

Forms 990 / 990-EZ Return SummaryFor calendar year 2013, or tax year beginning **10/01/13**, and ending **09/30/14****56-2483082****BLOOD:WATER MISSION, INC.****Net Asset / Fund Balance at Beginning of Year** **313,232****Revenue**

Contributions	<u>3,865,498</u>	
Program service revenue		
Investment income	<u>38</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses	<u>326,227</u>	
Net income	<u>-326,227</u>	
Other income	<u>9,741</u>	
Total revenue		<u>3,549,050</u>

Expenses

Program services	<u>1,852,520</u>	
Management and general	<u>500,081</u>	
Fundraising	<u>1,336,563</u>	
Total expenses		<u>3,689,164</u>
Excess / (deficit)		<u>-140,114</u>

Changes

Net Asset / Fund Balance at End of Year **173,118****Reconciliation of Revenue**

Total revenue per financial statements	<u>3,774,383</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	<u>225,333</u>
Plus:	
Investment expenses	
Other	
Total revenue per return	<u><u>3,549,050</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,914,497</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>225,333</u>
Plus:	
Investment expenses	
Other	
Total expenses per return	<u><u>3,689,164</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>379,420</u>	<u>342,417</u>	
Liabilities	<u>66,188</u>	<u>169,299</u>	
Net assets	<u><u>313,232</u></u>	<u><u>173,118</u></u>	<u>-140,114</u>

Miscellaneous Information

Amended return _____

Return / extended due date **05/15/15**

Failure to file penalty _____

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2013Open to Public
InspectionA For the 2013 calendar year, or tax year beginning **10/01/13** and ending **09/30/14**

B Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	C Name of organization BLOOD:WATER MISSION, INC.		D Employer identification number 56-2483082
	Doing Business As		E Telephone number 615-550-4296
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 60381		
	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37206		
	F Name and address of principal officer STUART MCWHORTER 521 8TH AVE SOUTH, STE 204 NASHVILLE TN 37203		H(a) Is this a group return for subsidiaries? Yes <input checked="" type="checkbox"/> No H(b) Are all subsidiaries included? Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BLOODWATER.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2004
			M State of legal domicile: TN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	84
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,561,665	3,865,498
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	549	38
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,844	-316,486
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,530,370	3,549,050
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,172,855	1,094,080
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,320,866	1,439,687
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 1,336,563		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,285,861	1,155,397
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,779,582	3,689,164
19 Revenue less expenses. Subtract line 18 from line 12	-249,212	-140,114	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	379,420	342,417
	22 Net assets or fund balances. Subtract line 21 from line 20	66,188	169,299
		313,232	173,118

Part II Signature Block

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

Sign Here	Signature of officer <i>John Parks</i>	Date 6-22-2015
	JOHN PARKS Type or print name and title	TREASURER
Paid Preparer Use Only	Print/Type preparer's name MICHAEL MCKERLEY	Preparer's signature <i>Michael B Mckerley</i>
	Firm's name MCKERLEY & NOONAN, PC, CPA	Date 06/08/15
	Firm's address 104 WOODMONT BLVD STE 120 NASHVILLE, TN 37205-2311	Check if PTIN self-employed <input type="checkbox"/> P00037316
		Phone no 615-279-0088

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **1,852,520** including grants of \$ **1,094,080**) (Revenue \$)
TO SUPPORT WATER AND HIV/AIDS PROJECTS THROUGH PARTNERSHIPS IN AFRICA.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,852,520**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	30	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	22	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **AK, CT, KS, KY, ME, MD, MA, MS, AR, NY, NC, TN, VA**

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **AARON SANDS** **521 8TH AVE. S., SUITE 204**
NASHVILLE **TN 37203** **615-550-4296**

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN HASELTINE	5.00									
DIRECTOR	0.00	X						21,303	0	0
(2) STEVEN GARBER	5.00									
DIRECTOR	0.00	X						0	0	0
(3) BETTY MIREMBE	0.00									
DIRECTOR	0.00	X						0	0	0
(4) LON CHERRY	5.00									
TREASURER 10/13-8/14	0.00	X		X				0	0	0
(5) BRAD GIBSON	5.00									
DIRECTOR	0.00	X						0	0	0
(6) CHRIS LANNING	5.00									
DIRECTOR	0.00	X						0	0	0
(7) CHRISTINE BURGER	0.00									
DIRECTOR	0.00	X						0	0	0
(8) ANNE CREGGER	5.00									
DIRECTOR	0.00	X						0	0	0
(9) JOHN PARKS	5.00									
TREASURER 8/14-9/14	0.00	X		X				0	0	0
(10) ASHLEIGH ROBERTS	5.00									
SECRETARY	0.00	X		X				0	0	0
(11) DAN RAINES	5.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) CAITLIN GLOVER	5.00									
DIRECTOR	0.00	X						0	0	0
(13) TODD WAHRENBERGER	5.00									
DIRECTOR	0.00	X						0	0	0
(14) STUART MCWHORTER	5.00									
CHAIR	0.00	X		X				0	0	0
(15) CHRIS BOLTON	40.00									
CEO	0.00			X				144,400	0	11,268
(16) MICHAEL HAMILTON	40.00									
PRES OF ENGAGEMENT	0.00				X			174,400	0	15,754
(17) JENA LEE NARDELLA	40.00									
CO-FNDR/CHF STRAT OF	0.00						X	83,575	0	12,591
(18)										
(19)										
1b Sub-total								423,678		39,613
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								423,678		39,613

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **2**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c 857,945				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,007,553				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		3,865,498			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		38			38
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real (ii) Personal				
	6a Gross rents					
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 857,945 of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b 326,227				
	c Net income or (loss) from fundraising events		-326,227			-326,227
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a 22,538					
b Less: cost of goods sold	b 12,797					
c Net income or (loss) from sales of inventory		9,741	9,741			
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		3,549,050	9,741	0	-326,189	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,094,080	1,094,080		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	384,688	104,388	98,993	181,307
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	96,591	19,318	9,659	67,614
7 Other salaries and wages	741,323	387,094	121,022	233,207
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,607	5,580	1,090	1,937
9 Other employee benefits	123,649	58,148	23,097	42,404
10 Payroll taxes	84,829	36,476	16,118	32,235
11 Fees for services (non-employees):				
a Management				
b Legal	3,176	953	2,223	
c Accounting	10,996		10,996	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	22,717	14,400	5,103	3,214
12 Advertising and promotion	231,813	5,375	160	226,278
13 Office expenses	111,356	8,057	20,536	82,763
14 Information technology	119,327	5,915	100,062	13,350
15 Royalties				
16 Occupancy	82,066	16,010	33,028	33,028
17 Travel	110,239	43,919	6,256	60,064
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,274	13,778	3,916	13,580
23 Insurance	10,664	4,159	3,199	3,306
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANQUETS & CELEBRATIONS	110,158			110,158
b HSE CONCERTS & ARTIST FEE	105,189			105,189
c BANK FEES AND CREDIT CARD	67,770	3,389	1,355	63,026
d OTHER EXPENSES	38,948	751	35,699	2,498
e All other expenses	99,704	30,730	7,569	61,405
25 Total functional expenses. Add lines 1 through 24e	3,689,164	1,852,520	500,081	1,336,563
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	261,959	1	118,000
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	30,000	3	54,380
	4 Accounts receivable, net		4	11,006
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,398	8	9,429
	9 Prepaid expenses and deferred charges		9	5,096
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 228,217		
	b Less: accumulated depreciation	10b 94,671	68,619	10c 133,546
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,444	15	10,960
16 Total assets. Add lines 1 through 15 (must equal line 34)	379,420	16	342,417	
Liabilities	17 Accounts payable and accrued expenses	66,188	17	169,299
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	66,188	26	169,299
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	237,627	27	173,118
	28 Temporarily restricted net assets	75,605	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	313,232	33	173,118	
34 Total liabilities and net assets/fund balances	379,420	34	342,417	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,549,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,689,164
3	Revenue less expenses. Subtract line 2 from line 1	3	-140,114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	313,232
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	173,118

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

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

Form **990** (2013)

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,127,003	2,453,718	2,141,153	3,561,665	3,875,239	15,158,778
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	33,321	32,529	15,996	10,124	22,538	114,508
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	3,160,324	2,486,247	2,157,149	3,571,789	3,897,777	15,273,286
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						15,273,286

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	3,160,324	2,486,247	2,157,149	3,571,789	3,897,777	15,273,286
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	397	363	535	549	38	1,882
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	397	363	535	549	38	1,882
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,160,721	2,486,610	2,157,684	3,572,338	3,897,815	15,275,168

