER BOARD MEMBER, DICKSON HENDLEY, PRESIDENT, AND KATHLEEN CUTHBERT SERANO, MOTHER OF THE CEO.

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.

2017

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization
WINE TO WATER

Employer identification number 20-8877288

Form 990. Part III. Line 4d - Other Program Services Description

CAMBODIA - AFTER THE ATROCITIES OF THE KHMER ROUGE, CAMBODIA IS STILL RECOVERING FROM CIVIL WAR AND GENOCIDE. WHERE THE WEALTHY ARE 22 TIMES AS LIKELY TO HAVE ACCESS TO PIPED WATER, FAMILIES IN POVERTY OFTEN GET WATER FROM POLLUTED PONDS AND RIVERS.

30.9% OF THE RURAL POPULATION LACK ACCESS TO CLEAN WATER WHILE 10,000 DEATHS RESULT FROM WATER-RELATED DISEASES EACH YEAR. IN ADDITION, 70% OF THE POPULATION PRACTICES OPEN DEFECATION. WITH 7,163 LIVES CHANGED SO FAR BY CLEAN WATER IN CAMBODIA, WINE TO WATER IS CONTINUING TO MAKE A DIFFERENCE THROUGH WELL AND LATRINE CONSTRUCTIONS, FILTER DISTRIBUTIONS AND WASH TRAININGS.

HAITI - DESPITE THE THRIVING TOURIST MARKET ON THE ISLAND OF HISPANIOLA (DR/HAITI), MUCH OF THE POPULATION LIVES IN POVERTY AND THE 2010 HAITI EARTHQUAKE LEFT THOUSANDS DISPLACED. 51.5% OF HAITI'S RURAL POPULATION LACKS ACCESS TO CLEAN WATER, WHILE WATER-RELATED DISEASES TAKE THE LIVES OF AN ESTIMATED 5,700 PEOPLE PER YEAR IN HAITI. THE SOCIAL ENTERPRISE USES A LONG-LASTING CERAMIC WATER FILTER PRODUCED IN THE DOMINICAN REPUBLIC TO PROVIDE CLEAN WATER TO RURAL COMMUNITIES IN HAITI. THE SOCIAL ENTERPRISE LEVERAGES MICRO-FINANCING WITH NO INTEREST, WASH TRAINING AND DEVELOPMENT OF LOCALLY RUN FILTER BUSINESSES BY COMMUNITY-BASED ORGANIZATIONS. WINE TO WATER DISTRIBUTED 568 CERAMIC FILTERS IMPACTING 4,000 LIVES.

Form 990, Part III, Line 4d - Other Program Services Description

EAST AFRICA - OUR PARTNER IN ETHIOPIA WORKS IN DROUGHT-PRONE AREAS WHERE WOMEN
STRUGGLE DAILY TO GET WATER TO THEIR HOMES. DEEP WATER WELLS WITH SOLAR POWERED
PUMPS CAN TRANSFORM THE LIVES OF THE ENTIRE COMMUNITY, SAVING AROUND 3 HOURS A DAY
FOR THE WOMEN TO INVEST IN AGRICULTURE, LOCAL BUSINESS, EDUCATION AND OTHER
HOUSEHOLD RESPONSIBILITIES. IN UGANDA, OUR PARTNERS WORK IN THE CENTRAL REGION WHERE
RURAL COMMUNITIES HAVE AN EXTREME LACK OF ACCESS TO CLEAN WATER. EXISTING BOREHOLES
ARE BROKEN AND IN NEED OF REPAIR, SCHOOLS LACK SUSTAINABLE WATER SOURCES FOR
STUDENTS, AND A LACK OF SANITATION AND HYGIENE EDUCATION HAS LEAD TO CHRONIC HEALTH
PROBLEMS. WINE TO WATER REHABBED 2 WELLS AND DRILLED ONE NEW WELL. WINE TO WATER
WORKED IN 42 COMMUNITIES AND DISTRIBUTED 482 FILTERS. THIS WORK IMPACTED 18,523
LIVES.

PHILIPPINES - IN THE PHILIPPINES, OUR TEAM FOCUSES ON FILIPINO CHILDREN IN SCHOOLS

AFFECTED BY POWERFUL TYPHOONS THAT RAVAGE THE ISLAND NATION EACH YEAR. THE

PHILIPPINES RELIEF PROGRAM INITIALLY STARTED IN RESPONSE TO TYPHOON YOLANDA. WINE TO

WATER IMPLEMENTED A HAND-WASHING STATION AND PROVIDED 200 SAWYER FILTERS WHICH

IMPACTED 2,000 LIVES.

Form 990, Part III, Line 4d - Other Program Services Description

DISASTER RELIEF - WITH THOUSANDS DISPLACED BY HURRICANES AND LEFT WITH NO ACCESS TO CLEAN WATER, OUR INTERNATIONAL TEAM RESPONDED QUICKLY TO THE DEVASTATION IN CUBA. FILTERS WERE DISTRIBUTED TO OVER 40 COMMUNITIES, PROVIDING MORE THAN 19,000 PEOPLE WITH SAFE DRINKING WATER. WHEN DEVASTATION HIT HOME WITH HURRICANE HARVEY, WINE TO WATER PARTNERED WITH A GROUP OF STUDENTS FROM TEXAS A&M UNIVERSITY TO DISTRIBUTE FILTERS DURING THE AFTERMATH.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

DICKSON HENDLEY, PRESIDENT, AND DAVID CUTHBERT, CEO, ARE PART OWNERS IN A RESTAURANT THAT RENTS SPACE IN THE BUILDING OWNED BY WINE TO WATER.

Form 990, Part VI, Line 11b - Form 990 Review Process

WINE TO WATER'S FORM 990 WAS PREPARED INTERNALLY BY THE FINANCE DEPARTENT.

THE COMPLETED VERSION OF THE FORM 990 WAS THEN REVIEWED BY WINE TO WATER'S CEO AND

FINANCE DIRECTOR FOR REVIEW AND COMMENT. AFTER THE REVIEW WAS COMPLETE, THE FORM 990

WAS PRESENTED TO THE FULL BOARD OF DIRECTORS FOR APPROVAL. UPON APPROVAL BY THE

BOARD OF DIRECTORS, THE FORM 990 WAS FINALIZED AND FILED WITH THE IRS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE
GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND/OR MEMBERS
OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS, CONTEMPLATING THE PROPOSED
TRANSACTION OR ARRANGEMENT. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE MAY,
IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE

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Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts (continued)

ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

WINE TO WATER PROVIDES ITS TAX RETURN, ANNUAL REPORTS, AND AUDITED FINANCIAL STATEMENTS ON ITS WEBSITE, WWW.WINETOWATER.ORG. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE TO THE PUBLIC UPON REQUEST.