# Forms 990 / 990-EZ Return Summary

For calendar year 2009, or tax year beginning

, and ending

56-2483082

## BLOOD: WATER MISSION, INC.

Net Asset / Fund Balance at Beginning of Y	⁄ear	1,413,456
Revenue		
Contributions	2,146,775	
Program service revenue	11,289	
Investment income	250	
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses	<del></del>	
Net income		
Other income	0	
Total revenue		158,314
Expenses		
Program services	2.163.217	
Management and general	2,163,217 279,628	
Fundraising	351,236	
Total expenses		794,081
Excess / (deficit)		-635,767
Zhooda i (delloll)		
Other changes		
	CODV	777 COO
Net Asset / Fund Balance at	End of Year	<u>777,689</u>
Reconciliation of Revenue  Total revenue per financial statements2,	. <b>158,314</b> Total expenses pr	Reconciliation of Expenses 2,794,081
Less:	Less:	
Unrealized gains	Donated serv	ces
Donated services	Prior year adj	ustments
Recoveries	Losses	
Other	Other	
Plus:	Plus:	
Investment expenses	Investment ex	penses
Other	Other	
Total revenue per return 2,	158,314 Total exp	enses per return 2,794,081
	Balance Sheet	
	ginning Ending	Differences
Assets1,	430,081 791,456	
Liabilities	16,625 13,767	
Net assets <b>1</b> ,	<u>413,456</u> <u>777,689</u>	
	Miscellaneous Information	
Amondo	ed return	
	/ extended due date $05/17/1\overline{0}$	
	to file penalty	
Fallule	to no penalty	

Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning ......, 2009, and ending .........., 20 2009 Do not send to the IRS. Keep for your records. Department of the Treasury Internal Revenue Service See instructions on back. Employer identification number Name of exempt organization BLOOD: WATER MISSION, INC. 56-2483082 LON CHERRY Name and title of officer TREASURER Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2,158,314 2a Form 990-EZ check here Total revenue, if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3b \_\_\_\_ 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) 5b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true. correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the lectronic payment of texes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only authorize MCKERLEY & NOONAN, PC, to enter my PIN as my signature Enter five numbers, but do not enter all zeroe on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen,

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

05/13/10

62570912345

do not enter all zeros

OMB No. 1545-1878

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS/e-file Providers for Business Returns.

ERO's signature

Officer's signature

\_\_ Date

May 14 2510

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2009)

### 149500 05/13/2010\_12:59 PM Form

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 2009 Open to Public Inspection

A	For the 200	9 calendar y	ear, or tax year beginning , and ending	· · · · · · · · · · · · · · · · · · ·		
В	Check if applicab	ole: Please	C Name of organization		D Emplo	oyer identification number
	Address change	use IRS label or	BLOOD: WATER MISSION, INC.			
П	Name change	print or	Doing Business As		56-	-2483082
H	-	type.	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Teleph	none number
$\vdash$	Initial return	See	P.O. BOX 60381		615	5-550-4296
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		<b>G</b> Gross rece	eipts \$ 2,158,314
П	Amended return	tions.	NASHVILLE TN 37206			
百	Application pend	F Name	and address of principal officer:		H(a) is this	a group return for
	. фрисален рена	RI	CH HOOPS		affiliate	
		83	28 VALMONT RD.		H(b) Are al include	affiliates Yes No
		BO	JLDER CO 80301			" attach a list. (see instructions)
	Tax-exempt s	status: X	501(c) ( <b>3</b> ) (insert no.) 4947(a)(1) or 527			(
J	Website:		LOODWATERMISSION.COM		H(c) Group	exemption number
K	Type of organiza	ation: X Cor	poration Trust Association Other L Yea	ar of formation: 2	004	M State of legal domicile: TN
-	art I	Summar			,	3
	1 Briefly	y describe tl	ne organization's mission or most significant activities:			
•			ER MISSION IS A GRASSROOTS ORGANIZATION THAT EM	POWERS CO	MMUNIT	IES
ညိ			OGETHER AGAINST THE HIV/AIDS AND WATER CRISES IN			T.T.T
Па						
Governance	2 Check	k this hav	if the organization discontinued its operations or disposed of more than 25%	of its not acco		* * * * * * * * * * * * * * * * * * * *
	1		mombars of the governing body (Dort VI line 16)		اما	11
დ დ			endent voting members of the governing body (Part VI, line 1b)			11
Activities	5 Total	number of a			1 1	14
훒	1		aluntoors (actimate if pagespans)			25
ď						<u> </u>
	h Not u	prolated but	ited business revenue from Part VIII, column (C), line 12 iness taxable income from Form 990 iness taxable income from 990 iness taxable income fr			0
	DINELU	meiated bus	illess taxable illicome from 990, the 3	Prior Year	. 7b	Current Year
	8 Contri	ibutions and	grants (Part VIII, line 1h)	2,332		2,146,775
Revenue			evenue (Part VIII, line 2g)		3,962	11,289
Ş.	1		(Dort VIII column (A) lines 2 A and 7d)		7,174	250
æ	l .		art VIII column (A) lines 5 6d 9e 0e 10e and 11e)		, , _ , _	
	1		dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,363	330	2,158,314
	1		a construction and (Part IV and IV an	1,778		1,733,101
	į.		for members (Port IV polymn (A) line 4)	=///	,,015	1,733,101
	45 0 1 .			305	5,791	505,403
enses	16a Profes	es, other co scienal fund	aising fees (Part IX, column (A), lines 5–10) expenses (Part IX, column (D), line 25)  351,236	393	,,,,,	303, 403
en Se	h Total	fundraicina :	averages (Part IV, column (D), line 25) 351 236			
Exp	17 Other	ovnoncos (	Part IV column (A) lines 11s 11d 11f 24f	// 02	3,993	EEE 577
			dd lines 13–17 (must equal Part IX, column (A), line 25)	2,668		555,577 2,794,081
			enses. Subtract line 18 from line 12		, 403	-635,767
- S	19 Kevel	iue iess exp		Beginning of Curr		End of Year
Net Assets or Fund Balances	20 Total	assets (Part	The state of the s	1,430		791,456
Ass	21 Total	•	t V line 26)		,625	13,767
E R	22 Net as		I balances. Subtract line 21 from line 20	1,413		777,689
		Signatur			7 - 5 - 5 - 1	, 005
	1		es of perjuly, I declare that I have examined this return, including accompanying schedules and s	statements and to	o the hest of	my knowledge
		and belief, it i	true correct, and complete. Declaration of preparer (other than officer) is based on all informati	ion of which prepare	arer has any	knowledge.
Sig	n l	<b>A</b>	light them		105	T-14-10
Her	I	Signature	of officer	_	Date	
		. •	CHERRY TREASUR	RER	Duto	
			orint name and title			
			Date	Chook if		Preparer's identifying number
Pai	Λ Ι	Preparer's signature		Check if self-		(see instructions)
Pre	parer's 🖯		MCKEDIEN S MOONAN DC CDA	/ IO employe	T T	P00037316
	Only	Firm's name (	MCKERLEY & NOONAN, PC, CPA		EIN	
	-	if self-employed address, and			Phone	C1F 070 000
			111111111111111111111111111111111111111		no.	615-279-0088
May	the IRS disc	cuss this ret	urn with the preparer shown above? (see instructions)			Yes No