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.99 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	90.36 %

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SUPPLEMENTAL INFORMATION

AS A RESULT OF THE ORGANIZATION CHANGING IT'S YEAR END FROM 12/31 TO 9/30,

THE PRECEDING YEARS ON SCHEDULE A, PART III ARE AS FOLLOWS:

COLUMN (A) 4TH PRECEDING YEAR - 12/31/10

COLUMN (B) 3RD PRECEDING YEAR - 12/31/11

COLUMN (C) 2ND PRECEDING YEAR - 9/30/12

COLUMN (D) 1ST PRECEDING YEAR - 9/30/13

COLUMN (E) CURRENT YEAR - 9/30/14

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

2013▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**▶ **Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.****Name of the organization****Employer identification number****BLOOD:WATER MISSION, INC.****56-2483082****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)(**3**) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☒
- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- ☐
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the
- General Rule**
- applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).**For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.****Schedule B (Form 990, 990-EZ, or 990-PF) (2013)**

Name of organization BLOOD:WATER MISSION, INC.	Employer identification number 56-2483082
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 80,522	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

Employer identification number

BLOOD:WATER MISSION, INC.**56-2483082****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

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

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,030	3,014	33,016
d Equipment		192,187	91,657	100,530
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				133,546

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,774,383
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	225,333
e	Add lines 2a through 2d	2e	225,333
3	Subtract line 2e from line 1	3	3,549,050
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,549,050

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

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

1	Total expenses and losses per audited financial statements	1	3,914,497
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	225,333
e	Add lines 2a through 2d	2e	225,333
3	Subtract line 2e from line 1	3	3,689,164
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,689,164

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION HAS ADOPTED THE GUIDANCE IN ASC 740 ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. FOR ALL TAX POSITIONS TAKEN BY THE ORGANIZATION, MANAGEMENT BELIEVES IT IS CLEAR THAT THE LIKELIHOOD IS GREATER THAN 50 PERCENT THAT THE FULL AMOUNT OF THE TAX POSITIONS TAKEN WILL BE ULTIMATELY REALIZED. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2011. THE ORGANIZATION INCURRED NO INTEREST OR PENALTIES DURING THE YEAR ENDED SEPTEMBER 30, 2014.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES FOR FUNDRAISING EVENTS \$ 225,333

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DIRECT EXPENSES FOR FUNDRAISING EVENTS \$ 225,333

Part XIII Supplemental Information (continued)

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SUB-SAHARAN AFRICA					
(1)			PROGRAM SERVICES	WATER & HIV AIDS SUP	1,094,080
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,094,080
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,094,080

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

Schedule F (Form 990) 2013

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	234,160	WIRE TRANSFER			
(2)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	162,500	WIRE TRANSFER			
(3)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	52,498	WIRE TRANSFER			
(4)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	159,998	WIRE TRANSFER			
(5)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	161,667	WIRE TRANSFER			
(6)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	129,587	WIRE TRANSFER			
(7)			SUB-SAHARAN AFRICA	FUNDING & SUPPORT	193,670	WIRE TRANSFER			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

Part IV Foreign Forms

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

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

BLOOD:WATER MISSION IS EXTREMELY SELECTIVE IN ESTABLISHING PARTNERSHIPS

WITH IMPLEMENTING ORGANIZATIONS, PERFORMING AN EXHAUSTIVE AMOUNT OF

RESEARCH TO ENSURE ALIGNMENT OF VALUES. IN ADDITION, A MEMORANDUM OF

UNDERSTANDING WITH EACH PARTNER IS SOLIDIFIED AND OUTLINES REQUIRED ONGOING

REPORTING THROUGHOUT OUR PROJECTS. BLOOD:WATER MISSION STAFF ALSO PERFORM

FIELD VISITS TO FOLLOW UP ON PROJECTS.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION

EXPENDITURES

INVESTMENTS

SUB-SAHARAN AFRICA

\$ 1,094,080 \$

0

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

TENNESSEE, ALASKA, CONNECTICUT, KANSAS, KENTUCKY, MAINE, MARYLAND,
MASSACHUSETTS, MISSISSIPPI, NEW MEXICO, NEW YORK, NORTH CAROLINA,
PENNSYLVANIA, VIRGINIA, WEST VIRGINIA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		WALLY EVENT - W (event type)	RED TIE GALA (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	359,888	304,365	193,692	857,945
	2 Less: Contributions	359,888	304,365	193,692	857,945
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	135,559	89,774	100,894	326,227
	10 Direct expense summary. Add lines 4 through 9 in column (d)				326,227
	11 Net income summary. Subtract line 10 from line 3, column (d)				-326,227

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain:

- | | | |
|-----------|---|--|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | |
| a | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |

Name

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party: _____

Name

Address ►

- 16** Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
 ► **Attach to Form 990.** ► **See separate instructions.**

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

OMB No. 1545-0047

2013**Open to Public Inspection**

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082**Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

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

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

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

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b**2****4a****4b****4c****5a****5b****6a****6b****7****8****9****X****X****X****X****X****X****X****X****X****For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	CHRIS BOLTON CEO	(i)	144,400	0	0	11,268	0	155,668	0
		(ii)	0	0	0	0	0	0	0
2	MICHAEL HAMILTON PRES OF ENGAGEMENT	(i)	174,400	0	0	15,754	0	190,154	0
		(ii)	0	0	0	0	0	0	0
3	JENA LEE NARDELLA CO-FNDR/CHF STRAT OF	(i)	83,575	0	0	12,591	0	96,166	0
		(ii)	0	0	0	0	0	0	0
4		(i)							
		(ii)							
5		(i)							
		(ii)							
6		(i)							
		(ii)							
7		(i)							
		(ii)							
8		(i)							
		(ii)							
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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

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

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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. ▶ See separate instructions.▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open To Public
Inspection

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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 organization	(c) Description of transaction	(d) Corrected?	
				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	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶ \$												

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)				

Part IV **Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) LWALA COMMUNITY ALLIANCE	SPOUSE	129,948	GRANT GIVEN		X
(2) CREATIVE TRUST	DIRECTOR		LITERARY REP		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V **Supplemental Information**

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

SCHEDULE L, PART V - ADDITIONAL INFORMATION

THE EXECUTIVE DIRECTOR OF LWALA COMMUNITY ALLIANCE, JAMES NARDELLA, IS

MARRIED TO THE CO-FOUNDER AND CHIEF STRATEGY OFFICER OF BLOOD:WATER

MISSION, JENA NARDELLA. BLOOD:WATER MISSION AND LWALA COMMUNITY ALLIANCE

ARE CO-ALIGNED IN AFRICA.

DAN RAINES, A CURRENT DIRECTOR OF BLOOD:WATER MISSION, IS THE CO-CEO OF

CREATIVE TRUST. BLOOD:WATER MISSION HAS ENTERED INTO A LITERARY

REPRESENTATION AGREEMENT WITH CREATIVE TRUST WHEREBY CREATIVE TRUST WILL

RECEIVE COMMISSIONS ON THE SALE OF A BOOK THAT IS BEING PUBLISHED. NO

MONETARY TRANSACTIONS TOOK PLACE DURING THIS REPORTING PERIOD.

THE ORGANIZATION HAS FOLLOWED THEIR CONFLICT OF INTEREST POLICY IN

APPROVING ANY TRANSACTIONS WITH THESE TWO RELATED PARTIES.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013**Open to Public
Inspection****BLOOD:WATER MISSION, INC.**

Employer identification number

56-2483082**FORM 990 - ORGANIZATION'S MISSION**

BLOOD:WATER MISSION IS AN EQUIPPING AGENCY THAT PARTNERS WITH AFRICAN GRASSROOTS ORGANIZATIONS TO ADDRESS THE HIV/AIDS AND WATER CRISES. WE DO THIS BY IDENTIFYING AFRICA'S HIDDEN HEROES AND COMING ALONGSIDE THEIR VISION FOR CHANGE. THROUGH TECHNICAL, FINANCIAL AND ORGANIZATIONAL SUPPORT, WE EXPAND THE REACH AND EFFECTIVENESS OF AFRICAN CIVIL SOCIETY ORGANIZATIONS AND THE COMMUNITIES THEY SERVE.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

