2018

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990 for instructions and the latest information!

Open to Public

| | For the 2018 calendar year, or tax year beginning $7/01$, 2018, and ending | | 2019 |
|-------------------------------------|--|--|---------------------------------------|
| В | Check if applicable C | D Employer identific | |
| | Address change WINE TO WATER | 20- <u>88772</u> | 88 |
| | Name change PO BOX 2567 | E Telephone number | r |
| | Initial return BOONE, NC 28607 | 828-355- | 9655 |
| | Final return/terminated | | - |
| | Amended return | G Gross receipts \$ | 2,353,423 |
| | | a) Is this a group return for subor | |
| | DICKSON D DENDLET | (b) Are all subordinates included? If "No," attach a list (see instri | Yes N |
| ı | Tax-exempt status X 501(c)(3) 501(c) () 4947(a)(1) or √\$27∠ | If "No," attach a list (see instri | uctions) — — — |
| <u>'</u> | | c) Group exemption number | |
| <u>у</u> К | Form of organization X Corporation Trust Association Other L Year of formation | ''' | al domicile NC |
| | til*: Summary | ZOO7 IN State of leg. | at doffliche IVC |
| r. ai | 1 Briefly describe the organization's mission or most significant activities WINE TO WAT | PED TO COMMITTED | TO CIIDDODT |
| ĺ | LIFE AND DIGNITY FOR ALL THROUGH THE POWER OF CLEAN WAT | | |
| 항 | HAVE BEEN TRANSFORMED WITH CLEAN WATER ACROSS 39 COUNTR | | 7, 2, 2, TIAE? |
| 틸 | HAVE DEEN INANSFORMED WITH CLEAN WATER ACROSS 39 COUNTR | TES. | |
| 티 | 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more | than 25% of its not asse | |
| Governance | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 1 |
| ∾ŏ | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | - |
| ies | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 2 |
| Activities & | 6 Total number of volunteers (estimate if necessary) | 6 | 29 |
| Act | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 4,033 |
| | b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 2,706 |
| | | Prior Year | Current Year |
| | 8 Contributions and grants (Part VIII, line 1h) | 1,280,033. | 1,308,066 |
| 필 | 9 Program service revenue (Part VIII, line 2g) RECEIVED | 827,831. | 864,868 |
| Revenue | III Investment income (Part VIII column (A) lines & 4_and_ray- | | |
| ۱ پي | 11 Other revenue (Part VIII, column (A), lines 5, 6d & 9c, 10c, and 1/le), | 62,927. | 105,734 |
| - 1 | 11 Other revenue (Part VIII, column (A), lines 5, 6d & 9c, 10c, and 1/1e), 12 Total revenue — add lines 8 through 11 (must eq 2 Part VIII, column (A), line (B), line | 2,170,791. | 2,278,668 |
| | 13 Grants and similar amounts paid (Part IX, colume (4), lines 1-3) | 431,522. | 329,937 |
| | 14 Benefits paid to or for members (Part IX, column (A), Inschipen. UT | | |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 850,248. | 1,199,414 |
| Ses | 16a Professional fundraising fees (Part IX, column (A), line 11e) | | · · · · · · · · · · · · · · · · · · · |
| Expenses | b Total fundraising expenses (Part IX, column (D), line 25) ► 315, 617. | 1 / 100 2 1 | 4 6 7 5 |
| 滋 | } | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 599,150. | 688,793 |
| | 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,880,920. | 2,218,144 |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 289,871. | 60,524 |
| 5 g | | Beginning of Current Year | End of Year |
| ** EI | 20 Total assets (Part X, line 16) | 1,647,368. | 1,734,620 |
| <u>a</u> 8 | | 1 270 62/1 | 1,277,757 |
| t Asset d Bala | 21 Total liabilities (Part X, line 26) | 1,270,624. | ±/2//// |
| Net Asset Fund Bala | 21 Total liabilities (Part X, line 26)22 Net assets or fund balances Subtract line 21 from line 20 | 376,744. | |
| Net Ass Fund Ba | | | |
| Pai | 22 Net assets or fund balances Subtract line 21 from line 20 t;II Signature Block | 376,744. | 456,863 |
| Pai | 22 Net assets or fund balances Subtract line 21 from line 20 | 376,744. | 456,863 |
| Pai | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ete Declaration of prepare former than officer) is based on all information of which preparer has any knowledge | 376,744. | 456,863 |
| Pai Under compl | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ele Declaration of preparer (other these officer) is based on all information of which preparer has any knowledge | 376,744. | 456, 863 |
| Pai Under compl | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the determinent of preparation of preparation of preparation of preparation of preparation of preparation of the determinent of the declaration of preparation of the declaration of | 376,744. best of my knowledge and belief, | 456, 863 |
| Pai Jnder compl | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the determinent of preparation of preparation of preparation of preparation of preparation of preparation of the determinent of the period of the determinent of the preparation of the determinent of the preparation of the pre | 376,744. best of my knowledge and belief, Date | 456, 863 |
| Pai Inder compl | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the ete Declaration of prepare fother than officer) is based on all information of which preparer has any knowledge Bignature of officer DICKSON B HENDLEY | 376,744. best of my knowledge and belief. Date President | 456, 863 |
| Pai Under compl Sig Her | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the ele Declaration of preparation of preparation of preparation of which preparer has any knowledge Bignature of officer DICKSON B HENDLEY Type or print name and title Print/Type preparer's name Preparer's signature Date | 376,744. best of my knowledge and belief, Date President Check I if Pi | 456, 863 It is true, correct, and |
| Under compl Sig Her | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the ele Declaration of preparation of preparation of preparation of which preparer has any knowledge Bignature of officer DICKSON B HENDLEY Type or print name and title Print/Type preparer's name Preparer's signature Date | 376,744. best of my knowledge and belief. Date President | 456, 863 It is true, correct, and |
| Sig Her Paid Pre | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the ele Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge angulature of officer DICKSON B HENDILLY Type or print name and title Print/Type preparer's name Preparer's signature Date Self-Prepared Firm's name | best of my knowledge and belief, Date President Check I if President | 456, 863 It is true, correct, and |
| Sig Her Paid Pre | 22 Net assets or fund balances Subtract line 21 from line 20 till Signature Block penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the ele Declaration of preparation of preparation of preparation of which preparer has any knowledge Bignature of officer DICKSON B HENDLEY Type or print name and title Print/Type preparer's name Preparer's signature Date | 376,744. best of my knowledge and belief, Date President Check I if Pi | 456, 863 It is true, correct, and |