Pai	rt III Statement of Program Service Acc	complishments	
B	Briefly describe the organization's mission:  LOOD: WATER MISSION IS A GRASO  WORK TOGETHER AGAINST THE		
2	Did the organization undertake any significant program s	services during the year which were not listed on	
			Yes X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make signification	ant changes in how it conducts, any program	
			Yes X No
	If "Yes," describe these changes on Schedule O.	Alexander distribute din distribute distribute distribute distribute distribute distribu	
	Describe the exempt purpose achievements for each of Section 501(c)(3) and 501(c)(4) organizations and section		
	allocations to others, the total expenses, and revenue, if		or grants and
	anocations to others, the total expenses, and revenue, if	any, for each program service reported.	
	(Code: ) (Expenses \$ 1,970,60 D SUPPORT 1000 WATER PROJECT	02 including grants of \$ 1,570,601 S IN AFRICA	) (Revenue \$
			• • • • • • • • • • • • • • • • • • • •
			• • • • • • • • • • • • • • • • • • • •
4h /	(Code: ) (Expenses \$ 162,50	0 including grants or \$ 162,500	) (Revenue \$
	SUPPORT HIV/AIDS PROJECTS	IN AFRICA	) (Nevenue #
•			• • • • • • • • • • • • • • • • • • • •
4c (	Code: ) (Expenses \$ <b>30,11</b>	5 including grants of \$	) (Revenue \$
TC	Code: )(Expenses \$ 30,11)  SUPPORT TRANSFORMATIONAL E	DUCATION EFFORTS IN THE US	
			•••••
•			
•			
_ ·			
4d (	Other program services. (Describe in Schedule O.)		
	Expenses \$ including gran		)
	Total program service expenses 2,163		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			7.7
^	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; 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,"			v
10	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			₹.
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	44	х	
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete	11	Λ	
٠	Schedule D, Part VI.			
	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 11.			
	b Did the organization report an amount for investments—ptogram 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.			
	Did the organization report an amount for other assets related 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.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	Ī		
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			77
20	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20	000	<u> </u>

#### Part IV Checklist of Required Schedules (continued)

Ves   National   Per	P	art IV Checklist of Required Schedules (continued)		,	
in the United States on Part IX, column (A), line 1º If "res", complete Schedule I, Parts I and II   21   X   2   2   2   2   2   2   2   2   2				Yes	No
22 Did the organization report more than \$5,000 of grarts and other assistance to individuals in the United States on Part IX, coloring A), large 21 Pres', complete Schedule I, Parts I and III   22   23   24   24   25   25   24   25   25   24   25   25	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX, cotumn (A), line 27 if Y'es; complete Schedule I, Parts I and III organization answer "vis" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, circetors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 and 12 complete Schedule J 24 Did the organization have at attravement bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Decomber 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II, TNO, go to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d b 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 b Did the organization and at as an on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization and at as an on behalf of "issuer for bonds outstanding and any time during the year? 24d Did the organization and at a san on behalf of "issuer for bonds outstanding at any time during the year? 24d Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1f "Yes," complete Schedule L, Part I Did the organization engage in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If T'es, complete Schedule L, Part II Did the organization behalf and an excess to part of the part of the organization's tax year? If T'es, complete Schedule L, Part II Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV Did the organization applicable filing th		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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 officors, directors, frustees, key employees, and highest compensated enphysees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 310,000 so of the last day of the year, that was sixued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds are an an one behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and an an one behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and induring the year? 17 "esc." complete Schedule L. Part I 25a I bit she organization sware that it engaged in an excess benefit transaction with a disqualified person during the year? 17 "esc." complete Schedule L. Part I 25b I she organization sware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization stx year? If "esc." complete Schedule L. Part I 25b I she organization provide a grant or other assistance to an officer, director, trustee, key employee, injetily compensated employee, or disqualified person outstanding as of the end of the organization stx year? If "esc." complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "esc." complete Schedule L. Part IV I should be such as a selection of the engalization of the organization and exceptions? I "esc." complete Schedule L. Part IV and the organization aparty to a business transaction with one of the following partites (see Schedule L	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, and 170,000 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 II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 25 24b complete Schedule II. This "go to line 15 25b 24b complete Schedule II. This III. This "go to line 15 25b 24b complete Schedule II. This III. This "go to line 15 25b 25b 25b 25b 25b 25b 25b 25b 25b 25		United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
employees? If "Yes," complete Schedule J 24 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 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year c Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 25d Did the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction have a form of the organization and a six prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 900-EZ? If "Yes," complete Schedule L, Part I I 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contribution, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III 27 Did 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).  28 A current or former officer, director, trustee, or key employee of the orga	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
240 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 \$24 bitrough 24d and complete Schedule K. If "No," go to line 25		organization's current and former officers, directors, trustees, key employees, and highest compensated			
\$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 completes Schedule K. if "No," go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c Did the organization act as an "on behalf of" issuer for bonds outstanding 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? 24d 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? "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 990-E27 If "Yes," complete Schedule L, Part I 25b Did the organization provide a grant or orfiner officer, director, frustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for anglicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, or key employee of the organization (or a family member of a current or former officer, director, frustee, or key employee of "Yes," complete Schedule L, Part IV instructions for anglicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trus		employees? If "Yes," complete Schedule J	23		X
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substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III  27  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? It "yes," complete Schedule L, Part IV  28a  b A family member of a current or former officer, director, trustee, or key employeer if "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c  29  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30  31  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31  32  Did the organization seli, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  33  34  Was 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, III, IV, and V, line 1  35  36  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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 V	27		26		
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19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	30		20	·	
19? Note. All Form 990 filers are required to complete Schedule O. 38   X		13: Note. All Form 330 lifets are required to complete ochequie o.			·

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 10 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? X If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? .... X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? gifts were not tax deductible?

Organizations that may receive deductible contributions under section 7 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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.

Sec	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	11			
b	Enter the number of voting members that are independent	1b	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	tonia in a				
	any other officer, director, trustee, or key employee?			2		х
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 organizational documents since the prior Form 990 was fi	ed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:					
а	The governing body?			8a	х	
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				v	

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistently in those of the prognization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing tody before filling the form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	1
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," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- AK, CT, KS, KY, ME, MD, MA, MS, NM, NY, NC, PA, TN List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  - X Own website X Another's website X Upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- State the name, physical address, and telephone number of the person who possesses the books and records of the JENA LEE NARDELLA organization: PO BOX 60381

NASHVILLE

TN 37206

615-550-4296

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization	•	nsate	any	curi	rent	office	r, di	rector, or trustee.		
(A) Name and Title	(B) Average	Pos	(C) Position (check all that apply)				oply)	<b>(D)</b> Reportable	(E) Reportable	( <b>F</b> ) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JENA LEE NARDELLA EXEC DIRECT	40.00	x						74 445	0	
DAN HASELTINE	40.00	^	-					74,445	<u> </u>	0
DIRECTOR	5.00	x			-				o	o
COLLIN BROWN	F 00			No.						
SECRETARY REAGAN DEMAS	5.00	X						0	0	0
DIRECTOR	5.00	x						o	o	О
STEVEN GARBER										
DIRECTOR CLYDETTE POWELL	5.00	X						0	0	0
DIRECTOR	5.00	x						o	o	0
JOEL WICKRE										
DIRECTOR RICH HOOPS	5.00	X						0	0	0
CHAIRMAN	5.00	x						0	o	0
LON CHERRY										
TREASURER	5.00	X						0	0	0
BRAD GIBSON DIRECTOR	5.00	х						0	o	0
MOSES PULEI										
DIRECTOR	5.00	X						0	0	0
COSMA GATERE DIRECTOR	5.00	x						0	o	0
	3.00							0		