NO COMMITTEES ARE MAKING VOTING DECISIONS OR HAVE THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED BY STAFF, CEO & FINANCE COMMITTEE PRIOR TO SUBMISSION. THE CEO AND TREASURER SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED TO TRUSTEES, OFFICERS AND CERTAIN IDENTIFIED AGENTS AND EMPLOYEES TO ASSIST THEM IN CONSIDERING DISCLOSURE OF PERCEIVED OR POTENTIAL CONFLICT OF INTEREST. THE WRITTEN STATEMENTS OF DISCLOSURES ARE FILED WITH THE CEO OR SUCH PERSON DESIGNATED BY THE CEO TO RECEIVE SUCH NOTIFICATIONS. AT THE MEETING OF THE BOARD, ALL DISCLOSURES OF REAL OR APPARENT CONFLICT OF INTEREST SHALL BE NOTED FOR THE RECORD IN THE MINUTES. AN INDIVIDUAL TRUSTEE, OFFICER, AGENT OR EMPLOYEE

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

WHO BELIEVES THAT HE OR SHE OR AN IMMEDIATE MEMBER OF HIS OR HER IMMEDIATE FAMILY MIGHT HAVE A REAL OR APPARENT CONFLICT OF INTEREST, IN ADDITION TO FILING A NOTICE OF DISCLOSURE, MUST ABSTAIN WITH REGARD TO THE SUBJECT OF THE CONFLICT FROM PARTICIPATING IN DISCUSSIONS, USING HIS OR HER PERSONAL INFLUENCE, MAKING MOTIONS, VOTING, EXECUTING AGREEMENTS OR TAKING SIMILAR ACTIONS ON BEHALF OF THE ORGANIZATIONS WHERE THE CONFLICT OF INTEREST MIGHT PERTAIN BY LAW, AGREEMENT OR OTHERWISE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BLOOD:WATER MISSION (BWM) BOARD'S DETERMINATION OF THE CEO'S COMPENSATION IS ONE OF ITS KEY TASKS. THE COMPENSATION MUST COMPLY WITH LEGAL REQUIREMENTS FOR MAXIMUM COMPENSATION AND REPORTING OF TAXABLE ELEMENTS. AN APPROPRIATE COMPENSATION POLICY AND REVIEW PROCESS MUST BE BUILT UPON THE PHILOSOPHY OF THE ORGANIZATION. THEREFORE, THE FOLLOWING ELEMENTS ARE DEEMED CRITICAL: 1) THE COMPENSATION PLAN WILL SUPPORT THE MISSION, STRATEGY, AND VALUES OF BWM. 2) BWM WILL PAY FOR PERFORMANCE, SKILLS AND COMPETENCIES, DEVELOPMENT AND GROWTH, AND EFFECTIVE VISIBLE COMMITMENT TO THE ORGANIZATION. 3) THE COMPENSATION STRUCTURE WILL ENCOURAGE RECRUITMENT, RETENTION, AND MOTIVATION OF OUTSTANDING EXECUTIVES SO THAT THE ORGANIZATION CAN ACHIEVE ITS MISSION AND OBJECTIVES. 4) OUR COMPENSATION STRUCTURE MAY INCLUDE BASE SALARY, RETIREMENT AND OTHER BENEFITS, AND PERFORMANCE-BASED PAY APPROPRIATE TO THE NONPROFIT MARKETPLACE. 5) OUR COMPENSATION SYSTEM WILL INCLUDE PERIODIC ADJUSTMENTS TO PAY RANGES BASED ON CHANGES IN THE MARKETPLACE, SUBJECT TO ORGANIZATIONAL FINANCIAL CONSTRAINTS. ALL ADJUSTMENTS TO PAY WILL BE CONSISTENT WITH PRACTICE IN THE NONPROFIT MARKETPLACE. 6) THE MARKETPLACE ADEQUACY OF THE COMPENSATION STRUCTURE WILL BE JUDGED IN TERMS OF TOTAL

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

COMPENSATION, INCLUDING BENEFITS: THE TOTAL PACKAGES WILL BE COMPETITIVE WITH THE MARKETPLACE, SUBJECT TO ORGANIZATIONAL FINANCIAL CONSTRAINTS. 7) THE COMPENSATION STRUCTURE WILL BE LINKED TO AN EFFECTIVE PERFORMANCE MANAGEMENT SYSTEM WITH INDIVIDUAL GROWTH AND DEVELOPMENT AS WELL AS PROFESSIONAL ACHIEVEMENT GOALS.

IN CONSIDERING COMPENSATION, ALL ELEMENTS WILL BE PROVIDED TO THE BOARD, INCLUDING (BUT NOT LIMITED TO): THE VALUE OF ALL EMPLOYEE BENEFITS WHETHER TAXABLE OR NOT, HOUSING ALLOWANCE OR VALUE OF PROVIDED HOUSING, THE VALUE OF VEHICLES TO THE EMPLOYEE OR THE FAMILY OF THE EMPLOYEE AND RETIREMENT PLAN CONTRIBUTIONS.

THE FINANCE COMMITTEE AND THE CHAIRMAN OF THE BOARD WILL REVIEW THE COMPENSATION PACKAGE BEING PROVIDED TO THE CEO ON AN ANNUAL BASIS AS A COMPONENT OF THE CEO'S ANNUAL PERFORMANCE APPRAISAL AND REVIEW PROCESS. AS PART OF THE COMPENSATION REVIEW PROCESS, THE BOARD WILL COLLECT INFORMATION REGARDING AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES AND CONSIDER HOW THE PROPOSED COMPENSATION COMPARES TO THE COMPARISON INFORMATION. IF THE AMOUNT PROPOSED AS COMPENSATION SEEMS HIGH BASED ON THE COMPARISON INFORMATION, THE BOARD WILL CONSIDER COLLECTING ADDITIONAL INFORMATION OR OBTAINING A PROFESSIONAL COMPENSATION OPINION.

THE TOTAL COMPENSATION OF ALL NON-EXECUTIVE STAFF MEMBERS SHALL BE REVIEWED ANNUALLY BY THE CEO, BOARD CHAIRMAN, AND OTHER MEMBERS OF THE PERSONNEL COMMITTEE. THE BOARD SHALL APPROVE TOTAL STAFF COMPENSATION DOLLARS EACH YEAR AS PART OF THE ANNUAL BUDGET PROCESS TAKING INTO CONSIDERATION OVERALL ORGANIZATIONAL PERFORMANCE FOR THE CURRENT/PREVIOUS YEAR AND PROJECTIONS FOR THE COMING YEAR. THE CEO SHALL HAVE THE RESPONSIBILITY OF ESTABLISHING AND MAINTAINING ALL NON-EXECUTIVE SALARIES, RAISES, AND

Name of the organization

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

OTHER BENEFITS DETERMINED BY THE SALARY & COMPENSATION SYSTEM, INDIVIDUAL PERFORMANCE ASSESSMENTS, AND INTERIM PERFORMANCE STANDARDS POLICIES.

INDIVIDUAL STAFF EVALUATIONS, CARRIED OUT BY THE EXECUTIVE STAFF, SHALL TAKE PLACE ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE ORGANIZATION HAS NO OTHER PAID OFFICERS. SEE COMPENSATION POLICY FOR CEO FOR THE ORGANIZATION'S ENTIRE COMPENSATION POLICY.

FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED

WEST VIRGINIA, ILLINOIS, MINNESOTA, SOUTH CAROLINA, UTAH, WASHINGTON, NEW HAMPSHIRE, MICHIGAN, ALABAMA, CALIFORNIA, ILLINOIS, MISSOURI, NEW JERSEY, OKLAHOMA, UTAH, RHODE ISLAND, SOUTH CAROLINA, VIRGINIA

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC, UPON REQUEST, IN A TIMELY MANNER AND WITHOUT CHARGE OR SUBJECT TO THE CHARGES PERMITTED BY LAW.

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

DIRECT EXPENSES FOR FUNDRAISING EVENTS	\$	225,333
--	----	---------

DIRECT EXPENSES FOR FUNDRAISING EVENTS	\$	-225,333
--	----	----------

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2013Attachment
Sequence No. **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

BLOOD:WATER MISSION, INC.