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

TEEA0101L 08/20/18

| Par | <u>t·III </u> | Statement of Program Service Accomplishments | | | | |
|-----|---------------|---|--------|------------|--------------|------------|
| | | Check if Schedule O contains a response or note to any line in this Part III | | | | X |
| 1 | Briefl | y describe the organization's mission | | | | |
| | THR | OUGH WATER, SANITATION, AND HYGIENE PROGRAMS LED BY LOCAL SOCIAL MOBI | LIZ | ERS. | <u>, WA</u> | TER |
| | ACT | S A CATALYST FOR COMMUNITY TRANSFORMATION THAT GOES MUCH DEEPER THAN | THE | WE | LL | |
| | CON | TRIBUTIONS AND SERVICE OPPORTUNITIES ALIKE KEEP CLEAN WATER FLOWING. | | | | |
| | | | | | | |
| 2 | Did th | e organization undertake any significant program services during the year which were not listed on the prior | | | | |
| | Form | 990 or 990-EZ? | П | Yes | X | No |
| | If "Yes | s," describe these new services on Schedule O | _ | | _ | |
| 3 | Did th | ne organization cease conducting, or make significant changes in how it conducts, any program services? | | Yes | X | ͺNo |
| | If "Yes | s," describe these changes on Schedule O | | | | |
| 4 | Descr | ibe the organization's program service accomplishments for each of its three largest program services, as me | asure | d by | exper | ises |
| | Section | on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others. | the to | otaľ e | xpens | ses, |
| | and re | evenue, if any, for each program service reported | | | | |
| | | | | | | |
| 4 a | (Code | | | | |) |
| | | <u> INICAN REPUBLIC - THIS YEAR, 8,993 LIVES HAVE BEEN IMPACTED IN 33 COM</u> | | | <u> </u> | |
| | THR | OUGH 68 WASH TRAININGS AND 1,531 CERAMIC FILTERS DISTRIBUTED. ALTHOUG | H T | HE_ | | |
| | DOM | INICAN REPUBLIC IS KNOWN AS A POPULAR RESORT DESTINATION, THE LOCAL F | OPU | LAT: | ION | |
| | SUF | FERS FROM WATER SCARCITY AND CONTAMINATION. THE CERAMIC FILTER FACTOR | ΥĪ | s Ĉi | IANG | ING |
| | | WATER LANDSCAPE IN THE DR THANKS TO THE INNOVATIVE AND LOCALLY-SOURCE | | | | |
| | | ATED BY PASSIONATE TEAM MEMBERS AND VOLUNTEERS. SELLING THE FILTER AT | | | ==== | |
| | | SIDIZED COST ALLOWS COMMUNITY MEMBERS TO TAKE OWNERSHIP OF THEIR FILT | | | Tairs | |
| | | TER UPKEEP, WHILE ALLOWING THE DR TEAM TO EMPLOY A LOCAL WORKFORCE TO | | | | |
| | | | | | | |
| | | E FILTERS. WITH EVERY NEW FILTER PRODUCED, THE PHYSICAL AND FINANCIAL | - HE | AT I | 1 01 | |
| | TOC: | AL COMMUNITIES CONTINUES TO IMPROVE AS STEADILY AS THE WATER FLOWS. | | | | |
| | | | | - - | | |
| | | | | | | |
| 4 b | (Code | | | | |) |
| | NEP | AL - THIS YEAR, 1,040 LIVES HAVE BEEN IMPACTED IN 9 COMMUNITIES THROU | GH | 15 V | VASH | [|
| | | ININGS AND 99 TAP STANDS. SINCE THE 2015 EARTHQUAKE THAT DEVASTATED T | | | | · - |
| | | MUNITIES LIKE RAITOLE AND KALYANPUR HAVE NOT ONLY HEALED, BUT HAVE BE | | | | IVE |
| | | THE POWERFUL WAKE OF CONSISTENT ACCESS TO CLEAN WATER FOR EVERY HOME. | | | GH I | |
| | | LEMENTATION OF TAP STANDS OUTSIDE EACH HOME, WASH EDUCATION PROGRAMS, | _ = - | | | |
| | | RINES, AND ECONOMIC DEVELOPMENT TRAININGS, WATER IS PROVING TO BE JUS | | | <u> </u> | |
| | | INNING OF COMMUNITY TRANSFORMATION. CHILDREN ARE ATTENDING NEWLY-BUIL | | | 77 5 | |
| | | · | | | <u>, בתר</u> | |
| | | MERS ARE HARVESTING HEALTHY CROPS, COMMUNITIES ARE GROWING IN NUMBERS | | | | |
| | | MERCE, AND WOMEN ARE BEING EMPOWERED AS LEADERS OF WATER USER COMMITT | | | | |
| | EXP | <u>ANSION NOW MEETS THE NEEDS OF HOLISTIC WASH PROGRAMS IN SIX NEW COMMU</u> | NTT. | TF2 | <u></u> | |
| | | | | | | |
| | | | | | | |
| 4 c | | (Revenue \$) (Expenses \$43,277. including grants of \$\$ | | | |) |
| | COL | OMBIA - THIS YEAR, 3,038 LIVES HAVE BEEN IMPACTED IN 21 COMMUNITIES T | HRO! | UGH | 25_ | |
| | WASI | H TRAININGS AND 436 FILTERS DISTRIBUTED. THE AMAZON RIVER IS THE LARG | EST | CHA | ANNE | L |
| | IN | THE WORLD, BUT INDUSTRIAL POLLUTION PREVENTS THOUSANDS OF PEOPLE FROM | US | ING | IT | AS |
| | | EALTHY WATER SOURCE. A STRATEGIC INVESTMENT IN BUILDING TRUST THROUGH | | | | |
| | | ATIONSHIPS ENCOURAGES LOCAL ENGAGEMENT AND STRONGER SUSTAINABILITY. W | | R PI | ROGE | AMS |
| | | E TRANSITIONED FROM WELL REHABILITATION TOWARD COMMUNITY DEVELOPMENT | | | | |
| | | · | | | | |
| | | OF IN-HOME FILTRATION AND SAFE WATER MANAGEMENT. CREATING ONLINE FIL | | | | |
| | | RSES AND HOSTING WASH (WATER, SANITATION AND HYGIENE) EDUCATION WORKS | | | | <u></u> |
| | | IPS THE GLOBAL TEAM TO CONDUCT SURVEYS, DISTRIBUTE FILTERS, AND FOLLO | | | | |
| | <u>REC</u> | IPIENTS IN MORE SUSTAINABLE AND MEANINGFUL WAYS. | | | <u>-</u> | |
| | _ _ _ | | | | | |
| | | | | | | |
| 4 d | | program services (Describe in Schedule O) See Schedule O | | | | |
| | | nses \$ 1,336,635. including grants of \$ 60,216.) (Revenue \$ | | |) | |
| 4 e | Total | program service expenses > 1,663,848. | | | | |

Page 3

ABOFLO 20-8877288

Part V Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates X for public office? If 'Yes,' complete Schedule C, Part I 3 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 Х 4 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 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, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х complete Schedule D, Part III 8 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 Х 9 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 Х 10 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Х 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 Χ c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c 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 Χ 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 Х 14b 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 X 15 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 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 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 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 Х 19 X 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II

Form 990 (2018) WINE TO WATER Partive Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|---|-------|-------|----|
| 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? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 24 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 | | |
| t | 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 | | |
| c | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 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 |
| t | 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 |
| | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 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 | | X |
| 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 |
| 34 | Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| 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? <i>If</i> 'Yes,' <i>complete Schedule R, Part V, line 2</i> | 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 |
| | 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 | |
| Par | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Check it Schedule O contains a response of note to any line in this Fart v | | Yes | No |
| 1 a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | -12 | | |
| C | : Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | X |
| BAA | TEEA0104L 08/03/18 | 1 . 1 | 990 (| |

Form 990 (2018)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 23 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5 a 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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, and did the organization 6 a Х solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Х 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? a If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the sponsoring organization make any taxable distributions under section 4966? 9 b b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b 11 Section 501(c)(12) organizations. Enter 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 against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O **b** Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13 c $\overline{\mathbf{X}}$ 14a Did the organization receive any payments for indoor tanning services during the tax year? 14 a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year? If 'Yes,' see instructions and file Form 4720, Schedule N Х 16 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If 'Yes,' complete Form 4720, Schedule O

| Pa | urt VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through | 7b below, | and | for | | | | |
|--|--|------------------|----------|----------|--|--|--|--|
| | a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or | changes | חו | | | | | |
| | Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | |
| Sec | ction A. Governing Body and Management | | | | | | | |
| | | | Yes | No | | | | |
| 1: | a Enter the number of voting members of the governing body at the end of the tax year | 10 | | | | | | |
| | 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 | | | | | | | |
| l | b Enter the number of voting members included in line 1a, above, who are independent 1b | 7 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule O | 2 | X | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х | | | | |
| 4 | Did the organization make any significant changes to its governing documents | | | | | | | |
| | since the prior Form 990 was filed? | 4 | | Х | | | | |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | |
| 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? | 7 a | | Х | | | | |
| | b Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | | |
| | stockholders, or persons other than the governing body? | 7 b | | Х | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | | | |
| | a The governing body? | 8 a | X | | | | | |
| ı | b Each committee with authority to act on behalf of the governing body? | 8 b | Х | | | | | |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | 9 | | Х | | | | |
| Sec | ction B. Policies (This Section B requests information about policies not required by the Inter | nal Reven | ue Co | | | | | |
| | | | Yes | No | | | | |
| 10 a | a Did the organization have local chapters, branches, or affiliates? | 10 a | | Х | | | | |
| ı | b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | r 10 b | | | | | | |
| 11 a | a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11 a | Х | | | | | |
| | b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedul | .e 0 | | | | | | |
| 12 8 | a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | X | | | | | |
| ı | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | |
| (| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule O | 12 c | Х | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | Х | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | |
| i | a The organization's CEO, Executive Director, or top management official | 15 a | X | | | | | |
| ı | b Other officers or key employees of the organization | 15 b | Х | | | | | |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | |
| 16 | a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16 a | | <u>X</u> | | | | |
| 1 | b If 'Yes.' did the organization follow a written policy or procedure requiring the organization to evaluate its | | \vdash | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16 b | | | | | | |
| Sec | ction C. Disclosure | | | | | | | |
| 17 | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section public inspection indicate how you made these available. Check all that apply | | 3)s on | ly) | | | | |
| | X Own website X Another's website Upon request Other (explain in Schedule | ; O) | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statement the public during the tax year See Schedule O | nts available to | | | | | | |
| 20 | | • | | | | | | |
| | KATY COOK PO BOX 2567 BOONE NC 28607 828-355-9655 | | | | | | | |