Part VII Section A. Officers	Directors, Trus	stees	s, Ke	y Er	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
<b>(A)</b> Name and Title	( <b>B</b> ) Average	Pos	ition (		C)	that a	nnlv)	(D) Reportable	(E)	(F)
Name and Tite	hours per week	$\vdash$		Officer			7	componentian	Reportable compensation from related	Estimated amount of other
		/idual	tutiona	er	Key employee	lest co	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the
		Individual trustee or director	Institutional trustee		уее	Highest compensated employee		(VV-2/1099-IVIIGO)		organization and related organizations
			lee			sated				Organizado/io
								PY		
1b Total					· · · ·			74,445		
2 Total number of individuals (included reportable compensation from the compensation			to ti <b>0</b>	nose	liste	ed ab	ove)	who received more than \$	5100,000 in	
3 Did the organization list any for	<b>mer</b> officer dire	ctor (	or tru	ıstee	. ke	v em	plove	ee or highest compensated	4	Yes No
employee on line 1a? If "Yes," of 4 For any individual listed on line	complete Schedu	ıle J	for s	uch	indiv	idual	i			3 X
the organization and related org		er th	an \$	150,	0001	? If "`	Yes,			4 X
5 Did any person listed on line 1a services rendered to the organization	receive or accr	ue c	omp	ensa	tion	from	any			5 X
Section B. Independent Contractor	'S									5   A
Complete this table for your five compensation from the organization.	ation.	nsate	ed in	depe	nde	nt co	ntra			
Name and b	(A) usiness address							Descripti	(B) on of services	(C) Compensation
Manufacturery, I common a proper control of the common and the com										
2 Total number of independent co more than \$100,000 in compens					nited	to th	nose	listed above) who received	<u></u>	0

					(A)	(B) Related or	(C) Unrelated	( <b>D</b> ) Revenue
					Total revenue	exempt	business	excluded from tax under sections
						function revenue	revenue	512, 513, or 514
nts	1a	Federated campaigns	1a					
grai	b	Membership dues	1b					
s, (a	С	Fundraising events	1c	106,292				
igi ar	d	Related organizations	1d					
Si.	е	Government grants (contributions)	1e					
Program Service Revenue   Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants,						
흎		and similar amounts not included above	1f	2,040,483				
a p	g	Noncash contributions included in lines 1a-	-1f: \$					
<u>~~</u>	h	Total. Add lines 1a-1f			2,146,775			
ne				Busn. Code				
ven	2a	SALE OF MERCHANDISE			11,289	11,289		
8	b	***************************************						
vice	С			ı				
Ser	d							
E	е			1				
ogra	f	All other program service rever						
ď	g	Total. Add lines 2a-2f			11,289			
	3	Investment income (including of	dividends,	interest, and				
		other similar amounts)			250	250		
	4	Income from investment of tax						
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross Rents						
	b	Less: rental exps.						
	С	Rental inc. or (loss)			-			
	_d					Y		
	7a	Gross amount from sales of assets (i) Securities		(ii) Other	<b>VI</b>	<b> E</b>		
		other than inventory						
	b	Less: cost or other						
		basis & sales exps.						
	С	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising even						
nue		(not including \$						
eve		of contributions reported on line 1c).						
Other Reven		See Part IV, line 18						
the	b	Less: direct expenses	b					
0		Net income or (loss) from fund		ents				
	9a	Gross income from gaming activities						
		See Part IV, line 19	a					
	b	Less: direct expenses						
		Net income or (loss) from gami		es				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less: cost of goods sold	b					
-	С	Net income or (loss) from sales	of invent	ory				
		Miscellaneous Revenue		Busn. Code				
	11a				, , , , , , , , , , , , , , , , , , , ,			
	b			i i				
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
		Total Revenue See instruction			2.158.314	11.539	0	0

Form 990 (2009)

#### 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must co		e not required to comp	lete columns (B), (C), and (E	O).
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,168,184	1,168,184		
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	564,917	564,917		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	74,446	37,223	14,889	22,334
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	345,779	191,296	75,529	78,954
8	Pension plan contributions (include section 401(k)	0.014	2 274		
	and section 403(b) employer contributions)	8,014 41,373	3,874	1,681	2,459
9	Other employee benefits	41,3/3	23,476	13,670	4,227
10	Payroll taxes	35,791	17,237	11,659	6,895
11	Fees for services (non-employees):				
a					
b		9 071		0 071	
C	Accounting	8,071		8,071	
a	Lobbying				
e	Professional fundraising services. See Part IV, line 17	<del>- / `/ \</del>			
f	Investment management fees	32,898	3,667	16,437	12,794
g 12	Other Advertising and promotion	71,255	13,300	10, 10,	57,955
13		48,701	4,642	25,849	18,210
14	Office expenses Information technology	107701	1/012	23,043	10,210
15	Royalties				
16	Occupancy	50,072	11,723	26,626	11,723
17	Travel	37,188	32,182	1,011	3,995
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,610		32,560	50
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,664		12,664	
23	Insurance	10,651		10,651	
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		40 ==1		
а	EVENTS EXPENSES	137,794	48,771		89,023
b	BANK FEES AND CREDIT CARD	32,703	20 115	7,925	24,778
C	EDUCATION	31,017	30,115	41	861
d	STRATEGIC DEVELOPMENT	16,329	3,017 371	9,014	4,298
e	SOFTWARE & LICENSING	11,691 21,933	9,222	715	10,605
f	All other expenses	2,794,081	2,163,217	10,636	2,075
25	Total functional expenses. Add lines 1 through 24f	4,134,001	2,103,211	279,628	351,236
26	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
DAA	fundraising solicitation				G QQQ (0000)

Form 990 (2009)

Total liabilities and net assets/fund balances

Part X **Balance Sheet** (B) (A) Beginning of year End of year Cash—non-interest bearing 1,360,207 715,345 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 5,336 Prepaid expenses and deferred charges 12,362 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ...... 91,529 10a b Less: accumulated depreciation 28,386 53,033 63,143 10b 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14  $4,\overline{479}$ 7,632 15 Other assets. See Part IV, line 11 15 1,430,081 791,456 Total assets. Add lines 1 through 15 (must equal line 34) ..... Accounts payable and accrued expenses 13,767 16,625 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part V of Schodule D 21 21 -iabilities Payables to current and former officers, directors, trustees. employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities. Complete Part X of Schedule D 25 16,625 13,767 26 Total liabilities. Add lines 17 through 25 26 Balances Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 1,413,456 Unrestricted net assets 27 777,689 28 Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here ŏ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances 1,413,456 777,689 33 33 791,456 1,430,081

Form **990** (2009)

Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	За		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** (2009)