Identifying number

56-2483082

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	31,276

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	31,276
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2013)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Basis for Dep	PerConv	Meth	Prior	Current
Other Depreciation:										
8	Compaq Projector	9/30/05	2,300			2,300	5	MO S/L	2,300	0
9	Office Furniture	12/14/05	2,132			2,132	5	MO S/L	2,132	0
11	Macbook (Intern 2)	2/16/07	2,418			2,418	5	MO S/L	2,418	0
12	Wolf Camera Video	1/23/07	3,186			3,186	5	MO S/L	3,186	0
13	MacBooks (Interns 3 & 4)	7/27/07	2,843			2,843	5	MO S/L	2,843	0
14	Apple Mac Pro (Laura)	7/27/07	4,731			4,731	5	MO S/L	4,731	0
18	MacBook (intern5)	5/13/08	1,500			1,500	5	MO S/L	1,500	0
19	New Server	5/30/08	3,950			3,950	5	MO S/L	3,950	0
20	MacBook Air (Intern1)	6/12/08	2,048			2,048	5	MO S/L	2,048	0
21	iMac Computer - (Interns)	4/28/09	1,299			1,299	5	MO S/L	1,147	152
22	Macbook Pro (Mike L)	11/19/09	1,475			1,475	5	MO S/L	1,131	295
23	Africa Programs Database	7/02/09	20,000			20,000	3	MO S/L	20,000	0
24	Nikon SLR w/ Lens	4/08/10	5,566			5,566	5	MO S/L	3,896	1,114
25	Macbook Pro (Katherine)	3/01/10	1,767			1,767	5	MO S/L	1,266	354
27	Macbook Pro (Aaron)	4/20/10	1,777			1,777	5	MO S/L	1,214	356
28	Macbook Pro (Nadia)	11/01/10	2,254			2,254	5	MO S/L	1,315	450
30	MacBook Air (Jena)	1/21/11	1,853			1,853	5	MO S/L	988	371
31	MacBook Pro (Chris)	8/11/11	2,038			2,038	5	MO S/L	883	408
33	MacBook Air (Mike H)	10/17/11	1,550			1,550	5	MO S/L	594	310
34	Canon T2i SLR & 17-50 Lens	10/31/11	1,244			1,244	5	MO S/L	477	249
36	Video Hard Drive (12TB)	8/15/11	1,130			1,130	5	MO S/L	490	226
38	Macbook Pro (Matt C.) - SOLD OCT'13	4/26/12	1,531			1,531	5	MO S/L	434	306
39	Macbook Air (Jake)	4/26/12	1,785			1,785	5	MO S/L	506	357
40	Macbook Pro (Aaron)	6/05/12	1,531			1,531	5	MO S/L	408	306
41	Camera (Barak)	9/07/12	3,102			3,102	5	MO S/L	672	621
42	Pendant Lighting	5/31/13	988			988	15	MO S/L	22	66
43	Track fixtures & other	5/31/13	3,046			3,046	15	MO S/L	68	203
44	Electrical wiring for new workstations	9/17/13	700			700	15	MO S/L	0	47
45	Additional TRAC Lighting	9/27/13	759			759	15	MO S/L	0	51
46	Glass windows & doors	6/05/13	6,300			6,300	15	MO S/L	140	420
47	Lighting fixtures (recessed track & pendant)	6/28/13	693			693	15	MO S/L	12	46
48	Storage room shelving	6/28/13	216			216	15	MO S/L	4	14
49	Storage room shelving	6/28/13	471			471	15	MO S/L	8	31
50	Lighting fixtures	6/28/13	726			726	15	MO S/L	12	49
51	Front door signage	6/28/13	306			306	15	MO S/L	5	21
52	discovery and design for new office branding/	7/10/13	1,860			1,860	15	MO S/L	31	124
53	Power for Boardroom Table	8/26/13	379			379	15	MO S/L	2	25
54	Tables (used)	6/28/13	400			400	5	MO S/L	20	80
55	Storage shelving & containers	6/28/13	286			286	5	MO S/L	14	57
56	Boardroom chairs- round table & lamps	8/07/13	8,576			8,576	5	MO S/L	286	1,715
57	War Room Conference Table	8/27/13	1,588			1,588	5	MO S/L	26	318
58	(12) Twist Swivel Stools	8/27/13	1,602			1,602	5	MO S/L	27	320
59	Furniture for Tea Time	8/27/13	4,520			4,520	5	MO S/L	75	904
60	Kitchen Table	9/27/13	261			261	5	MO S/L	0	52
61	Tea time rug	9/27/13	1,138			1,138	5	MO S/L	0	228
62	Tea time coffee table	9/27/13	439			439	5	MO S/L	0	88
63	MacBook Pro (VH)	11/30/12	2,731			2,731	5	MO S/L	455	546
64	Polycom IP6000 (Conference calls)	12/31/12	539			539	5	MO S/L	81	108
65	Dell U2412 Monitor (Photo computer)	12/31/12	301			301	5	MO S/L	45	60
66	MacAir Applecare adaptor keyboard (Diana)	2/28/13	1,960			1,960	5	MO S/L	229	392
67	Dell U2412 Monitor (DG)	2/28/13	325			325	5	MO S/L	38	65
68	iPhone (Nadia)	4/30/13	824			824	5	MO S/L	69	164
69	IT Equipment	6/03/13	978			978	5	MO S/L	65	196
70	RAM upgrades TM & AS	6/28/13	290			290	5	MO S/L	15	57
71	Macbook Pro 13 (Michael Dean)	9/27/13	1,513			1,513	5	MO S/L	0	303
72	Tea Time Projector - Optoma TH1060P	9/27/13	1,437			1,437	5	MO S/L	0	287
73	A/V purchase & install for tea time area & w	8/01/13	4,105			4,105	5	MO S/L	137	821
74	Canon 70-200 f/2.8 IS	10/31/12	2,302			2,302	5	MO S/L	422	461
75	B&H Photo-video photography gear	1/31/13	599			599	5	MO S/L	80	120
76	Hard Drive System for video - OWC Mercury	4/30/13	1,448			1,448	5	MO S/L	121	289
77	Hypershoot - external battery	6/28/13	381			381	5	MO S/L	19	76
78	tripod and wireless canon flash trigger - MRF	8/27/13	772			772	5	MO S/L	13	154
79	Canon 600EX	8/27/13	450			450	5	MO S/L	8	90
80	LG TV/Monitor (Hoops Board Rm)	9/27/13	801			801	5	MO S/L	0	160
81	Wallcoverings & design	10/01/13	6,895			6,895	15	MO S/L	0	460
82	New website	2/12/14	40,000			40,000	3	MO S/L	0	8,889
83	Track lighting	10/08/13	700			700	15	MO S/L	0	47
84	Macbook Air (Rich Klopp)	10/27/13	1,739			1,739	5	MO S/L	0	319

Federal Asset Report

FYE: 9/30/2014

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
85	Branded wall coverings	11/01/13	11,991				11,991	15 MO S/L	0	733
86	Ipad mini 32 gig (engmt)	11/27/13	534				534	5 MO S/L	0	89
87	ipad 32 GB (Nadia Kist)	11/27/13	769				769	5 MO S/L	0	128
88	ipad (Barak)	11/27/13	807				807	5 MO S/L	0	134
89	ipad (Aida)	11/27/13	833				833	5 MO S/L	0	139
90	Macbook (Barak)	11/27/13	2,157				2,157	5 MO S/L	0	359
91	Reception Desk	12/01/13	846				846	5 MO S/L	0	141
92	Workstations (8)	12/01/13	18,983				18,983	5 MO S/L	0	3,164
93	Sagio Mgmt Chairs (33)	12/01/13	3,000				3,000	5 MO S/L	0	500
94	Projector screen 24" leader	12/03/13	522				522	5 MO S/L	0	87
95	Dell PC - Acct	12/27/13	736				736	5 MO S/L	0	110
96	ipad mini (Rich Klopp)	12/27/13	866				866	5 MO S/L	0	130
97	bloodwater.com domain purchase	3/25/14	2,502				2,502	3 MO S/L	0	417
98	Tea Time A/V set up	10/01/13	820				820	15 MO S/L	0	55
99	App for iOP and Android (Save a Drink)	3/03/14	1,500				1,500	3 MO S/L	0	292
Total Other Depreciation			<u>228,220</u>				<u>228,220</u>		<u>63,078</u>	<u>31,276</u>
Total ACRS and Other Depreciation			<u>228,220</u>				<u>228,220</u>		<u>63,078</u>	<u>31,276</u>
Grand Totals			228,220				228,220		63,078	31,276
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>228,220</u>				<u>228,220</u>		<u>63,078</u>	<u>31,276</u>