BAA

Form 990 (2018)

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

- 1 a 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 relat | ed organiz | ation | con | nper | nsate | ed any | , cu | irrent officer, direct | or, or trustee | |
|--|--------------------------------|-----------------------------------|-----------------------|-----------------------|----------------------------|------------------------------|--------|--|--|--|
| | | | | (C) |) | _ | | · | | |
| (A) Name and Title | (B) Average hours per | thar | n one s both | box, an o ector | unle: officei /trust | , | on | (D) Reportable compensation from the organization | (E) Reportable compensation from | (F) Estimated amount of other compensation |
| | wook | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) DAVID CUTHBERT | 40 | | | | | | | | | |
| CEO | 0 | Х | | X | | | | 91,375. | 0. | 0. |
| (2) DICKSON B HENDLEY | 40 | | | | | | | | | |
| President | 0 | Х | | Х | | | | 89,708. | 0. | 0. |
| (3) KRIS DAVIS | 11 |] | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | |
| (4) BRENT FEWELL | 11 |] | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (5) FONDA HOPKINS | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (6) SUSAN BUNDA | _1_ | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | <u>0.</u> | 0. |
| (7) LINDSAY UEBERROTH | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (8) TIM OGDEN | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (9) CAROL KINSTLE | 1 | | | | | | | | | |
| Director | 0 | X | | | | | | 0. | 0. | 0. |
| (10) TINA OWEN | 40 | | | | | | | | | |
| Vice President | 0 |] | | Х | | | | 62,708. | 0. | 0. |
| (11) KATY COOK | 40 | | | | | | | | | |
| CFO | 0 | | | Х | | | | 42,367. | 0. | 0. |
| (12) | | | | | | | | | | |
| (13) | | | | | | | | | | |
| (14) | | | | | | | | | _ | |
| | | L | L | l | Щ. | | | | | |

TEEA0107L 08/03/18

| Part VII Section A. Officers, Directors, Tru | ustees, | Key | En | ıple | oye | es, | and | d Highest Con | pensated Empl | oyees | 5 (cont | tınued) |
|---|----------------------------------|----------------------------------|----------------------|-----------------|-----------------|------------------------------|---------------|---|---|----------|------------------------------------|------------|
| | (B) | | | • | 2) | | | | | | | |
| (A) Name and title | Average hours per | box | , unle | check ess pe | erson dırect | than is bot or/trus | h an itee) | (D) Reportable compensation from | (E) Reportable compensation from | E amo | (F) stimated unt of o | d other |
| | week (list any hours | or c | lnst | Officer | <u>F</u> | emg Higt | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099 MISC) | f | rom the | • |
| | for related | ndividual trustee or director | nstitutional trustee | ıcer | Key employee | nest c | mer | | | ari | janizatio id relate anizatio | ed |
| | organiza - tions below | al trus | nal to | | loye | omp | | | | | | |
| | dotted line) | tee | ıstee | | | Highest compensated employee | | | | | | |
| (AE) | | | | | | ٩ | | | | | | |
| <u>(15)</u> | { | | | | | | | | | | | |
| (16) | | | | | | | | | | | | |
| (17) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | _ |
| (20) | | | | | | | | | | | | |
| (20) | | | | | | | | | | | | |
| (21) | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | - | | | | |
| (24) | | | | | | | | | | | | |
| (05) | | | | | | | | | | | | |
| <u>(25)</u> | | | ŀ | | | | | | | | | |
| 1 b Sub-total | | | | | | | > | 286,158. | 0. | | | 0. |
| c Total from continuation sheets to Part VII, Secti- d Total (add lines 1b and 1c) | on A | | | | | | - - | 0. 286,158. | 0. | | | 0. |
| 2 Total number of individuals (including but not limited | to those I | sted . | abov | /e) v | vho | recei | ved | | | ensatio | n | |
| from the organization • 0 | | | | | | | | | | | • | |
| • | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc | tor, or tru <i>h individu</i> | stee, <i>al</i> | кеу | em em | iploy | /ee, | or h | nighest compensat | led employee | 3 | | X |
| 4 For any individual listed on line 1a, is the sum of | reportable | e cor | mpe | nsa | tion | and | oth | er compensation | from | | | |
| the organization and related organizations greate such individual | er man şı | 50,00 | JU / | IT Y | es, | соп | ipie | te Schedule J for | | 4 | | Х |
| 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes | e compen | satio | n fro | om i | any I fo | unre | late | d organization or | ındıvıdual | 5 | <u></u> | X |
| Section B. Independent Contractors | i, compre | - | ,,,,, | u,c | 3 70 | 540 | ρ | <u> </u> | | <u> </u> | l | J |
| 1 Complete this table for your five highest compen compensation from the organization. Report compen | sated indessation for | epend the ca | dent alen | cor dar y | ntrad year | tors endi | tha ng v | t received more the vith or within the or | nan \$100,000 of ganization's tax year | _ | | |
| (A) Name and business address Description of services | | | | | | | | | ((Compe | C) | on | |
| Total data desired desired Desiripation of Services | | | | | | | | | | Compe | 113411 | |
| | | | | | | | | | | | | |
| | | | | | | | i | | | | | |
| | | | | | | | | | | | _ | |
| 2 Total number of independent contractors (including to | out not limi | ted to | tho | se I | istec | l abo | ve) | who received more | than | | | |
| \$100,000 of compensation from the organization | D 0 | | | | | | | | | | | |

| | | Check if Schedule O conta | ains a resp | onse or note to any | y line in this Part V | IIL | | |
|--|------|---|--------------|---------------------|-----------------------|--|--|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts its | 1 a | Federated campaigns | 1 a | | | | | |
| irar | t | Membership dues | 1 b | | | | | |
| s, G | c | : Fundraising events | 1 c | | , | | | |
| Sift | C | Related organizations | 1 d | | | | | |
| im. | е | Government grants (contributions) | 1 e | | | | | , |
| Contributions, Gifts, Grants and Other Similar Amounts | | All other contributions, gifts, grants, similar amounts not included above | | 1,308,066. | | | | |
| ont of | | j Noncash contributions included in line i Total. Add lines 1a-1f | es 1a-1f \$_ | | 1 200 066 | | | |
| <u>ه د</u> | - 1 | Total. Add lines Ta-Tt | 1 | Business Code | 1,308,066. | | | |
| Program Service Revenue | 2 a | Filter Build | } | Business code | 588,068. | 588,068. | | |
| ě | | Global Experience | | | 235,837. | 235,837. | | |
| e | c | | | | 40,963. | 40,963. | | |
| ervi | d | | | | 40, 303. | 40, 303. | | |
| ٦Š | e | | | | | | · · · · · · · · · · · · · · · · · · · | |
| grar | f | All other program service rev | enue | | | | | <u> </u> |
| Š. | q | Total. Add lines 2a-2f | | • | 864,868. | | | |
| | 3 | Investment income (including | dividends | s, interest and | 001,0001 | 1 | | |
| | | other similar amounts) | | • | | | | |
| | 4 | Income from investment of ta | ax-exempt | bond proceeds | | | | |
| | 5 | Royalties | | • | | | | |
| | _ | _ | (ı) Real | (II) Personal | | | | |
| | | | 78,788 | | | | | |
| | | | 74,755 | • | | | | |
| | | Rental income or (loss) | 4,033 | · | 4 000 | | 4 022 | |
| | | Net rental income or (loss) | Securities | (ii) Other | 4,033. | | 4,033. | |
| | 7 a | Gross amount from sales of assets other than inventory | Occurrings | (ii) Girici | | | | |
| | | ´ | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | |
| | c | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | • | | | | |
| ıπe | 8 a | Gross income from fundraising (not including \$ | ng events | | | | | |
| Vel | | of contributions reported on I | ine 1c) | | | | | |
| Other Revenu | | See Part IV, line 18 | á | | | | | |
| Jer | b | Less direct expenses | ŀ | | | | | |
| ਰ | С | Net income or (loss) from fur | ndraising e | vents • | | ĺ | | |
| | 9 a | Gross income from gaming a See Part IV, line 19 | ctivities | 3 | | | | |
| | | Less direct expenses | | , | | | | |
| | С | Net income or (loss) from ga | ming activ | ities • | | | | |
| | 10 a | Gross sales of inventory, less and allowances | | | | | | |
| | b | Less cost of goods sold | ŀ | | | | | <u></u> |
| | С | Net income or (loss) from sa | les of inve | | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | Conferences & Worksho | p <u>s</u> | | 65,152. | 65,152. | | _ |
| | b | Merchandise & Books | - - | _ | 36,549. | 36,549. | ···· | |
| | C | | - | | | | | |
| | - | All other revenue | L | | | | | |
| | | Total. Add lines 11a-11d | | • | 101,701. | | | |
| | 12 | Total revenue. See instruction | ns | | 2,278,668. | 966,569. | 4,033. | 0. |