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

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BLOOD: WATER MISSION, INC

Employer identification number 56-2483082

_ n			BLOOD. WATER	MISSION, INC.					9	<u>-240</u>			
P.	art I	Reas	on for Public Charity	Status (All organization	s must	complet	te this	part.)	See ir	nstruct	ions.		
The	orga	nization is not	a private foundation because	e it is: (For lines 1 through 11,	check only	one box.	)						
1		A church, co	envention of churches, or ass	ociation of churches described	in <b>section</b>	170(b)(1)	)(A)(i).						
2	П		scribed in section 170(b)(1)(A										
3			tal or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П			in conjunction with a hospital				(1)(Α)(ΙΙΙ	). Enter	the hos	spital's name		
	<b></b>	city, and stat	۵٠	-				( - )()()	,		opilaro mamo	,	
5		• .		of a college or university owned				ntal unit	describ	ed in			
Ŭ					or operati	ou by a g	Overmine	mai um	uescrib	eu III			
			(b)(1)(A)(iv). (Complete Part	•		0/1 1/41/41							
6	H			overnmental unit described in s									
7	Ш	_	•	substantial part of its support from	om a gove	rnmental	unit or fr	om the	general	public			
	_		section 170(b)(1)(A)(vi). (C	•									
8				70(b)(1)(A)(vi). (Complete Part									
9	X	An organizat	ion that normally receives: (1	) more than 33 1/3 % of its sup	port from	contribution	ons, mer	mbership	fees, a	and gros	SS		
		receipts from	activities related to its exem	pt functions—subject to certain	exceptions	s, and (2)	no more	than 3	3 1/3 %	of its			
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax)	from bu	ısinesse	s			
	_	acquired by t	the organization after June 30	0, 1975. See <b>section 509(a)(2)</b> .	(Complet	e Part III.	)						
10	Ш	An organizat	ion organized and operated of	exclusively to test for public safe	ety. See <b>s</b>	ection 50	9(a)(4).						
11		An organizati	on organized and operated e	exclusively for the benefit of, to	perform th	e function	s of, or	to carry	out the				
		purposes of	one or more publicly support	ed organizations described in s	ection 509	a)(1) or	section 5	509(a)(2)	). See <b>s</b>	ection			
		509(a)(3). Cl	neck the box that describes t	he type of supporting organizati	on and co	mplete lin	es 11e t	hrough	11h.				
		a Type	b Type II	c Type III–Function	ally integr	ated	d		e III-Oti	her			
е			<u> </u>	anization is not controlled direct	-	*****	ne or mo						
				and other than one or more of						section			
			section 509(a)(2).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3001.01.			
f			, , , ,	150 0 150	•	•••							
•		ii iiio oigaiiiz		mination from the IRS that it is	a Tvne I i	Type II or	Type III	support	ina				
		organization		mination from the IRS that it is	a Type I, <sup>-</sup>	Type II, or	Type III	support	ing				
~			check this box	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				support	ing				
g		Since August	check this box	mination from the IRS that it is				support	ing				. 🔲
g		Since August following per	check this box 17, 2006, has the organizat rsons?	ion accepted any gift or contrib	ution from	any of the	⊕		ing				. 🗆
g		Since August following per (i) A person	check this box 17, 2006, has the organizat csons? In who directly or indirectly co	ion accepted any gift or contribution	ution from	any of the	⊕		ing			Yes	No
g		Since August following per (i) A person and (iii)	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of	ion accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution accepted any gift or contribution.	ution from	any of the	e bed in (ii	)			11g(i)		No No
g		Since August following per (i) A person and (iii) (ii) A family	check this box t 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describ	ion accepted any gift or contribution introls, either alone or together the supported organization?	ution from	any of the	e bed in (ii	)			11g(i) 11g(ii		No
g		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% c	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describeontrolled entity of a person describeontrolled entity of a person describeontrolled	ion accepted any gift or contribu- introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above?	ution from	any of the	e bed in (ii	)					No No
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h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9	(iv) Is the in col. (i) I	any of the	e ped in (ii	you notify nization in	(vi) I	s the on in col.	11g(ii 11g(ii (vii) Ar	) )	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I	any of the	e oped in (ii	you notify nization in	(vi)	s the on in col. zed in the	11g(ii 11g(ii (vii) Ar	nount o	
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h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
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h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
h		Since August following per (i) A person and (iii) (ii) A family (iii) A 35% of Provide the sof supported	check this box 17, 2006, has the organizatesons? In who directly or indirectly cobelow, the governing body of member of a person describesontrolled entity of a person defollowing information about the	ion accepted any gift or contribution introls, either alone or together the supported organization? ed in (i) above? escribed in (i) or (ii) above? esupported organization(s).  (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) I governing	any of the	e oped in (ii  (v) Did y the organ col. (i) supp	you notify nization in of your port?	(vi) I organizati (i) organiz U.\$	s the on in col. zed in the 3.?	11g(ii 11g(ii (vii) Ar	nount o	
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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 BLOOD: WATER MISSION, INC. 56-2483082 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... Net income from unrelated business activities, whether or not the business is regularly carried on ..... 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 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test-2009. 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 33 1/3 % support test-2008. 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 10%-facts-and-circumstances test-2009. 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 10%-facts-and-circumstances test-2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

<u></u>	(Complete only if you cri	ecked the box c	on line 9 of Par	L I.)			
	ction A. Public Support	T					
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,229,619	1,418,473	2,147,863	2,332,194	2,146,775	9,274,924
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	1,223,019	1,410,473				
	organization's tax-exempt purpose			7,422	13,962	11,539	32,923
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	1,229,619	1,418,473	2,155,285	2,346,156	2,158,314	9,307,847
7a							
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			120,659	133,142	213,059	466,860
С	Add lines 7a and 7b			120,659	133,142	213,059	466,860
8	Public support (Subtract line 7c from line 6.)						8,840,987
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	( <b>c.</b> 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,229,630	18,473	2,155,285	2,346,156	2,158,314	9,307,847
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,226	10,845	26,523	17,174	250	58,018
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	3,226	10,845	26,523	17,174	250	58,018
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly					0	30,723
2	Carried on						
	loss from the sale of capital assets (Explain in Part IV.)		33	274			307
3	Total support. (Add lines 9, 10c, 11,						
4	and 12.)  First five years. If the Form 990 is for the	1,232,845 organization's first. s	1,429,351 second, third, fourth	2,182,082 . or fifth tax vear a	2,363,330 s a section 501(c)(	<b>2,158,564</b>	9,366,172
	organization, check this box and stop here						<b>▶</b> □
Sec	tion C. Computation of Public Su						
5	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (	f))		15	94.39%
6	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	99.19%
Sec	tion D. Computation of Investme	nt Income Perc	entage				
7	Investment income percentage for 2009 (lin	ne 10c, column (f) di	ivided by line 13, co	olumn (f))		17	1%
8	Investment income percentage from 2008		line 17			امدا	1%
9a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this both		k the box on line 14	4, and line 15 is m	ore than 33 1/3 %,	and line	▶ X
b	33 1/3 % support tests—2008. If the organ	nization did not chec	k a box on line 14	or line 19a, and lin	e 16 is more than	33 1/3 %, and	• <u>•</u>
:0	line 18 is not more than 33 1/3 %, check thin <b>Private foundation.</b> If the organization did						

Schedule A	(Form 990 or 990-l	EZ) 2009	BLOOD:	WATER	MISSION,	INC.		56-2483082	Page 4
Part IV	Supplemen	ntal Infor	mation. C	Complete	this part to p	rovide the	explanations re	equired by Part II, line rmation. See instruction	10;
PART	III, LINE								
OTHER	REVENUE				······································		307		
		, , , , , , , , , , , , , , , , , , , ,							
				·····			<del>y</del>		
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# **Schedule B** (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Employer identification number BLOOD: WATER MISSION, INC. 56-2483082 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 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 foundation Check 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-Ph that received, d property) from any one contributor. Complete Parts I a 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 11. 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, aggregate 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 aggregate 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 in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ,

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

or 990-PF).