TN Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
Other Depreciation:								
8	Compaq Projector	9/30/05	2,300	2,300	2,300	0	0	0
9	Office Furniture	12/14/05	2,132	2,132	2,132	0	0	0
11	Macbook (Intern 2)	2/16/07	2,418	2,418	2,418	0	0	0
12	Wolf Camera Video	1/23/07	3,186	3,186	3,186	0	0	0
13	MacBooks (Interns 3 & 4)	7/27/07	2,843	2,843	2,843	0	0	0
14	Apple Mac Pro (Laura)	7/27/07	4,731	4,731	4,731	0	0	0
18	MacBook (intern5)	5/13/08	1,500	1,500	1,500	0	0	0
19	New Server	5/30/08	3,950	3,950	3,950	0	0	0
20	MacBook Air (Intern1)	6/12/08	2,048	2,048	2,048	0	0	0
21	iMac Computer - (Interns)	4/28/09	1,299	1,299	1,147	152	152	0
22	Macbook Pro (Mike L)	11/19/09	1,475	1,475	1,131	295	295	0
23	Africa Programs Database	7/02/09	20,000	20,000	20,000	0	0	0
24	Nikon SLR w/ Lens	4/08/10	5,566	5,566	3,896	1,114	1,114	0
25	Macbook Pro (Katherine)	3/01/10	1,767	1,767	1,266	354	354	0
27	Macbook Pro (Aaron)	4/20/10	1,777	1,777	1,214	356	356	0
28	Macbook Pro (Nadia)	11/01/10	2,254	2,254	1,315	450	450	0
30	MacBook Air (Jena)	1/21/11	1,853	1,853	988	371	371	0
31	MacBook Pro (Chris)	8/11/11	2,038	2,038	883	408	408	0
33	MacBook Air (Mike H)	10/17/11	1,550	1,550	594	310	310	0
34	Canon T2i SLR & 17-50 Lens	10/31/11	1,244	1,244	477	249	249	0
36	Video Hard Drive (12TB)	8/15/11	1,130	1,130	490	226	226	0
38	Macbook Pro (Matt C.) - SOLD OCT'13	4/26/12	1,531	1,531	434	306	306	0
39	Macbook Air (Jake)	4/26/12	1,785	1,785	506	357	357	0
40	Macbook Pro (Aaron)	6/05/12	1,531	1,531	408	306	306	0
41	Camera (Barak)	9/07/12	3,102	3,102	672	621	621	0
42	Pendant Lighting	5/31/13	988	988	22	66	66	0
43	Track fixtures & other	5/31/13	3,046	3,046	68	203	203	0
44	Electrical wiring for new workstations	9/17/13	700	700	0	47	47	0
45	Additional TRAC Lighting	9/27/13	759	759	0	51	51	0
46	Glass windows & doors	6/05/13	6,300	6,300	140	420	420	0
47	Lighting fixtures (recessed track & pendant)	6/28/13	693	693	12	46	46	0
48	Storage room shelving	6/28/13	216	216	4	14	14	0
49	Storage room shelving	6/28/13	471	471	8	31	31	0
50	Lighting fixtures	6/28/13	726	726	12	49	49	0
51	Front door signage	6/28/13	306	306	5	21	21	0
52	discovery and design for new office branding	7/10/13	1,860	1,860	31	124	124	0
53	Power for Boardroom Table	8/26/13	379	379	2	25	25	0
54	Tables (used)	6/28/13	400	400	20	80	80	0
55	Storage shelving & containers	6/28/13	286	286	14	57	57	0
56	Boardroom chairs- round table & lamps	8/07/13	8,576	8,576	286	1,715	1,715	0
57	War Room Conference Table	8/27/13	1,588	1,588	26	318	318	0
58	(12) Twist Swivel Stools	8/27/13	1,602	1,602	27	320	320	0
59	Furniture for Tea Time	8/27/13	4,520	4,520	75	904	904	0
60	Kitchen Table	9/27/13	261	261	0	52	52	0
61	Tea time rug	9/27/13	1,138	1,138	0	228	228	0
62	Tea time coffee table	9/27/13	439	439	0	88	88	0
63	MacBook Pro (VH)	11/30/12	2,731	2,731	455	546	546	0
64	Polycom IP6000 (Conference calls)	12/31/12	539	539	81	108	108	0
65	Dell U2412 Monitor (Photo computer)	12/31/12	301	301	45	60	60	0
66	MacAir Applecare adaptor keyboard (Diana)	2/28/13	1,960	1,960	229	392	392	0
67	Dell U2412 Monitor (DG)	2/28/13	325	325	38	65	65	0
68	iPhone (Nadia)	4/30/13	824	824	69	164	164	0
69	IT Equipment	6/03/13	978	978	65	196	196	0
70	RAM upgrades TM & AS	6/28/13	290	290	15	57	57	0
71	Macbook Pro 13 (Michael Dean)	9/27/13	1,513	1,513	0	303	303	0
72	Tea Time Projector - Optoma TH1060P	9/27/13	1,437	1,437	0	287	287	0
73	A/V purchase & install for tea time area & w	8/01/13	4,105	4,105	137	821	821	0
74	Canon 70-200 f/2.8 IS	10/31/12	2,302	2,302	422	461	461	0
75	B&H Photo-video photography gear	1/31/13	599	599	80	120	120	0
76	Hard Drive System for video - OWC Mercury	4/30/13	1,448	1,448	121	289	289	0
77	Hypershoot - external battery	6/28/13	381	381	19	76	76	0
78	tripod and wireless canon flash trigger - MRF	8/27/13	772	772	13	154	154	0
79	Canon 600EX	8/27/13	450	450	8	90	90	0
80	LG TV/Monitor (Hoops Board Rm)	9/27/13	801	801	0	160	160	0
81	Wallcoverings & design	10/01/13	6,895	6,895	0	460	460	0
82	New website	2/12/14	40,000	40,000	0	8,889	8,889	0
83	Track lighting	10/08/13	700	700	0	47	47	0
84	Macbook Air (Rich Klopp)	10/27/13	1,739	1,739	0	319	319	0