Part IX | Statement of Functional Expenses

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

| | Check if Schedule O contains a r | | | · · · · · · · · · · · · · · · · · · · | |
|----------|--|-----------------------|------------------------------|---------------------------------------|--------------------------------|
| | 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 | | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 329,937. | 329,937. | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 275,891. | 185,150. | 20,846. | 69,895. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | _ | 754,156. | 543,402. | 109,663. | 101,091. |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 11,311. | 7,661. | 1,712. | 1,938. |
| 9 | Other employee benefits | 87,133. | 59,342. | 13,519. | 14,272. |
| 10 | Payroll taxes | 70,923. | 48,389. | 9,964. | 12,570. |
| 11 | * | 10,923. | 40,303. | 2, 304. | 12,510. |
| | a Management | | | | |
| | b Legal | 1,260. | | 1,260. | |
| | c Accounting | 8,560. | | 8,560. | |
| | d Lobbying | 8,300. | | 0,300. | |
| | e Professional fundraising services See Part IV, line 17 | ···· | | | |
| 1 | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) | | | | |
| 12 | Advertising and promotion | 173,452. | 118,766. | | 54,686. |
| 13 | Office expenses | 108,454. | 40,758. | 24,258. | 43,438. |
| 14 | Information technology | | | | · |
| 15 | Royalties | | | | |
| 16 | Occupancy | 38,777. | 14,658. | 22,521. | 1,598. |
| 17 | Travel | 145,740. | 129,459. | 1,969. | 14,312. |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | , | | , |
| 19 20 | Conferences, conventions, and meetings Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 37,708. | 17,841. | 18,830. | 1,037. |
| | Insurance | 22,425. | 17,373. | 4,272. | 780. |
| 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 | 140,168. | 140,168. | | |
| | Freight Expense | 10,944. | <u>10,944.</u> | | |
| | Loss on Diposal of Fixed Asset | 1,305. | _ | 1,305. | |
| • | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 2,218,144. | 1,663,848. | 238,679. | 315,617. |
| | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |
| BAA | | TEFA01101 08/ | 32/10 | | Form 990 (2018) |

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 1 161,827. Cash - non-interest-bearing 179,038 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 40,647. Accounts receivable, net 76,516 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 Inventories for sale or use 82,209 8 81,498. Prepaid expenses and deferred charges 9 16,042. 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 1,528,479 10 c b Less accumulated depreciation 10 b 93,873 1,302,049 1,434,606. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets Other assets See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,647,368 16 1,734,620. 17 Accounts payable and accrued expenses 138,612 17 135,621 18 Grants payable 18 Deferred revenue 19 27,261 19 60,945 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 300,000 294,840. 23 Secured mortgages and notes payable to unrelated third parties 23 771,067 716,016. 24 Unsecured notes and loans payable to unrelated third parties 24 104,019. 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 1,270,624 26 1,277,757. X and complete Organizations that follow SFAS 117 (ASC 958), check here or Fund Balances lines 27 through 29, and lines 33 and 34. 27 314,998 27 Unrestricted net assets 456,863. 28 Temporarily restricted net assets 61,746. 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 376,744 Total net assets or fund balances 33 456,8<u>63.</u> 33 Total liabilities and net assets/fund balances 647,368. 34 34 1,734,620. BAA TEEA0111L 08/03/18 Form 990 (2018)

| Forr | n 990 (2018) WINE TO WATER | 20-8877288 | | Pa | ige 12 | | | |
|------|--|-------------|-----|------|--------------|--|--|--|
| | t XI Reconciliation of Net Assets | 20 0011200 | | | | | | |
| | 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 | 2.2 | 78,6 | 68. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 18,1 | | | | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 60,5 | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 76,7 | | | | |
| 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 | | 19,5 | 95. | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O). | 9 | | | 0. | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 4 | 56,8 | 36 <u>3.</u> | | | |
| Pa | t XII Financial Statements and Reporting | | | | | | | |
| | 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 | 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 reseparate basis, consolidated basis, or both | viewed on a | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| 1 | Were the organization's financial statements audited by an independent accountant? | | 2 b | Х | | | | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s | eparate | | | | | | |
| | basis, consolidated basis, or both | | | | | | | |
| | X 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? | | | | | | | |

Х

3 a

3ь

Form 990 (2018)

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?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

TEEA0112L 08/03/18

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open (OpenGible Misseanion

Employer identification number

| WINE | | WATER | | | | | | 20-887728 | | | |
|--------|--|-----------------------------------|--|---|---|--|--------------------------------------|---|---|--|--|
| Part | | | | | | | | part.) See instruc | tions. | | |
| The o | <u> </u> | | • | dation because it is | - | _ | - | ~ ~ | 1 | | |
| 1 | _ | | | ies, or association of o | | | | (i). | \vee | | |
| 2 | | | | 1 70(b)(1)(A)(ıi). (Attach | • | | | () 1 | | | |
| 3 | _ | | | nospital service orgai | | | | ,, , | | | |
| 4 | | | | tion operated in con | junction with a ho | spital describ | ed in sec | ction 170(b)(1)(A)(iii) E | nter the hospital's | | |
| _ | _ | ame, city, and | _ | | | | | | - | | |
| 5 | ∐ Aı se | n organızatıoı ection 170(b) | n operated for (1)(A)(iv). (Co | the benefit of a coll implete Part II) | ege or university | owned or ope | rated by | a governmental unit de | escribed in | | |
| 6 7 | | | = | ernment or governm | | | | | | | |
| • | | | | ceceives a substantial Complete Part II) | part of its support | from a governn | nental un | it or from the general pul | blic described | | |
| 8 | ∐ A | community ti | rust described | in section 170(b)(1) | (A)(vi). (Complete | Part II) | | | | | |
| 9 | u or | | | | | | | on with a land-grant college of the | | | |
| 10 | | | | | | | | | | | |
| 11 | ☐ Ar | n organizatioi | n organized ar | nd operated exclusiv | ely to test for pub | lic safety Se | esection | 1 509(a)(4). | | | |
| 12 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 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 | | | | | | | | | | |
| а | or، | danization(s) t | ting organization the power to restrictions A IV, Sections A | gularly appoint or elec- | ed, or controlled by ct a majority of the | its supported directors or tru | organizat stees of | ion(s), typically by giving the supporting organizati | on You must | | |
| b | ່ mí | anagement of | orting organiz the supporting Part IV, Secti | organization vested in | controlled in connot the same persons | ection with its that control o | support manage | ted organization(s), by the supported organizat | having control or ion(s) You | | |
| С | ∐ Ty or | ype III function ganization(s) | ally integrated. | . A supporting organiza ons) You must com | ation operated in co | nnection with, a | ind functi id E. | onally integrated with, its | supported | | |
| d | ∏ Ty fu | pe III non-fun | ctionally integrees | rated. A supporting or | ganization operated v must satisfy a d | d in connection distribution red | with its: | supported organization(s) it and an attentiveness |) that is not requirement (see | | |
| е | Ct | heck this box | if the organiz | ation received a writ | ten determination | from the IRS | that it is | a Type I, Type II, Typ | e III functionally | | |
| | | | ype III non-tu of supported (| nctionally integrated | supporting organ | iization | | | | | |
| - | | | | n about the supporte | ed organization(s) | | | | | | |
| | | of supported org | | (ii) EIN | (III) Type of organiz (described on lines above (see instruct | zation (IV) i 1-10 organiza ions)) in your | Is the ation listed governing ament? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) | | |
| | | | | | | | 1 | | | | |
| | | | | | | Yes | No | | | | |
| /A\ | | | | | | | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |
| (D) | | | | | | | | | | | |
| (E) | | | | | | | | | | | |
| Total | | | | | | | | | | | |