Page 1 of 10 of Part I

	organization D:WATER MISSION, INC.	Employer identification number 56-2483082	
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
, <b>1</b>	CHOICE MINISTRIES, INC. D/B/A PASSON CONFERENCES P.O. BOX 5  ROSWELL GA 30077	\$ 53,900	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	CHRISTOPHER ANDREAS 501 N. JORDAN AVE. BLOOMINGTON IN 47406	\$ 5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	ACTIVE WATER P.O. BOX 37  MATTWAN  MT.971	\$ 23,672	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	COLONIAL PRESBYTERIAN CHURCH 9500 WORNALL ROAD  KANSAS CITY MO 64114	\$ 22,084	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	HARRY J. LLOYD CHARITABLE TRUST 7200 W. 132ND STREET, SUITE 190 OVERLAND PARK KS 66213	\$ 75,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	THE OAKS FELLOWSHIP 777 SOUTH I 35E RED OAK TX 75154	\$ 60,598	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 2 of 10 of Part I

Name of organization
BLOOD: WATER MISSION, INC.

Employer identification number 56-2483082

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ATLANTA-COLLEGE PARK DISTRICT UMC IMPACT CHURCH P.O. BOX 11154  ATLANTA GA 30310	\$ 9,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	PRITCHETT FAMILY FOUNDATION P.O. BOX 20160 LONG BEACH CA 90801	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	THOMAS NELSON PUBLISHERS P.O. BOX 141000  NASHVILLE	\$ 32,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	VENTURE EXPENDITIONS 511 E. TRAVELERS TRAIL BURNSVILLE MN 55337	s 68,236	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11	ANTHONY BARNA 181 BETTY CT. UNIT B BARTLETT IL 60103	\$ 7,201	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	AUSTIN BELLO 5605 LUNA DRIVE ROWLETT TX 75088	\$ 6,700	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)

	3 (Form 990, 990-EZ, or 990-PF) (2009)		Page 3 of 10 of Par
	rganization D:WATER MISSION, INC.		mployer identification number 6-2483082
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	BLOOD:WATER MISSION BALTIMORE 528 DUNKIRK ROAD  BALTIMORE MD 21212	\$ 6,441	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
14	CA, INC. MATCHING GIFTS PROGRAM P.O. BOX 8739 PRINCETON NJ 08543	\$ 5,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 CAPSTONE INTERNATIONAL MINISTRIES	Aggregate contributions	Type of contribution
15	CAPSTONE INTERNATIONAL MINISTRIES DBA SHOUTS OF GRACE 425 ORCHARD AVE.  ARROYO GRANDE  CA 33 20 P	\$ 6,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
16	CHRISTIAN STEWARDSHIP FOUNDATION 150 N. SUNNYSLOPE ROAD, SUITE 360 BROOKEFIELD WI 53005	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
17	CITY CHURCH OF EAST NASHVILLE 1021 RUSSELL ST. NASHVILLE TN 37206	\$ 12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
18	CHRISTOPHER W. CLEMENTS P.O. BOX 27506 TUCSON AZ 85726	\$ 5,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number 56–2483082

PLOO	D:WATER MISSION, INC.	56	-2483082
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CROSSROADS FELLOWSHIP 4400 E. JACKSON BLVD.  JACKSON MO 63755	s 12,633	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
20	DAVISON BRUCE FOUNDATION P.O. BOX 530722 BIRMINGHAM AL 35253	\$ 8,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
21	REAGAN & ALICE DEMAS 1387 F STREET NE WASHINGTON DEMO(02)	\$ 5,300	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
22	CHUCK & ALEXIS DUDA 24407 BIRDIE RIDGE SAN ANTONIO TX 78260	\$ 7,045	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23	EASTSIDE CHRISTIAN SCHOOLS 2505 YORBA LINDA BLVD.  FULLERTON CA 92831	\$ 6,163	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
24	EMMANUEL BAPTIST CHURCH 3252 EAST JAMES LEE BLVD. CRESTVIEW FL 32539	\$ 16,968	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

	D:WATER MISSION, INC.		Employer identification number 56-2483082
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	FOREVER THE SICKEST KIDS 5605 LUNA DR.  ROWLETT TX 75088	s 7,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
26	NICK & NATALIE FOY 15428 CROSSING GATE DRIVE CORNELIUS NC 28031	\$ 6,085	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
27	DAVID GENG 4905 ESGUERRA TER FREMONT  A 1455	\$ 6,616	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
28	CODIE & LOGAN GIBBONS 2931 LARAMIE CIRCLE HATTIESBURG MS 39402	\$ 7,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
29	MIKE & BETH HAMILTON 6934 OLD KENT DRIVE KNOXVILLE TN 37919	\$ 5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
30	WAYNE HAUGHEY 3103 JULIAN GLEN CIRCLE WAXHAW NC 28173	\$ 8,175	Person X Payroll

of 10 of Part I Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Employer identification number Name of organization BLOOD: WATER MISSION, INC. 56-2483082 Part I Contributors (see instructions) (a) (c) (d) Aggregate contributions No. Name, address, and ZIP + 4 Type of contribution 31 HAWTHORNE CHRISTIAN ACADEMY Person 2000 RT. 208 **Payroll** 7,000 Noncash HAWTHORNE NJ 07450 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 32 RICH HOOPS Person P.O. BOX 18595 Payroll 10,050 Noncash BOULDER CO 80308 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution No. HOPE FROM THE HEARTLAND 33 Person 209 N. MAIN STREET **Payroll** 9,000 Noncash TULSA (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 34 EDANA W. HOUGH X Person 99 TROTWOOD MEWS Payroll 5,485 Noncash BRENTWOOD TN 37027 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 35 IC REED & SONS, INC. X Person 8-9 EVANS DRIVE Payroll P.O. BOX 968 5,000 Noncash RAYMOND NH 03077 (Complete Part II if there is a noncash contribution.) (b) (a) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 36 **GUS & DIANE LEE** X Person 6401 BUCHANAN ST Payroll 5,935 Noncash

CO 80525

(Complete Part II if there is a noncash contribution.)