TN Asset Report

FYE: 9/30/2014

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Asset	Description	Date In Service	Cost	Basis for Depr	TN Prior	TN Current	Federal Current	Difference Fed - TN
85	Branded wall coverings	11/01/13	11,991	11,991	0	733	733	0
86	Ipad mini 32 gig (engmt)	11/27/13	534	534	0	89	89	0
87	ipad 32 GB (Nadia Kist)	11/27/13	769	769	0	128	128	0
88	ipad (Barak)	11/27/13	807	807	0	134	134	0
89	ipad (Aida)	11/27/13	833	833	0	139	139	0
90	Macbook (Barak)	11/27/13	2,157	2,157	0	359	359	0
91	Reception Desk	12/01/13	846	846	0	141	141	0
92	Workstations (8)	12/01/13	18,983	18,983	0	3,164	3,164	0
93	Sagio Mgmt Chairs (33)	12/01/13	3,000	3,000	0	500	500	0
94	Projector screen 24" leader	12/03/13	522	522	0	87	87	0
95	Dell PC - Acct	12/27/13	736	736	0	110	110	0
96	ipad mini (Rich Klopp)	12/27/13	866	866	0	130	130	0
97	bloodwater.com domain purchase	3/25/14	2,502	2,502	0	417	417	0
98	Tea Time A/V set up	10/01/13	820	820	0	55	55	0
99	App for iOP and Android (Save a Drink)	3/03/14	1,500	1,500	0	292	292	0
Total Other Depreciation			<u>228,220</u>	<u>228,220</u>	<u>63,078</u>	<u>31,276</u>	<u>31,276</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>228,220</u>	<u>228,220</u>	<u>63,078</u>	<u>31,276</u>	<u>31,276</u>	<u>0</u>
Grand Totals			228,220	228,220	63,078	31,276	31,276	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>228,220</u>	<u>228,220</u>	<u>63,078</u>	<u>31,276</u>	<u>31,276</u>	<u>0</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
8	Compaq Projector	9/30/05	0				0	0	HY		0	0
9	Office Furniture	12/14/05	0				0	0	HY		0	0
11	Macbook (Intern 2)	2/16/07	0				0	0	HY		0	0
12	Wolf Camera Video	1/23/07	0				0	0	HY		0	0
13	MacBooks (Interns 3 & 4)	7/27/07	0				0	0	HY		0	0
14	Apple Mac Pro (Laura)	7/27/07	0				0	0	HY		0	0
18	MacBook (intern5)	5/13/08	0				0	0	HY		0	0
19	New Server	5/30/08	0				0	0	HY		0	0
20	MacBook Air (Intern1)	6/12/08	0				0	0	HY		0	0
21	iMac Computer - (Interns)	4/28/09	0				0	0	HY		0	0
22	Macbook Pro (Mike L)	11/19/09	0				0	0	HY		0	0
23	Africa Programs Database	7/02/09	0				0	0	HY		0	0
24	Nikon SLR w/ Lens	4/08/10	0				0	0	HY		0	0
25	Macbook Pro (Katherine)	3/01/10	0				0	0	HY		0	0
27	Macbook Pro (Aaron)	4/20/10	0				0	0	HY		0	0
28	Macbook Pro (Nadia)	11/01/10	0				0	0	HY		0	0
30	MacBook Air (Jena)	1/21/11	0				0	0	HY		0	0
31	MacBook Pro (Chris)	8/11/11	0				0	0	HY		0	0
33	MacBook Air (Mike H)	10/17/11	0				0	0	HY		0	0
34	Canon T2i SLR & 17-50 Lens	10/31/11	0				0	0	HY		0	0
36	Video Hard Drive (12TB)	8/15/11	0				0	0	HY		0	0
38	Macbook Pro (Matt C.) - SOLD OCT'13	4/26/12	0				0	0	HY		0	0
39	Macbook Air (Jake)	4/26/12	0				0	0	HY		0	0
40	Macbook Pro (Aaron)	6/05/12	0				0	0	HY		0	0
41	Camera (Barak)	9/07/12	0				0	0	HY		0	0
42	Pendant Lighting	5/31/13	0				0	0	HY		0	0
43	Track fixtures & other	5/31/13	0				0	0	HY		0	0
44	Electrical wiring for new workstations	9/17/13	0				0	0	HY		0	0
45	Additional TRAC Lighting	9/27/13	0				0	0	HY		0	0
46	Glass windows & doors	6/05/13	0				0	0	HY		0	0
47	Lighting fixtures (recessed track & pendant)	6/28/13	0				0	0	HY		0	0
48	Storage room shelving	6/28/13	0				0	0	HY		0	0
49	Storage room shelving	6/28/13	0				0	0	HY		0	0
50	Lighting fixtures	6/28/13	0				0	0	HY		0	0
51	Front door signage	6/28/13	0				0	0	HY		0	0
52	discovery and design for new office branding	7/10/13	0				0	0	HY		0	0
53	Power for Boardroom Table	8/26/13	0				0	0	HY		0	0
54	Tables (used)	6/28/13	0				0	0	HY		0	0
55	Storage shelving & containers	6/28/13	0				0	0	HY		0	0
56	Boardroom chairs- round table & lamps	8/07/13	0				0	0	HY		0	0
57	War Room Conference Table	8/27/13	0				0	0	HY		0	0
58	(12) Twist Swivel Stools	8/27/13	0				0	0	HY		0	0
59	Furniture for Tea Time	8/27/13	0				0	0	HY		0	0
60	Kitchen Table	9/27/13	0				0	0	HY		0	0
61	Tea time rug	9/27/13	0				0	0	HY		0	0
62	Tea time coffee table	9/27/13	0				0	0	HY		0	0
63	MacBook Pro (VH)	11/30/12	0				0	0	HY		0	0
64	Polycom IP6000 (Conference calls)	12/31/12	0				0	0	HY		0	0
65	Dell U2412 Monitor (Photo computer)	12/31/12	0				0	0	HY		0	0
66	MacAir Applecare adaptor keyboard (Diana)	2/28/13	0				0	0	HY		0	0
67	Dell U2412 Monitor (DG)	2/28/13	0				0	0	HY		0	0
68	iPhone (Nadia)	4/30/13	0				0	0	HY		0	0
69	IT Equipment	6/03/13	0				0	0	HY		0	0
70	RAM upgrades TM & AS	6/28/13	0				0	0	HY		0	0
71	Macbook Pro 13 (Michael Dean)	9/27/13	0				0	0	HY		0	0
72	Tea Time Projector - Optoma TH1060P	9/27/13	0				0	0	HY		0	0
73	A/V purchase & install for tea time area & w	8/01/13	0				0	0	HY		0	0
74	Canon 70-200 f/2.8 IS	10/31/12	0				0	0	HY		0	0
75	B&H Photo-video photography gear	1/31/13	0				0	0	HY		0	0
76	Hard Drive System for video - OWC Mercury 4TB	4/10/13	0				0	0	HY		0	0
77	Hypershoot - external battery	6/28/13	0				0	0	HY		0	0
78	tripod and wireless canon flash trigger - MRF	8/27/13	0				0	0	HY		0	0
79	Canon 600EX	8/27/13	0				0	0	HY		0	0
80	LG TV/Monitor (Hoops Board Rm)	9/27/13	0				0	0	HY		0	0
81	Wallcoverings & design	10/01/13	0				0	0	HY		0	0
82	New website	2/12/14	0				0	0	HY		0	0
83	Track lighting	10/08/13	0				0	0	HY		0	0
84	Macbook Air (Rich Klopp)	10/27/13	0				0	0	HY		0	0

AMT Asset Report

FYE: 9/30/2014

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
85	Branded wall coverings	11/01/13	0				0	0	HY		0	0
86	Ipad mini 32 gig (engmt)	11/27/13	0				0	0	HY		0	0
87	ipad 32 GB (Nadia Kist)	11/27/13	0				0	0	HY		0	0
88	ipad (Barak)	11/27/13	0				0	0	HY		0	0
89	ipad (Aida)	11/27/13	0				0	0	HY		0	0
90	Macbook (Barak)	11/27/13	0				0	0	HY		0	0
91	Reception Desk	12/01/13	0				0	0	HY		0	0
92	Workstations (8)	12/01/13	0				0	0	HY		0	0
93	Sagio Mgmt Chairs (33)	12/01/13	0				0	0	HY		0	0
94	Projector screen 24" leader	12/03/13	0				0	0	HY		0	0
95	Dell PC - Acct	12/27/13	0				0	0	HY		0	0
96	ipad mini (Rich Klopp)	12/27/13	0				0	0	HY		0	0
97	bloodwater.com domain purchase	3/25/14	0				0	0	HY		0	0
98	Tea Time A/V set up	10/01/13	0				0	0	HY		0	0
99	App for iOP and Android (Save a Drink)	3/03/14	0				0	0	HY		0	0
Total Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Grand Totals			0				0				0	0
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
8	Compaq Projector	9/30/05	2,300	0	0
9	Office Furniture	12/14/05	2,132	0	0
11	Macbook (Intern 2)	2/16/07	2,418	0	0
12	Wolf Camera Video	1/23/07	3,186	0	0
13	MacBooks (Interns 3 & 4)	7/27/07	2,843	0	0
14	Apple Mac Pro (Laura)	7/27/07	4,731	0	0
18	MacBook (intern5)	5/13/08	1,500	0	0
19	New Server	5/30/08	3,950	0	0
20	MacBook Air (Intern1)	6/12/08	2,048	0	0
21	iMac Computer - (Interns)	4/28/09	1,299	0	0
22	Macbook Pro (Mike L)	11/19/09	1,475	49	0
23	Africa Programs Database	7/02/09	20,000	0	0
24	Nikon SLR w/ Lens	4/08/10	5,566	556	0
25	Macbook Pro (Katherine)	3/01/10	1,767	147	0
27	Macbook Pro (Aaron)	4/20/10	1,777	207	0
28	Macbook Pro (Nadia)	11/01/10	2,254	451	0
30	MacBook Air (Jena)	1/21/11	1,853	370	0
31	MacBook Pro (Chris)	8/11/11	2,038	407	0
33	MacBook Air (Mike H)	10/17/11	1,550	310	0
34	Canon T2i SLR & 17-50 Lens	10/31/11	1,244	248	0
36	Video Hard Drive (12TB)	8/15/11	1,130	226	0
38	Macbook Pro (Matt C.) - SOLD OCT'13	4/26/12	1,531	306	0
39	Macbook Air (Jake)	4/26/12	1,785	357	0
40	Macbook Pro (Aaron)	6/05/12	1,531	307	0
41	Camera (Barak)	9/07/12	3,102	620	0
42	Pendant Lighting	5/31/13	988	66	0
43	Track fixtures & other	5/31/13	3,046	203	0
44	Electrical wiring for new workstations	9/17/13	700	46	0
45	Additional TRAC Lighting	9/27/13	759	50	0
46	Glass windows & doors	6/05/13	6,300	420	0
47	Lighting fixtures (recessed track & pendant)	6/28/13	693	46	0
48	Storage room shelving	6/28/13	216	14	0
49	Storage room shelving	6/28/13	471	32	0
50	Lighting fixtures	6/28/13	726	48	0
51	Front door signage	6/28/13	306	20	0
52	discovery and design for new office branding/	7/10/13	1,860	124	0
53	Power for Boardroom Table	8/26/13	379	26	0
54	Tables (used)	6/28/13	400	80	0
55	Storage shelving & containers	6/28/13	286	58	0
56	Boardroom chairs- round table & lamps	8/07/13	8,576	1,715	0
57	War Room Conference Table	8/27/13	1,588	318	0
58	(12) Twist Swivel Stools	8/27/13	1,602	320	0
59	Furniture for Tea Time	8/27/13	4,520	904	0
60	Kitchen Table	9/27/13	261	52	0
61	Tea time rug	9/27/13	1,138	227	0
62	Tea time coffee table	9/27/13	439	88	0
63	MacBook Pro (VH)	11/30/12	2,731	546	0
64	Polycom IP6000 (Conference calls)	12/31/12	539	108	0
65	Dell U2412 Monitor (Photo computer)	12/31/12	301	61	0
66	MacAir Applecare adaptor keyboard (Diana)	2/28/13	1,960	392	0
67	Dell U2412 Monitor (DG)	2/28/13	325	65	0
68	iPhone (Nadia)	4/30/13	824	165	0
69	IT Equipment	6/03/13	978	195	0
70	RAM upgrades TM & AS	6/28/13	290	58	0
71	Macbook Pro 13 (Michael Dean)	9/27/13	1,513	302	0
72	Tea Time Projector - Optoma TH1060P	9/27/13	1,437	288	0
73	A/V purchase & install for tea time area & w	8/01/13	4,105	821	0
74	Canon 70-200 f/2.8 IS	10/31/12	2,302	460	0
75	B&H Photo-video photography gear	1/31/13	599	120	0
76	Hard Drive System for video - OWC Mercury Eli	4/30/13	1,448	290	0
77	Hypershop - external battery	6/28/13	381	77	0
78	tripod and wireless canon flash trigger - MRF	8/27/13	772	154	0
79	Canon 600EX	8/27/13	450	90	0
80	LG TV/Monitor (Hoops Board Rm)	9/27/13	801	160	0
81	Wallcoverings & design	10/01/13	6,895	459	0
82	New website	2/12/14	40,000	13,333	0
83	Track lighting	10/08/13	700	46	0