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants') | 491,532. | 1,192,096. | 1,196,257. | 1,259,873. | 1,308,066. | 5,447,824. |
| 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 | 491,532. | 1,192,096. | 1,196,257. | 1,259,873. | 1,308,066. | 5,447,824. |
| 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 | | | | | | 5,447,824. |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year nning ɪn) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 | Amounts from line 4 | 491,532. | 1,192,096. | 1,196,257. | 1,259,873. | 1,308,066. | 5,447,824. |
| 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. | -168. | 4,033. | 5,824. |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) See Part VI | 5,797. | 41,489. | | | | 47,286. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,500,934. |
| 12 | Gross receipts from related activ | ities, etc. (see ins | structions) | | | _ 12 _ | 874,039. |
| 13 | First five years. If the Form 990 is organization, check this box and | for the organization stop here | n's first, second, th | ird, fourth, or fifth | tax year as a section | on 501(c)(3) | ▶ 🗌 |
| | tion C. Computation of Pul | | | | | | |
| | Public support percentage for 20 | • | • | ne 11, column (f)) | 1 | 14 | 99.03% |
| | Public support percentage from 2 | | | | | 15 | 97.69 % |
| 16a | 33-1/3% support test—2018. If the and stop here. The organization | ne organization di qualifies as a pul | d not check the b olicly supported o | oox on line 13, an rganization | d line 14 is 33-1/3 | 3% or more, check | this box |
| b | 33-1/3% support test—2017. If the and stop here. The organization | | | | a, and line 15 is 3 | 3-1/3% or more, c | theck 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 | re. Explain in Part | VI how |
| b | 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re. Explain in Part | 15 is 10% VI how the ► |
| 18 | Private foundation. If the organiz | zation did not che | ck a box on line | 13, 16a, 16b, 17a | | is box and see ins | <u>L</u> |

| Sche | dule A (Form 990 or 920-EZ) 20 | DI8 WINE TO | WATER | | | 20-887728 | 8 Page 3 |
|--------|--|---|--------------------------------------|---|---|--|---------------------|
| Par | t III Support Schedule | e for Organization | ns Described | in Section 509 | (a)(2) | - | |
| | (Complete only if you fails to qualify under t | | | | n failed to qualify | under Part II If t | he organization |
| Sac | tion A. Public Support | The tests listed below, | please complete | rait ii) | | | |
| | | (2) 2014 | (b) 201E | (c) 2016 | (d) 2017 | (a) 2019 | Total |
| 1 1 | dar year (or fiscal year beginning in) of Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) | (a) 2014 | (b) 2015 | (6) 2016 | (a) 2017 | (e) 2018 | (f) Total |
| 2 | Gross receipts from admission merchandise sold or services performed, or facilities furnished in any activity that related to the organization's tax-exempt purpose | IS IS | | | | | |
| 3 | Gross receipts from activitie that are not an unrelated tra or business under section 5 | de | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended outs 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 | 1 | | | | | |
| | Amounts included on lines 2 and 3 received from other th disqualified persons that exceed the greater of \$5,000 1% of the amount on line 13 for the year | or or | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract lin 7c from line 6) | e | | | | | |
| Sect | tion B. Total Support | | · / | · | | | <u> </u> |
| | dar year (or fiscal year beginning ii | 1) (a) 2014 | (b) 2015/ | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | / | | 1 | | |
| | Gross income from interest, dividend payments received on securities loai 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 | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income Do not including 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 organization, check this box | and stop here | | nd, third, fourth, o | r fifth tax year as | a section 501(c) | (3) |
| | tion C. Computation of | | | | | | |
| | Public support percentage for | | | $\frac{13}{(f)}$ |) | 15 \ | 8 |
| | Public support percentage f | | | | | 16 | % |
| | tion D. Computation of | | | | | · | |
| | Investment income percenta | - | | = | ımn (f)) | 17 | 8 |
| | Investment income percenta | | | | | 18 | 8 |
| 19a | 33-1/3% support tests/2018 is not more than 33-1//3%, cl | 3. If the organization of | did not check the | box on line 14, an | d line 15 is more | than 33-1/3%, ar | nd line 17\ |
| | 33-1/3% support tests-2017 line 18 is not more/than 33- | . If the organization of 1/3%, check this box | did not check a boand stop here. The | ox on line 14 or lin ne organization qui | e 19a, and line 10 alifies as a public | 5 is more than 33 ly supported orga | -1/3%, and \ |
| | Private foundation. If the org | ganization did not che | | | | | 200 or 990 E7) 2019 |
| BAA | / | | TEEA0403L | או ו/ט/סט | 50 | ileuule A (FOIM S | 990 or 990-EZ) 2018 |

Schedule A (Form 990 or 990-EZ) 2018

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 and D, and complete Part V.)

| Sections A, D, and E. If you checked 1 | 12d of Part I, complete | Sections A and D, | and complete Pa | ırt V |
|---|-------------------------|-------------------|-----------------|-------|
| Section A. All Supporting Organizations | • | | | |
| | | | | Va |

| | | | 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 | | |
| 3 <i>a</i> | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below | 3a | | |
| t | 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 | | |
| C | 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 | | |
| ŧ | 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 | | |
| c | 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 EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) | | | |
| 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? | 5c | | |
| 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 (as 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 | | | |
| 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 | | <u>_</u> |
| c | 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 | | <u> </u> |
| 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 | | |

| | edule A (Form 990 or 990-EZ) 2018 WINE TO WATER | 20-8877288 | F | age 5 | | | |
|-----|--|--------------------------------------|--------------|-------|--|--|--|
| Pai | rt IV Supporting Organizations (continued) | · | 1 | Г | | | |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | - | Yes | No | | | |
| i | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, to a governing body of a supported organization? | the 11a | | | | | |
| ŀ | b A family member of a person described in (a) above? | 11b | | | | | |
| | c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in F | Part VI. 11c | | | | | |
| Sec | ction B. Type I Supporting Organizations | | | | | | |
| | | | Yes | No | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly ap or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describerat VI how the supported organization(s) effectively operated, supervised, or controlled the organization If the organization had more than one supported organization, describe how the powers to appoint and/or directors or trustees were allocated among the supported organizations and what conditions or restriction applied to such powers during the tax year | ribe in 's activities r remove | | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization other than the supported organization? If 'Yes,' explain in Part VI how provibenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization | ding such | | - | | | |
| Sec | ction C. Type II 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 during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also a majority of the directors or trustees during the tax years also | cmcnt of the | | | | | |
| | supporting organization was vested in the same persons that controlled or managed the supported organ | ization(s) | | l | | | |
| Sec | ction D. All Type III Supporting Organizations | | Yes | No | | | |
| • | | ľ | 163 | NO | | | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | | | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support | rted | | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part the organization maintained a close and continuous working relationship with the supported organization(| VI how 2 | | | | | |
| - | | | | | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or as all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization. | sets at ons played | | | | | |
| | in this regard | 3 | | | | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instructions). | | | | | |
| а | The organization satisfied the Activities Test Complete line 2 below | | | | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | | | | | | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a governmental | ent entity (see instruc | tions) | | | | |
| 2 | Activities Test Answer (a) and (b) below. | | Yes | No | | | |
| а | a Did substantially all of the organization's activities during the tax year directly further the exempt purpose supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those support organizations and explain how these activities directly furthered their exempt purposes, how the organizations and explain how these activities directly furthered their exempt purposes, how the organizations. | rted ation was | | | | | |
| | responsive to those supported organizations, and how the organization determined that these activities co substantially all of its activities | 2a | | | | | |
| t | b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or in the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the results the organization's position that its supported organization(s) would have engaged in these activities but forganization's involvement | easons for | | | | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | | | | | |
| | a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or treach of the supported organizations? Provide details in Part VI. | ustees of 3a | | | | | |
| | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | | | | |
| DAA | supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard | 3b | | 0000 | | | |
| | | | | | | | |