FORT COLLINS

Name of	organization DD:WATER MISSION, INC.		Page / of 10 of Par mployer identification number 6-2483082
Part I			0-2463062
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	LUTHERAN COMMUNITY FOUNDATION 625 FOURTH AVENUE SOUTH, SUITE 1500 MINNEAPOLIS MN 55415	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
38	NASH & KORA MARTINEZ 555 NW PARK AVE. #502 PORTLAND OR 97209	\$ 6,595	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
39	JAMES MATHEWS 1456 DEVON LANE TROY MATHEMS MATHEWS 1456 DEVON LANE	\$ 8,300	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
40	JAY & LISA PERRIGUEY 6440 SAND CASTLE VIEW DRIVE HOLLAND MI 49423	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
41	PRESCOTT CHRISTIAN CHURCH 501 S. SENATOR HIGHWAY PRESCOTT AZ 86303	\$ 13,454	Person X Payroll Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
42	PROVIDENCE UNITED METHODIST CHURCH P.O. BOX 517  MOUNT JULIET TN 37121	\$ 5,144	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

8 of 10 of Part I

Employer identification number Name of organization BLOOD: WATER MISSION, INC. 56-2483082 Part I Contributors (see instructions) (a) (d) (c) Type of contribution No. Name, address, and ZIP + 4 Aggregate contributions 43 REDEEMER COVENANT CHURCH Person **5415 E. 101ST STREET** Payroll 5,085 Noncash TULSA OK 74137 (Complete Part II if there is a noncash contribution.) (a) (b) (d) (c) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 44 ROSSVILLE CHURCH OF CHRIST X Person P.O. BOX 243 Payroll 10,361 Noncash ROSSVILLE IL 60963 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 45 BRIAN & KELLI ROWLEY X Person 13330 YAUPON HOLLY LN. Payroll 5,000 Noncash HOUSTON (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 46 SAN FRANCISCO DE ASSIS PARISH X Person 2257 E. CEDAR AVE. Pavroll 9,130 Noncash FLAGSTAFF AZ 86004 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution 47 SHIRLEY SOURYAL X Person 7923 LANDING LANE Pavroll 10,000 Noncash FALLS CHURCH VA 22043 (Complete Part II if there is a noncash contribution.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution SUPERSTITION SPRINGS COMMUNITY CHURC 48 X Person 4450 E. ELLIOT RD. Pavroll 5,000 Noncash GILBERT AZ 85234 (Complete Part II if there is a noncash contribution.)

Page 9 of 10 of Part I

	organization D:WATER MISSION, INC.		Employer identification number 56–2483082
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	TAMU 803 GLADE ST. COLLEGE STATION TX 77840	\$ 7,20	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
50	MICHELLE & MATTHEW TAYLOR 340 SPRING RUN CIRCLE LONGWOOD FL 32779	\$ 5,89	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
51	THE ACTIVE NETWORK  10182 TELESIS COURT SUITE 100 SAN DIEGO	\$ 5,047	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
52	DON WHITE 1605 WESTOVER TERRACE GREENSBORO NC 27408	\$ 10,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
53	BRIAN WILLIAMS 812 OAK SPRINGS COURT NEWPORT NEWS VA 23602	\$ 5,979	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
54	JONATHAN D. WILLIAMS 925 MOUNTCLAIRE DRIVE CUMMING GA 30041	\$ 6,614	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

BLOOD: WATER MISSION TNC Employer identification number 56-2483082

2200	D. WAILK MIDDION, INC.	50	1-2403U0Z
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	RANDI WILLIAMS 1721 MITCHELL AVE.  CHATTANOOGA TN 37408	\$ 5,230	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
56	JOSH YANG 1946 OVERLAND AVE. LOS ANGELES CA 90025	\$ 10,570	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
57	Name, address, and ZIP + 4  BRADLEY & HOLLY REDING 4812 LAFAYETTE AVE.  LITTLE ROCK  AC 2205	Aggregate contributions  \$ 6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

#### 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, 11, or 12.

See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Attach to Form 990. Name of the organization Employer identification number BLOOD: WATER MISSION, INC. 56-2483082 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 Total number at end of year ..... 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV. line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 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 Total acreage restricted by conservation easements .... c Number of conservation easements on a certified historic structure included d Number of conservation easements included in (c) acquired after \$/17/06 Number of conservation easements modified, transferred, wased. manipulated, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, 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 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 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

	edule D (Form 990) 2009 BLOOD: WATE				83082		Page 2
Pa	art III Organizations Maintaining (	Collections of A	rt, Historical Trea	sures, or Other	Similar Assets	(continue	d)
3	Using the organization's acquisition, accession, collection items (check all that apply):	and other records, ch	neck any of the following	ig that are a significal	nt use of its		
а	Public exhibition	d $\square$ Lo	an or exchange prograi	ms			
b		e Ott					
c	Preservation for future generations	<b>e</b> ∐ 0″					
4	Provide a description of the organization's colle	ections and explain ho	w they further the orga	anization's exempt pu	rpose in		
5	Part XIV.  During the year, did the organization solicit or r	receive donations of a	rt historical treasures	or other similar		_	
	assets to be sold to raise funds rather than to be	pe maintained as part	of the organization's co	ollection?		Yes	No
Pa	art IV Escrow and Custodial Arrai						
	IV, line 9, or reported an am	ount on Form 99	0, Part X, line 21.			•	
1a	Is the organization an agent, trustee, custodian						
	included on Form 990, Part X?	•				Yes	No
h	If "Yes," explain the arrangement in Part XIV ar	ad complete the follow	ing table:			. 🗀 163	
J	in res, explain the arrangement in Fart XIV at	id complete the follow	ing table.			Amount	
						Amount	
	Beginning balance						
d	Additions during the year	,			1d		
е	Distributions during the year				1e		
	Ending balance						
2a	Did the organization include an amount on Form	n 990, Part X, line 211	?			Yes	No
h	If "Yes," explain the arrangement in Part XIV.	, ,					
THE PERSON	irt V Endowment Funds. Comple	te if organization	answered "Yes"	to Form 990 Pa	rt IV line 10		
	Litation Landor Comple	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	are back
	Parties 6 1 1	(a) Current year	(b) Filor year	(C) Two years back	(u) Three years back	(e) Four ye	ais back
	Beginning of year balance					4	
b	Contributions			<u> </u>			
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance					1	
	Provide the estimated percentage of the year en						
	, •						
	Board designated or quasi-endowment	%					
b	Permanent endowment %						
	Term endowment %						
3а	Are there endowment funds not in the possessi-	on of the organization	that are held and adm	ninistered for the			
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	
	(ii) related ergonizations					3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations lis		chodulo D2			3b	
		•				. [30]	
I III OCCUPATION OF	Describe in Part XIV the intended uses of the o			O Dart V line 4			
гd	rt VI Investments—Land, Buildin						
	Description of investment	(a) Cost or other basi	1 ''	','	cumulated	(d) Book valu	ue
		(investment)	basis (other	) depr	eciation		
1a	Land						
b	Buildings						
С	Leasehold improvements						
	Equipment						
	Other						
	Add lines 1a through 1e (Column (d) must equ	al Form 000 Port V	column (R) line 10(a)				

Schedule D (Form 990) 2009 BLOOD: WATER MISSION,		56-2483082	Page
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuatio	n:
(including name of security)		Cost or end-of-year market	t value
Financial derivatives			
Closely-held equity interests			
Other			
	<del>-</del>		
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
The state of the s			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1			
Part IX Other Assets. See Form 990, Part K, line 5			
(a) Pition		(t	o) Book value
· · · · · · · · · · · · · · · · · · ·			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line	35		
· · · · · · · · · · · · · · · · · · ·	E-		
. (a) Description of liability	(b) Amount		
ederal income taxes			
·			
otal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
FIN 48 Footnote. In Part XIV provide the text of the footnote to the ord	anization's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48.