Asset	Description	Date In Service	Cost	Tax	AMT
84	Macbook Air (Rich Klopp)	10/27/13	1,739	348	0
85	Branded wall coverings	11/01/13	11,991	799	0
86	Ipad mini 32 gig (engmt)	11/27/13	534	107	0
87	ipad 32 GB (Nadia Kist)	11/27/13	769	154	0
88	ipad (Barak)	11/27/13	807	162	0
89	ipad (Aida)	11/27/13	833	166	0
90	Macbook (Barak)	11/27/13	2,157	432	0
91	Reception Desk	12/01/13	846	169	0
92	Workstations (8)	12/01/13	18,983	3,796	0
93	Sagio Mgmt Chairs (33)	12/01/13	3,000	600	0
94	Projector screen 24" leader	12/03/13	522	105	0
95	Dell PC - Acct	12/27/13	736	148	0
96	ipad mini (Rich Klopp)	12/27/13	866	173	0
97	bloodwater.com domain purchase	3/25/14	2,502	834	0
98	Tea Time A/V set up	10/01/13	820	54	0
99	App for iOP and Android (Save a Drink)	3/03/14	1,500	500	0
Total Other Depreciation			<u>228,220</u>	<u>36,155</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>228,220</u>	<u>36,155</u>	<u>0</u>
Grand Totals			<u>228,220</u>	<u>36,155</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
<u>Other Depreciation:</u>				
8	Compaq Projector	9/30/05	2,300	0
9	Office Furniture	12/14/05	2,132	0
11	Macbook (Intern 2)	2/16/07	2,418	0
12	Wolf Camera Video	1/23/07	3,186	0
13	MacBooks (Interns 3 & 4)	7/27/07	2,843	0
14	Apple Mac Pro (Laura)	7/27/07	4,731	0
18	MacBook (intern5)	5/13/08	1,500	0
19	New Server	5/30/08	3,950	0
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<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>TN</u>
84	Macbook Air (Rich Klopp)	10/27/13	1,739	348
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93	Sagio Mgmt Chairs (33)	12/01/13	3,000	600
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Total Other Depreciation			<u>228,220</u>	<u>36,155</u>
Total ACRS and Other Depreciation			<u>228,220</u>	<u>36,155</u>
Grand Totals			<u>228,220</u>	<u>36,155</u>

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2013
Name		For calendar year 2013, or tax year beginning 10/01/13 , and ending 09/30/14			Employer Identification Number
BLOOD:WATER MISSION, INC.					56-2483082
Revenue		(a) Other event FISH (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	193,692			193,692
	2 Less: Charitable contributions	193,692			193,692
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	100,894			100,894

Form 990	Two Year Comparison Report For calendar year 2013, or tax year beginning 10/01/13 , ending 09/30/14	2012 & 2013
-----------------	---	------------------------

Name

Taxpayer Identification Number

BLOOD:WATER MISSION, INC.**56-2483082**

		2012	2013	Differences
Revenue	1. Contributions, gifts, grants	1. 3,561,665	3,865,498	303,833
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3.		
	4. Program service revenue	4.		
	5. Investment income	5. 549	38	-511
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. -39,035	-326,227	-287,192
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10. 7,191	9,741	2,550
	11. Other revenue	11.		
	12. Total revenue. Add lines 1 through 11	12. 3,530,370	3,549,050	18,680
Expenses	13. Grants and similar amounts paid	13. 1,172,855	1,094,080	-78,775
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 463,026	384,688	-78,338
	16. Salaries, other compensation, and employee benefits	16. 834,171	1,054,999	220,828
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 92,440	36,889	-55,551
	19. Occupancy, rent, utilities, and maintenance	19. 49,016	82,066	33,050
	20. Depreciation and Depletion	20. 12,552	31,274	18,722
	21. Other expenses	21. 1,131,853	1,005,168	-126,685
	22. Total expenses. Add lines 13 through 21	22. 3,755,913	3,689,164	-66,749
	23. Excess or (Deficit). Subtract line 22 from line 12	23. -225,543	-140,114	85,429
	24. Total exempt revenue	24. 3,530,370	3,549,050	18,680
Other Information	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 3,530,370	3,549,050	18,680
	27. Total assets	27. 379,420	342,417	-37,003
	28. Total liabilities	28. 66,188	169,299	103,111
	29. Retained earnings	29. 313,232	173,118	-140,114
	30. Number of voting members of governing body	30. 13	13	
	31. Number of independent voting members of governing body	31. 13	13	
	32. Number of employees	32. 17	22	
	33. Number of volunteers	33. 12	84	

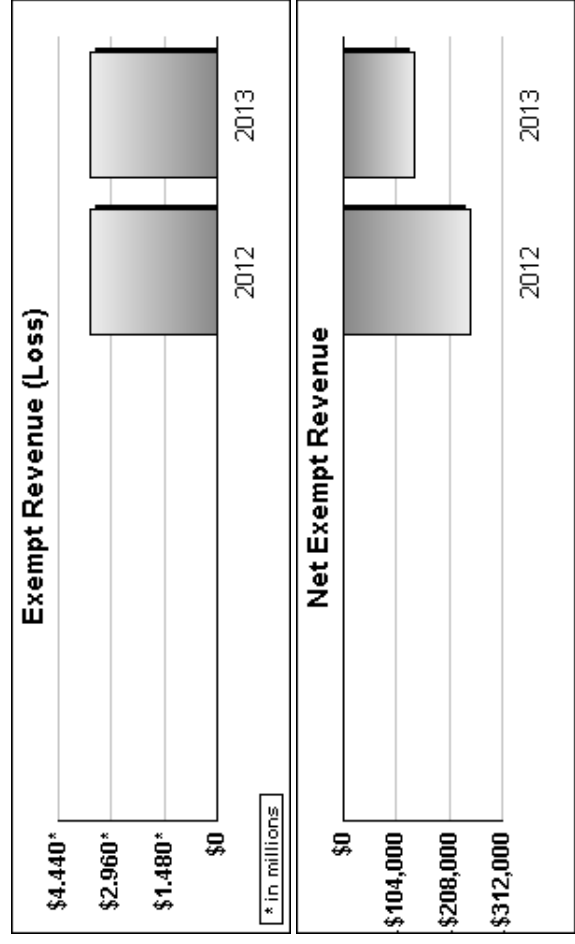
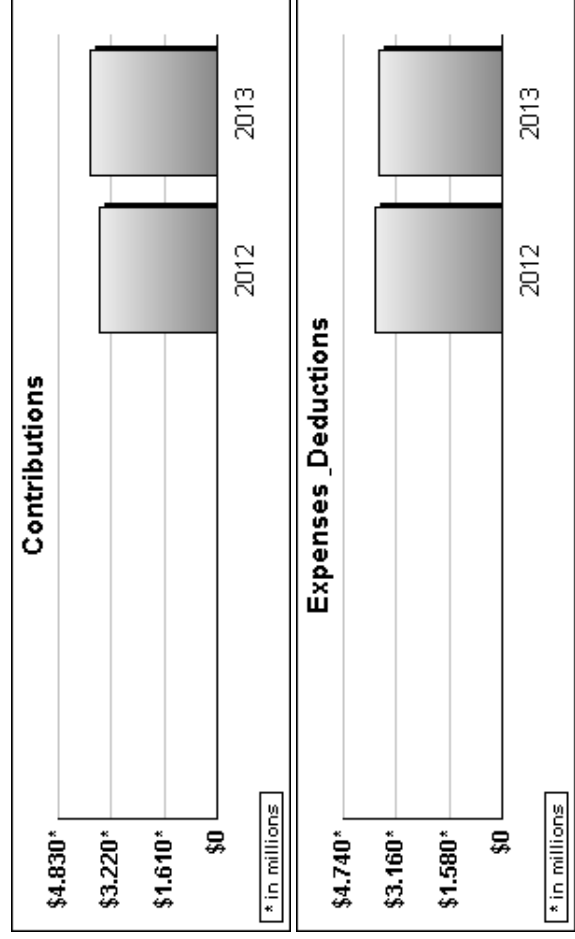
Form 990T		Two Year Comparison Report		2012 & 2013	
Name		For calendar year 2013, or tax year beginning 10/01/13 , ending 09/30/14		Taxpayer Identification Number	
BLOOD:WATER MISSION, INC.				56-2483082	
		2012	2013	Differences	
Revenue	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.			
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	23. Total deductions. Add lines 12 through 22	23.			
	24. Taxable income before NOL. Subtract line 23 from 11	24.			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	27. Unrelated business taxable income.	27.	-1,000	-1,000	
	Tax & Credits	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
31. Total taxes		31.			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
35. Total credits		35.			
36. Net tax after credits		36.			
37. Recapture taxes		37.			
38. Total Taxes	38.				
Due/Refund	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	43. Total payments	43.			
	44. Balance due/(Overpayment)	44.			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	47. Total due/(Refund)	47.			