Page 5

BAA

| ∣Pa | rt V □ Type III Non-Functionally Integrated 509(a)(3) Supporting Orga | anizat | tions | |
|-----|--|----------|---|----------------------------------|
| 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 in st complete Sections A | 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) | | | |
| a | Average monthly value of securities | 1a | | |
| | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt-use assets | 1c | | |
| | f Total (add lines 1a, 1b, and 1c) | 1d | | |
| • | Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 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 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sec | tion C — Distributable Amount | <u> </u> | | 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) | grated | Type III supporting org | ganization |

Schedule A (Form 990 or 990-EZ) 2018

| Schedule A (Form 990 or 990-EZ) 2018 WINE TO WATER | | 20-887 | 77288 Page 7 |
|--|---------------------------------------|--|--|
| Part V Type III Non-Functionally Integrated 509(a)(3) Su | ipporting Organiza | itions (continued) | |
| Section D — Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accomplish exempt pur | | | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | of supported organization | S, | |
| 3 Administrative expenses paid to accomplish exempt purposes of su | ipported organizations | | |
| 4 Amounts paid to acquire exempt-use assets | | | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 Other distributions (describe in Part VI) See instructions | | | |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations to which the organization in Part VI) See instructions | on is responsive (provide | details | |
| 9 Distributable amount for 2018 from Section C, line 6 | | | |
| 10 Line 8 amount divided by line 9 amount | | | |
| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | 1 | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | *************************************** |
| h Applied to 2018 distributable amount | | A A A A A A A A A A A A A A A A A A A | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions | | - p-quotos rosa arroca necestaturas | |
| 7 Excess distributions carryover to 2019. Add lines 3 _j and 4c | | , , , , , , , , , , , , , , , , , , , | - waste the rest of the second |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014 | | | ## / Para |
| b Excess from 2015 | | | ,,_,,_,,_, |
| c Excess from 2016 | | | |
| d Excess from 2017 | · · · · · · · · · · · · · · · · · · · | | |

e Excess from 2018 BAA

Schedule A (Form 990 or 990-EZ) 2018

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 | 2018 | 2017 | 2016 | 2015 | 2014 |
|---------------------|------------------|-------|-------|--------------------------|------------------------|
| WINE PROCEEDS Total | \$ 0. | \$ 0. | \$ 0. | \$ 41,489. \$ 41,489. | \$ 5,797. \$ 5,797. |

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 2018 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| | WINE TO WATER | | 20-8877288 |
|-----|---|---|--|
| Pai | Organizations Maintaining Dono Complete if the organization ansv | r Advised Funds or Other Sin wered 'Yes' on Form 990, Part | nilar Funds or Accounts. IV, line 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 | nor advisors in writing that the assets organization's exclusive legal control | held in 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 of the donor or donor advisor, or for | grant funds can be used only any other purpose conferring |
| D | till Conservation Easements. | | |
| Fai | Complete if the organization ansi | wered 'Yes' on Form 990. Part | IV line 7 |
| | Purpose(s) of conservation easements held by | | |
| • | Preservation of land for public use (e.g., r | | ervation of a historically important land area |
| | Protection of natural habitat | | ervation 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 form of a conservation easement on the |
| | • | | Held at the End of the Tax Year |
| á | Total number of conservation easements | | 2 a |
| t | Total acreage restricted by conservation easer | ments | 2 b |
| (| : Number of conservation easements on a certif | ied historic structure included in (a) | 2 c |
| Ć | Number of conservation easements included in structure listed in the National Register | n (c) acquired after 7/25/06, and not c | on a historic 2 d |
| 3 | Number of conservation easements modified, trantax year ► | sferred, released, extinguished, or termi | nated 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 reand enforcement of the conservation easemen | | ection, handling of violations, Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, i | nspecting, handling of violations, and en | oforcing conservation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspe ▶\$ | cting, handling of violations, and enforci | ng conservation easements during the year |
| 8 | Does each conservation easement reported or and section 170(h)(4)(B)(ii)? | line 2(d) above satisfy the requirement | ents 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 t conservation easements | conservation easements in its revenue o the organization's financial stateme | and expense statement, and balance sheet, and ents that describes the organization's accounting for |
| Par | Organizations Maintaining Collection Complete if the organization answers | ctions of Art, Historical Treas wered 'Yes' on Form 990, Part | ures, or Other Similar Assets. IV, line 8. |
| 1 8 | 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 finan | ld for public exhibition, education, or res | n its revenue statement and balance sheet works of search in furtherance of public service, provide, items |
| ŀ | Dif 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 or public exhibition, education, or research | revenue statement and balance sheet works of art, ch in furtherance of public service, provide the |
| | (i) Revenue included on Form 990, Part VIII, | line 1 | ► \$ |
| | (ii) Assets included in Form 990, Part X | | ► \$ |
| 2 | If the organization received or held works of art, hamounts required to be reported under SFAS | 116 (ASC 958) relating to these items | |
| ā | Revenue included on Form 990, Part VIII, line | 1 | * \$ |
| t | Assets included in Form 990, Part X | | ► \$ |

| PartIIII Organizations Maintaining Coll | ections of Art, Histo | orical Treasures, o | r Other Similar Ass | ets (continu | ied) |
|--|--|---------------------------------|------------------------------|------------------|--|
| 3 Using the organization's acquisition, accession, a items (check all that apply) | and other records, check a | iny of the following that a | re a significant use of its | collection | |
| a Public exhibition | d Loan | or exchange programs | | | |
| b Scholarly research | e 🔲 Other | | | | |
| c Preservation for future generations | | | | | |
| 4 Provide a description of the organization's collec Part XIII | · | • | | | |
| 5 During the year, did the organization solicit o to be sold to raise funds rather than to be ma | aintained as part of the c | organization's collection | 7 | Yes | No |
| Partiva Escrow and Custodial Arranger Inne 9, or reported an amount or | nents. Complete if the Form 990, Part X, | the organization an line 21. | swered 'Yes' on Fo | rm 990, Par | t IV, |
| 1 a Is the organization an agent, trustee, custodion Form 990, Part X? | | | er assets not included | Yes | No |
| b If 'Yes,' explain the arrangement in Part XIII | and complete the followi | ng table | | A == = = + | |
| a Decimana halanaa | | | 1.0 | Amount | |
| c Beginning balance d Additions during the year | | | 1 c | | |
| e Distributions during the year | | | 1 e | | |
| f Ending balance | | | 1 f | | |
| 2a Did the organization include an amount on Fo | orm 990, Part X, line 21, | for escrow or custodial | account liability? | Yes | No |
| b If 'Yes,' explain the arrangement in Part XIII | Check here if the explain | nation has been provide | ed on Part XIII | | j |
| Part V Endowment Funds. Complete if | the organization an | swered 'Yes' on Fo | orm 990, Part IV, III | ne 10. | |
| (a) Curren | | | | (e) Four year | s back |
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | , | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
| 2 Provide the estimated percentage of the curre | · . | ne 1g, column (a)) held | as | | |
| a Board designated or quasi-endowment | <u> </u> | | | | |
| | Ś | | | | |
| c Temporarily restricted endowment | % | | | | |
| The percentages on lines 2a, 2b, and 2c should of | equal 100% | | | | |
| 3 a Are there endowment funds not in the possession organization by | n of the organization that a | are held and administered | for the | Yes | No |
| (i) unrelated organizations. | | | | 3a(i) | |
| (ii) related organizations | | | | 3a(II) | |
| b If 'Yes' on line 3a(ii), are the related organiza | itions listed as required (| on Schedule R? | | 3b | |
| 4 Describe in Part XIII the intended uses of the | - | | | L | |
| PartiVII Land, Buildings, and Equipmen | t. | | | | |
| Complete if the organization ans | | m 990, Part IV, line | e 11a. See Form 99 | 0, Part X, li | ne 10. |
| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book va | alue |
| 1 a Land | | 331,000. | | 331 | ,000. |
| b Buildings | | 820,144. | 41,197. | | ,947. |
| c Leasehold improvements | | 329,727. | 23,506. | | ,221. |
| d Equipment | | | | | |
| e Other | | 47,608. | 29,170. | 18 | ,438. |
| Total. Add lines 1a through 1e (Column (d) must e | qual Form 990, Part X, o | column (B), line 10c) | • | 1,434 | |
| BAA | | | Sched | lule D (Form 990 | J) 2018 ¯ |