Schedule D (F	orm 990) 2009	BLOOD: WAT	ER MISSION,	INC.	56-2483082	Page 5
Part XIV	Suppleme	ntal Information	(continued)			
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<del></del>						
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# Schedule F (Form 990)

## Statement of Activities Outside the United States

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

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Open to Public Inspection

vame of the org		D:WATER MIS	SION, INC.	56-24830	
Part I	General Informa		Outside the United States.	Complete if the organization a	
assistance	makers. Does the orge, the grantees' eligibili	panization maintain rec ity for the grants or as	ords to substantiate the amount of the sistance, and the selection criteria use	d to award	X Yes No
2 For grant United Sta		Part IV the organization	a's procedures for monitoring the use of	of grant funds outside the	
3 Activities	per Region. (Use Sche	edule F-1 (Form 990) if	additional space is needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
SUB-SAHA	RAN AFRICA				
SUB-SAHA	RAN AFRICA		PROGRAM SERVICES	WATER & HIV AIDS SUP	564,917
			TRAVEL EXPENSES	WATER & HIV AIDS SUP	90,357
			CUPY		
		,			
· The desired and the second section					
otals					655 274

hedule F (Form 990) 2009 BLOOD: WATER MISSION, INC.

Page C	Yes" to Form 990,	
56-2483082	Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000	
BLOOD: WATER MISSION, INC.	Grants and Other Assistance to Organizations or Entities O Part IV, line 15, for any recipient who received more than \$5,000 lise Schedule E-1 (Form 900) if additional space is product	
Schedule F (Form 990) 2009 BLC	Part II Grants and Othe Part IV, line 15, f	- 2552550 000

(i) Method of valuation (book, FMV,	appiaisa, ourer)									- Political Property Communication Communica		
(h) Description of non-cash assistance												
(g) Amount of non-cash assistance	FER	FER	FER	FER	FER				The second secon			
(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER	WIRE TRANSFER							
(e) Amount of cash grant	305,577	150,000	12,500	46,840	50,000		>					
(d) Purpose of grant	FUNDING & SUPPORT N AFRICA	FUNDING & SUPPORT N AFRICA										
(c) Region	FUNDING SUB-SAHARAN AFRICA	FUNDING SUB-SAHARAN AFRICA	FUNDING SUB-SAHARAN AFRICA	I SUB-SAHARAN	SUB-SAHARAN							
(b) IRS code section and EIN (if applicable)												
1 (a) Name of organization												

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 c۷

<sup>3</sup> Enter total number of other organizations or entities

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(h) Method of valuation (book, FMV, appraisal, other)

(g) Description of non-cash assistance

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (f) Amount of non-cash assistance (e) Manner of cash disbursement 56-2483082 (d) Amount of cash grant Schedule F (Form 990) 2009 BLOOD: WATER MISSION, INC. (c) Number of recipients (b) Region (a) Type of grant or assistance Part III

				•
			Schedule	Schedule F (Form 990) 2009

	Part IV Supplemental Information  Complete this part to provide the information required in Part I, line 2, and any other additional information.
	PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
	BLOOD: WATERMISSION 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.
	COPY
-	
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•	
•	
	······································
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### 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. See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization  BLOOD: WATER MISSIO	ON, INC.			Employer identi	
Fundraising Activities. Complete	if the organiza		ered "Yes" to For		
Form 990-EZ filers are not require	d to complete	this part.			
1 Indicate whether the organization raised funds through	any of the following	g activities. C	theck all that apply.		
a Mail solicitations	e Solicitation	n of non-gove	ernment grants		
b Internet and email solicitations		n of governm	-		
c Phone solicitations	g Special fu	undraising eve	ents		
d In-person solicitations					
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity					Yes No
b If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization.	(fundraisers) pursua	ant to agreem	nents under which the	fundraiser is	
(i) Name of individual	(ii) Activity	(iii) Did fund-	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(.,, /	raiser have custody or	from activity	(or retained by)	(or retained by)
		control of		fundraiser listed in	organization
		contributions?		col. (i)	
		Yes No			
			<b>/</b>		
www.					
			· · · · · · · · · · · · · · · · · · ·		
3 List all states in which the organization is registered or I	licensed to solicit fu	unds or has b	een notified it is exem	pt from	
registration or licensing.					
					*******

Schedule G (Form 990 or 990-EZ) 2009

INC.

Page 2

1117	art	**************************************	<b>Events.</b> Complete if the org 5,000 on Form 990-EZ, line	e 6a. List events with gros	to Form 990, Part IV, s_receipts greater than	ппе 18, от геропеа 1 \$5,000.
ø			(a) Event #1  990PTVIIIC (event type)	(b) Event #2	(c) Other events  NONE  (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	106,292			106,292
	3	Less: Charitable contributions  Gross revenue (line 1 minus line 2)	106,292			106,292
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses				
	10 11		. Add lines 4 through 9 in column (ombine line 3, column (d), and line			(
P	art I	<b>II Gaming.</b> Com	plete if the organization and	swered "Yes" to Form 990	, Part IV, line 19, or re	ported more
— enue		tnan \$15,000 c	on Form 990-EZ, line oa.	(j) uli tabs/instant	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (c	d)	<b>&gt;</b>	(
	8	Net gaming income summ	nary. Combine line 1, column d, and	d line 7	<u></u>	
9 a b	ls th		e organization operates gaming action operate gaming activities in each	f.:		
I0a b			s gaming licenses revoked, suspen			10a
14		o the organization and	againg official with parameter	ro?		
12	ls th	ne organization a grantor, b	e gaming activities with nonmember beneficiary or trustee of a trust or a le gaming?	member of a partnership or other		11   12

Sche	dule G (Form 990 or 990-EZ) 2009	BLOOD:WATER	MISSION,	INC.	56-24830	82	P	age <b>3</b>
			-				Yes	No
13	Indicate the percentage of gaming activity	operated in:						
а	The organization's facility	,			13a 9	<u>%</u>		
b					13b 9	<u>%</u>		
14	Provide the name and address of the per	son who prepares the	organization's gam	ing/special events books				
	and records:							
	Name					.		
	Address							
15a	Does the organization have a contract wit	h a third party from who	om the organizatio	n receives gaming				
·ou	revenue?		-			15a		in minimal,
b	If "Yes," enter the amount of gaming rever	nue received by the org	anization \$	*******	and the			
	amount of gaming revenue retained by the							
С	If "Yes," enter name and address of the th			* * * * * *				
	Name							
	Address				,			
	Coming was information.							
16	Gaming manager information:							
	Name							
						•		
	Gaming manager compensation \$							
			• •					
	Description of services provided							
	Director/officer Employ	yee LInd	epender co <del>ntract</del>	or				
17	Mandatory distributions:							
а	Is the organization required under state la	w to make charitable di	stributions from th	e gaming proceeds to				
<b>L</b>				nt propriestions or spent		17a		
b	Enter the amount of distributions required in the arganization's own example activities		_	pt organizations or spent				
	in the organization's own exempt activities	during the tax year	\$					

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

General Information on Grants and Assistance BLOOD: WATER MISSION, INC.