Form 990	Tax Return History		2013
Name		Employer Identification Number	
BLOOD:WATER MISSION, INC.		56-2483082	

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				3,561,665	3,865,498	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income				549	38	
Fundraising revenue (income/loss)				-39,035	-326,227	
Gaming revenue (income/loss)						
Other revenue				7,191	9,741	
Total revenue				3,530,370	3,549,050	
Grants and similar amounts paid				1,172,855	1,094,080	
Benefits paid to or for members						
Compensation of officers, etc.				463,026	384,688	
Other compensation				857,840	1,054,999	
Professional fees					36,889	
Occupancy costs				49,016	82,066	
Depreciation and depletion				12,552	31,274	
Other expenses				1,224,293	1,005,168	
Total expenses				3,779,582	3,689,164	
Excess or (Deficit)				-249,212	-140,114	
Total exempt revenue				3,530,370	3,549,050	
Total unrelated revenue						
Total excludable revenue				3,530,370	3,549,050	
Total Assets				379,420	342,417	
Total Liabilities				66,188	169,299	
Net Fund Balances				313,232	173,118	

Form 990T	Tax Return History		2013
Name BLOOD:WATER MISSION, INC.		Employer Identification Number 56-2483082	

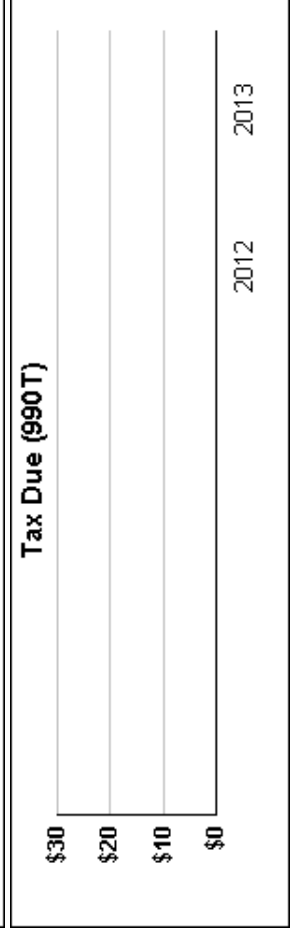
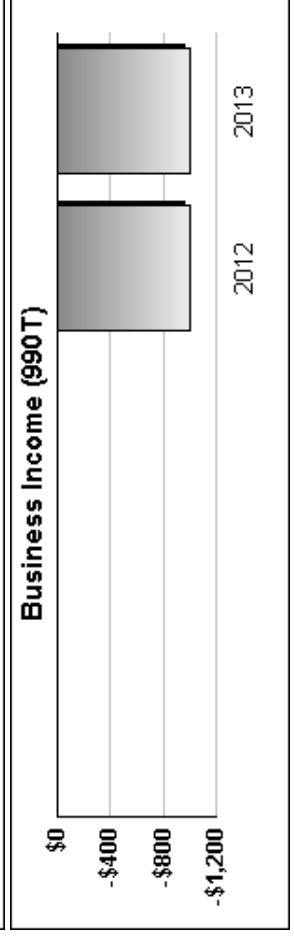
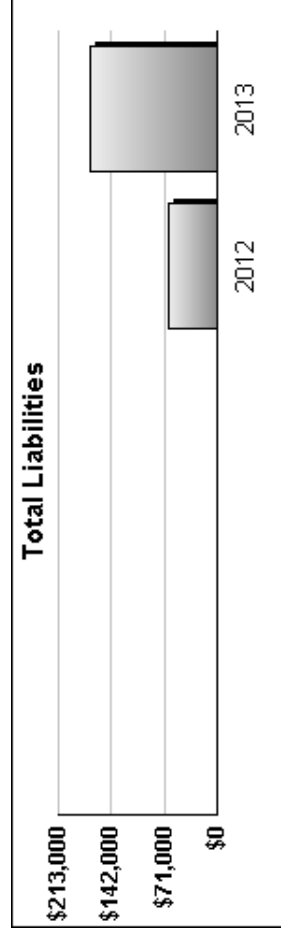
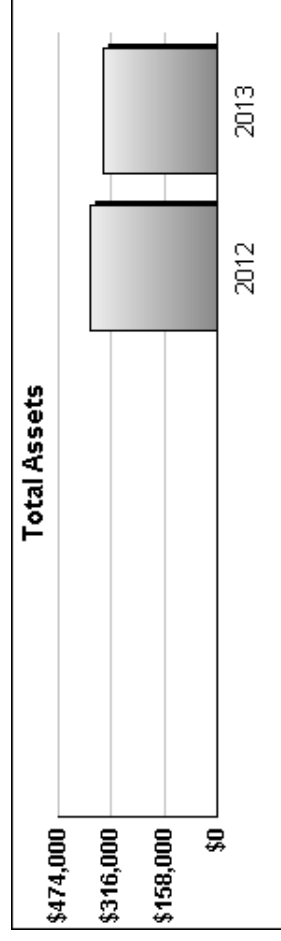
	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History			2013
Name		Employer Identification Number		
BLOOD:WATER MISSION, INC.		56-2483082		

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

FYE: 9/30/2014

Tax-Exempt Interest on Investments

<u>Description</u>		<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>InState Muni (\$ or %)</u>
INTEREST INCOME		\$ 38		14			
TOTAL		<u>\$ 38</u>					

Federal Statements

FYE: 9/30/2014

Form 990, Part IX, Line 11q - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACT SERVICES	\$ 4,878		\$ 1,664	\$ 3,214
OTHER PROFESSIONAL FEES	17,839	14,400	3,439	
TOTAL	<u>\$ 22,717</u>	<u>\$ 14,400</u>	<u>\$ 5,103</u>	<u>\$ 3,214</u>

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
CREATIVITY	\$ 38,848	\$ 11,916	\$	\$ 26,932
VISION TRIPS	38,804	9,701	5,821	23,282
MEALS & ENTERTAINMENT	21,001	8,062	1,748	11,191
AFRICA PARTNER TRAININGS	1,051	1,051		
TOTAL	<u>\$ 99,704</u>	<u>\$ 30,730</u>	<u>\$ 7,569</u>	<u>\$ 61,405</u>

Federal Statements

Schedule A, Part III, Line 3(e)

Description	Amount
RED TIE GALA FISH WALLY EVENT - WAY FM TOTAL	<div>\$</div> <div>\$ 0</div>

Federal Statements

FYE: 9/30/2014

Red Tie Gala**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
BANQUET EXPENSES	\$ <u>89,774</u>
TOTAL	\$ <u><u>89,774</u></u>

Federal Statements

FYE: 9/30/2014

Wally Event - Way FM**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT EXPENSES	\$ <u>135,559</u>
TOTAL	\$ <u><u>135,559</u></u>