| Part VII Investments – Other Securities. | 'Voo' on Form OO | N/A | 000 Bart V June 12 |
|--|--------------------------|--|---|
| Complete if the organization answered (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end | |
| (1) Financial derivatives | (b) Dook Value | (C) Method of Valuation Cost of end | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | ****** ********* ******* | | |
| (G) | | | |
| (H) | | | |
| (I) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments - Program Related. | N/ | N/A | 000 David V June 12 |
| Complete if the organization answered (a) Description of investment | | (c) Method of valuation Cost or en | |
| | (b) Book value | (c) Method of Valuation Cost of en | u-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) (5) | | | |
| (6) | | | *************************************** |
| (7) | | | |
| (8) | | | ··· |
| (9) | | | |
| (10) | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Part IX Other Assets. Complete if the organization answered | N/A | . D. + IV 11- C Farma | 000 David V Juna 15 |
| | res on Form 990 | , Part IV, line ITG See Form | (b) Book value |
| (1) | cription | | (b) Book Value |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B |) line 15) | | > |
| Part X Other Liabilities. | , | | 1 |
| Complete if the organization answered 'Yes' on Fo | | e or 11f. See Form 990, Part X, line 2 | 5. |
| (a) Description of liability | (b) Book value | | |
| (1) Federal income taxes | | | |
| (2) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | , |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the foo | ▶ | l l | |
| | | | |

| Schedule D (Form 990) 2018 WINE TO WATER | ۷۱ | J-88/12 | 288 Page 4 |
|---|----------------------------------|-------------|----------------|
| Part XI Reconciliation of Revenue per Audited Financial Statem | | eturn. | |
| Complete if the organization answered 'Yes' on Form 990 | , Part IV, line 12a. | | 2 202 012 |
| Total revenue, gains, and other support per audited financial statementsAmounts included on line 1 but not on Form 990, Part VIII, line 12 | | 1 - | 2,203,913. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2 b | - | |
| c Recoveries of prior year grants | 2 c | - | |
| d Other (Describe in Part XIII) | 2 d | + | |
| e Add lines 2a through 2d | 24 | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 2,203,913. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | 2,203,313. |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) See Part XIII | 4b 74,755. | -{ | |
| c Add lines 4a and 4b | 74,755. | 4 c | 74,755. |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 |)) | 5 | 2,278,668. |
| Part XII Reconciliation of Expenses per Audited Financial Staten | | | |
| Complete if the organization answered 'Yes' on Form 990 | • | Metaiii. | |
| Total expenses and losses per audited financial statements | · | 1 | 2,143,389. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a Donated services and use of facilities | 2 a | 1 | |
| h Prior year adjustments | 2 h |] | |
| c Other losses | 2 c |] | |
| d Other (Describe in Part XIII) | 2 d |] | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | 2,143,389. |
| 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 b Other (Describe in Part XIII) See Part XIII | 4 a | <u> </u> | |
| 2 Clie. (2000) | 4b 74,755. | <u> </u> | 24 255 |
| c Add lines 4a and 4b | <i>0</i> \ | 4 c | 74,755. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Part XIII Supplemental Information. | |] 3 | 2,218,144. |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and | 4. Dort IV. Ison 1b and 2b. Dor | + \ / | |
| line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4h Also c | omplete this part to provide any | / additiona | al information |
| Schedule D, Part XI, Line 4b | | | |
| Other Revenue Included On Form 990 But Not Included In F/S | | | |
| RENTAL INCOME EXPENSES | | \$ | 74,755. |
| | Tota | al \$ | 74,755. |
| | | | |
| Schedule D, Part XII, Line 4b Other Expenses Included On Form 990 But Not Included In F/S | 5 | | |
| · | | | |
| RENTAL INCOME EXPENSES | m . | , <u>\$</u> | 74,755. |
| | Tota | aı ş | 74,755. |
| | | | |
| | | | |

BAA

Schedule D (Form 990) 2018

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 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WINE TO WATER

Employer identification number

| | | | | 20-88772 | .88 |
|---|--|---|---|--|--|
| Part I General Informat on Form 990, Par | | es Outside th | e United States. Comple | te if the organizatio | n answered 'Yes' |
| 1 For grantmakers. Does the the grantees' eligibility for | e organization ma the grants or assi | intain records to stance, and the s | substantiate the amount of its selection criteria used to award | grants and other assistant | ance, e? Yes X No |
| 2 For grantmakers. Describe a United States | n Part V the organi | zation's procedure | s for monitoring the use of its gra | ants and other assistance | outside the |
| 3 Activities per Region (The | following Part I, I | ine 3 table can b | e duplicated if additional space | e is needed)Part V | |
| (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 |
| 441 | | | | WASH & FILTER | |
| (1) COLOMBIA | | | PROGRAM SERVICES | DISTRIBUTION | 43,277. |
| (2) DOUTHTON DEPUBLIC | | • | DDOGDAY CEDUTOES | CERAMIC FILTER | 152 164 |
| (2) DOMINICAN REPUBLIC | | 3 | PROGRAM SERVICES | DISTRIBUTION | 153,164. |
| (2) 19/2/20/2 | | • | DDOGDAM GERMAGES | WASH AND FILTER | 20.720 |
| (3) MYANMAR | | 1 | PROGRAM SERVICES | DISTRIBUTION | 39,728. |
| (4) NEPAL | | 4 | DROCDAM CERVICES | WASH AND FILTER | 120 772 |
| (4) NEPAL | | <u>L</u> | PROGRAM SERVICES | DISTRIBUTION | 130,772. |
| (5) EAST AFRICA | | | PROGRAM SERVICES | CERAMIC FILTER DISTRIBUTION | 29,721. |
| (6) | | | | | |
| (7) | , | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | - | |
| (12) | | | | _ | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3 a Subtotal | | 5 | | | 396,662. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | 0 | 5 | | | 396,662. |

20-8877288

WINE TO WATER

Schedule F (Form 990) 2018

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.

| (I) Method of valuation (book, FMV, appraisal, other) | | | | | | | | | | | |
|---|---------------------------|---------------------|---------------------|-------------------|--------------------------|---------------------|--|------|------|--|--|
| (h) Description of noncash assistance | SAWYER 16,451. FILTERS | | SAWYER FILTERS | SAWYER FILTERS | SAWYER 2,106. FILTERS | | | | | | |
| (g) Amount of noncash assistance | 16,451. | | 117,389. | | 2,106. | | | | | | |
| (f) Manner of cash disbursement | WIRE | WIRE | | WIRE | WIRE | WIRE | | | | | |
| (e) Amount of cash grant | 26,825. WIRE | 117,466. WIRE | | 30,495. | 121,529. WIRE | 28, 621. | | | | | |
| (d) Purpose of grant Part V | WASH & FILTERS | FILTER IMPLEMENT | FILTER IMPLEMENT | WASH & FILTERS | WASH & FILTERS | FILTER IMPLEMENT | | | | | |
| (c) Region | COLOMBIA | DR | MISCELLANOUS | MYANMAR | NEPAL | TANZANIA | | | | | |
| (b) IRS code section and EIN (if applicable) | | | | | | | | | | | |
| (a) Name of organization | | | | | | | | | | | |
| - | | | | | | | | | | | |

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

3 Enter total number of other organizations or entities BAA

Schedule F (Form 990) 2018

Page 3

F (Form 990) 2018 WINE TO WATER

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. Schedule F (Form 990) 2018

Part III | Grants and Oth

| | יי בס מפשווים יו מממויוי | שלה יהיי | is incoded. | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | i. | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (9) | | | | | | | |
| ω | | | | | | | |
| (8) | | | | | | | |
| (6) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | , | | | | | |
| (15) | | | | | | | |
| (16) | ļ | | | | | | |
| (7) | | | : | | | | |
| (18) | | | | | | | |
| ВАА | | | | | | Schedule F | Schedule F (Form 990) 2018 |

| SCHE | edule r | (Form 990) 2018 WINE IO WAIER | 20-88//288 | raye 4 |
|------|------------------|--|------------|--------|
| Pai | rt IV | Foreign Forms | | |
| 1 | organ | the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the inization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926). | Yes | X No |
| 2 | requir of Ce | ne organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be red to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt retain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S er (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | organ | ne organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the inization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cign Corporations (see Instructions for Form 5471) | ertain Yes | X No |
| 1 | electir Retur | the organization a direct or indirect shareholder of a passive foreign investment company or a qua- ng fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information on by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see sections for Form 8621) | alified | X No |
| 5 | organ | ne organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the inization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreig ierships (see Instructions for Form 8865). | n Yes | X No |
| 6 | If 'Ye: | ne organization have any operations in or related to any boycotting countries during the tax year? s,' the organization may be required to separately file Form 5713, International Boycott Report (se actions for Form 5713, don't file with Form 990) | ee Yes | X No |

TEEA3505L 11/02/18

BAA

Schedule F (Form 990) 2018

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 FUNDING FOR INTERNATIONAL FIELD PROGRAMS FOR OPERATIONAL SUPPORT, MATERIAL PROCUREMENT, LOCAL LABOR, PROJECT INSTALLATION, TRAINING WORKSHOPS, AND MONITORING AND EVALUATIONS. GRANTS ARE MADE DIRECTLY TO INTERNATIONAL NGOS BASED ON PROGRAM PROPOSALS AND BUDGETS.

PART II, Column (d) - Purpose of Grant

WINE TO WATER PROVIDES WASH AND FILTER IMPLEMENTATIONS IN EACH REGION. WASH INCLUDES WATER ACCESS, WATER FILTRATION, HYGIENE AND SANITATION SERVICES.

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 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.

OMB No 1545 0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

| Name of the | he orga | anızatıon | • |
|-------------|---------|-----------|---|
| WINE | TO | WATE | 6 |

WINE TO WATER

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and | (c) Description of transaction | (d) Corrected? | | | |
|-----|---------------------------------|--|--------------------------------|----------------|----|--|--|
| • | (a) Name of disqualified person | organization | (c) Description of trenspotion | 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

Part II 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 o | lefault? | (h) Ap by bo comm | proved ard or uttee? | (ı) Wı agreei | ritten ment? |
|-------------------------------|------------------------------------|---------------------|------|------------------------------|-------------------------------|-----------------|----------|----------|-------------------------|----------------------------|------------------|-----------------|
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| (1) JEFF HENDLEY | FORMER BOD | BUILDING | Х | | 100,000. | 94,839. | | X | 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. | | Х | Х | | Х | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | |
| Total | • | • | • | | ▶ \$ | 294,839. | | | | | | |

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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) 2018

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of organization's revenues? (b) Relationship between interested person and the organization (c) Amount of transaction (a) Name of interested person (d) Description of transaction Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

Part V | Supplemental Information.

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

Supplemental Information

FOR THE PURCHASE OF THE WINE TO WATER OFFICE BUILDING, 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.

specific questions on hal information.

2018
Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number

20-8877288

OMB No 1545-0047

Inspection

Name of the organization
WINE TO WATER

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

MYANMAR-THE VILLAGE OF KA DET CHAUNG RESTS IN THE IRRAWADDY DELTA REGION IN MYANMAR. WHILE THIS AREA HAS PLENTIFUL ACCESS TO WATER, THE RIVERS ARE NONPOTABLE AND PREDOMINANTLY USED FOR TRANSPORTATION, BATHING, AND LAUNDRY BY SURROUNDING COMMUNITIES. AS A RESULT, RAINWATER IS THE MAIN DRINKING WATER SOURCE THIS AREA RECEIVES, AND WITH THE DURATION OF THE RAINY SEASON ONLY BEING THREE TO FOUR MONTHS, RESERVOIRS OFTEN RUN DRY. MYANMAR IS REPORTED TO BE THE POOREST COUNTRY IN SOUTHEAST ASIA, LACKING ADEQUATE GOVERNMENT CARE, MINIMAL ACCESS TO WATER AND SANITATION, AS WELL AS EXPERIENCING HIGH LEVELS OF DISCRIMINATION. WATER PROGRAMS HAVE INCLUDED KA DET CHAUNG AND 3 SURROUNDING VILLAGES REPAIRING WATER RESERVOIRS, INSTALLING HANDPUMPS, DISTRIBUTING HOUSEHOLD FILTRATION SYSTEMS, AS WELL AS COMMUNITY EDUCATION IN SANITATION AND HYGIENE. THIS PAST YEAR, OUR WORK IN MYANMAR HAS BENEFITED OVER 2,313 PEOPLE THROUGH THE IMPLEMENTATION OF 172 SAWYER FILTERS, INCREASED WATER ACCESS, FILTRATION, SANITATION & HYGIENE EDUCATION.

Name of the organization

WINE TO WATER

Employer identification number

20-8877288

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

WATER PROGRAMS - WINE TO WATER OPERATES GLOBALLY THROUGH FOUR INTERNATIONAL PROGRAMS IN COLOMBIA, THE DOMINICAN REPUBLIC, EAST AFRICA, AND NEPAL. THIS MEANS THAT, IN EACH OF THESE FOUR TERRITORIES, QUALIFIED NATIONALS WORK TOWARD SUSTAINABLE CLEAN WATER SOLUTIONS CATERED TO THE SPECIFIC COUNTRY'S NEEDS. THE IMPACT OF THESE WATER PROGRAMS EXPANDS OUTSIDE OF THESE TERRITORIES THROUGH ORGANIZATIONAL PARTNERSHIPS AND DISASTER RELIEF PREPAREDNESS. THIS YEAR, 87,800 LIVES HAVE BEEN IMPACTED IN 20 COUNTRIES AND 125 COMMUNITIES AROUND THE WORLD THROUGH CLEAN WATER. TO DATE, 822,225 LIVES HAVE BEEN TRANSFORMED WITH CLEAN WATER ACROSS 39 COUNTRIES.

EAST AFRICA - IN JANUARY, A NEW INTERNATIONAL PROGRAM WAS ESTABLISHED THROUGH A
CERAMIC FILTER FACTORY IN ARUSHA, TANZANIA. THE EAST AFRICA FACTORY PRODUCES FILTERS
WHILE PROVIDING SUSTAINABLE ENTERPRISE THROUGH FILTER SALES TO THE SURROUNDING
REGION. THROUGH THE SALES OF CERAMIC WATER FILTERS, RECIPIENT ENGAGEMENT INCREASES
IN TERMS OF FILTER USE AND MAINTENANCE. THIS SUSTAINABLE MODEL PROMISES TO KEEP
FILTER PRODUCTION FLOWING. IN THE FEW SHORT MONTHS SINCE ASSUMING OPERATIONS, THIS
PROGRAM HAS IMPLEMENTED A LARGE NUMBER OF FILTERS THAT ARE BENEFITING THE PEOPLE OF
TANZANIA. THIS YEAR, 6,205 LIVES HAVE BEEN IMPACTED THROUGH 7 WASH TRAININGS AND 819
FILTERS DISTRIBUTED.

Name of the organization

WINE TO WATER

Employer identification number

20-8877288

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

DISASTER RELIEF - A MAJOR SOURCE OF GROWTH FOR DISASTER PREPAREDNESS EFFORTS COMES DIRECTLY FROM THE FILTER BUILD PROGRAM, WHERE COMPANIES AND INDIVIDUALS ALIKE BUILD PORTABLE WATER FILTERS AS A TEAM BUILDING ACTIVITY. ADDITIONALLY, THE RECENT DEVELOPMENT OF AN ONLINE FILTER USE AND CLEANING PROGRAM ALLOWS PARTNERS TO DISTRIBUTE FILTERS EFFECTIVELY AND SUSTAINABLY. WITH FILTERS SPONSORED THROUGH THIS PROGRAM, PREPOSITIONED AROUND THE GLOBE AND READY FOR IMPLEMENTATION, PEOPLE IN NEED ARE REACHED THE MOMENT DISASTER STRIKES. THIS YEAR, 27,397 LIVES HAVE BEEN IMPACTED IN 5 COUNTRIES, THROUGH EXISTING PROGRAMS AND WITH 6 PARTNERSHIPS, AND 1,799 FILTERS DISTRIBUTED.

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 DEPARTMENT.

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 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.

Form 990, Part XI, Line 8 - Prior Period Adjustments

TO PROPERLY ADJUST BEGINNING OF YEAR NET ASSET BALANCE WITH AUDITED FINANCIAL STATEMENTS.