Name of the organization

Part

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

Open to Public Inspection OMB No. 1545-0047 2000 2000 2000

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

Attach to Form 990.

Employer identification number

56-2483082

<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	ie amount of the grace?	ants or assi	stance, the grantees' en the United States.	ts or assistance, the grantees' eligibility for the grants or assistance, and nt funds in the United States.	or assistance, and		X Yes	8
<b>Part II Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments an ecipient that re	d Organi ceived m pace is r	<b>zations in the Un</b> lore than \$5,000. leeded	<b>Organizations in the United States.</b> Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	plete if the org no one recipie	janization ansi	wered "Yes" to ore than \$5,000. Use	[
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	]
LIFEWATER INTERNATIONAL P.O. BO 3131 SAN LUIS OBISPO CA 93403	95-3987142	8	312,500				FUNDING & SUPPORT	
SEEDS OF HOPE INTERNATIONAL 200 S. EAST AVENUE SANTA MARIA CA 93454	77-0142477	3	528,684				FUNDING & SUPPORT	
INTEGRATED COMMUNITY DEV INTL 3791 NORTH OAKWOOD DRIVE WARSAW IN 46582	32-0112278	3	0.00,000	<b>&gt;</b>			FUNDING & SUPPORT	
WATERAID 232 MADISON AVE., SUITE 1202 NEW YORK NY 10016	30-0181674	က	225,000				FUNDING & SUPPORT	
								1

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

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Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 56-2483082 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant Schedule I (Form 990) 2009 BLOOD: WATER MISSION, INC. (b) Number of recipients (a) Type of grant or assistance Part IV Part ≡

Schedule I (Form 990) 2009

### SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990

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

OMB No. 1545-0047

Name of the organization

BLOOD: WATER MISSION, INC Employer identification number

56-2483082 FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED RICH HOOPS 8328 VALMONT ROAD BOULDER, CO 80301 COLLIN BROWN 152 NORTH CAROLINA AVE., WASHINGTON, DC 20003 LON CHERRY 2988 MCLEMORE CIRCLE FRANKLIN, TN 37064 DAN HASELTINE 109 BATTLE AVENUE FRANKLIN, TN 37064 REGAN DEMAS 1387 F STREET NE WASHINGTON, DC 20002 STEVEN GARBER 8901 BURKE ROAD BURKE, VA 22015

Name of the organization Employer identification number 56-2483082 BLOOD: WATER MISSION, INC. CLYDETTE POWELL 1050 N. STUART STREET, APT. 902 ARLINGTON, VA 22201 JOEL WICKRE 81 JAMAICA STREET #3 JAMAICA PLAIN, MA 02130 BRAD GIBSON 3596 HYATTS ROAD POWELL, OH 43065 MOSES PULEI COPY 206 W. ECLIFF SPOKANE, WA 99218 COSMA GATERE 3122 JUNIPER LANE FALLS CHURCH, VA 22044 FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE EXECUTIVE DIRECTOR AND TREASURER SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE. THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE PRIOR TO SUBMISSION. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY AN ANNUAL DISCLOSURE STATEMENT IS CIRCULATED TO TRUSTEES, OFFICERS AND

Name of the organization

BLOOD: WATER MISSION, INC.

Employer identification number 56–2483082

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 EXECUTIVE DIRECTOR OR SUCH
PERSON DESIGNATED BY THE EXECUTIVE DIRECTOR 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 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

INFORMATION IS COLLECTED REGARDING AMOUNTS PAID BY COMPARABLE ORGANIZATIONS

FOR COMPARABLE SERVICES. IN CONSIDERING COMPENSATION, ELEMENTS PROVIDED TO

THE BOARD INCLUDE (BUT NOT LIMITED TO): THE VALUE OF THE EMPLOYEE BENEFITS

WHETHER TAXABLE OR NO, HOUSING ALLOWANCE OR VALUE PROVIDED HOUSING, VALUE

OF VEHICLES PROVIDED AND RETIREMENT PLAN CONTRIBUTIONS. THE CHAIRMAN OF

THE BOARD OR A BOARD COMPENSATION COMMITTEE WILL MEET WITH THE EXECUTIVE

DIRECTOR TO CONSIDER HIS OR HER PROJECTED NEEDS FOR THE COMING YEAR,

PERSPECTIVE ON HIS OR HER COMPENSATION AND THE TYPES OF BENEFITS OR

"PERQUISITES THAT MIGHT HELP THE EXECUTIVE DIRECTOR PERSONALLY, IN THIER

FAMILY AND IN THEIR JOB."

Name of the organization

BLOOD: WATER MISSION, INC.

Employer identification number 56-2483082

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS 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 PROVIDED AND RETIREMENT PLAN CONTRIBUTIONS. COLLECT INFORMATION REGARDING AMOUNTS PAID BY COMPARABLE ORGANIZATIONS FOR COMPARABLE SERVICES. FORM 990, PART VI, LINE 17 - OTHER STATES WHERE COPY OF RETURN IS FILED VIRGINIA, WEST 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 IMELY MANNER AND WITHOUT CHARGE OR SUBJECT TO THE CHARGES PERMITED BY LAW.

Form **4562** 

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization**

### (Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. 67

Name(s) shown on return

BLOOD: WATER MISSION, INC.

Identifying number 56-2483082

	ness or activity to which this form related NDIRECT DEPRECIA							
-	art I Election To Exp	ense Certain Prop	perty Under Section rty, complete Part V		vu complete	Port I	W. 1.	
1	Maximum amount. See the instr						1	250,000
2	Total cost of section 179 proper		- !4				2	230,000
3	Threshold cost of section 179 p			ions)			3	800,000
4	Reduction in limitation. Subtract						4	
5	Dollar limitation for tax year. Subtract			g separately, se	ee instructions		5	
6		otion of property		st (business us		) Elected cost		
								1
								1
7	Listed property. Enter the amou	nt from line 29			7			
8	Total elected cost of section 179	9 property. Add amounts	s in column (c), lines 6 an	d 7			8	
9	Tentative deduction. Enter the s	smaller of line 5 or line	8				9	
10	Carryover of disallowed deduction	on from line 13 of your	2008 Form 4562				10	
11	Business income limitation. Ente	er the smaller of busines	ss income (not less than z	ero) or line 5	(see instructio	ns)	11	
12	Section 179 expense deduction.	Add lines 9 and 10, but	it do not enter more than I	ine 11		<del></del>	12	
13	Carryover of disallowed deduction				13			
Note	e: Do not use Part II or Part III bel							
P			nd Other Depreciat			sted prop	erty.	(See instr.)
14	Special depreciation allowance t	for qualified property (of	ther than listed property) p	placed in sen	/ice			
	during the tax year (see instructi						14	
15	Property subject to section 168(	f)(1) election	. <i>(</i>	)).\\_/			15	
<u>16</u>	Other depreciation (including AC	CRS)		<u>Y</u>			16	12,664
Pa	art III MACRS Depreci	<b>ation (Do not</b> incl	ude listed property.)	(See instr	uctions.)			
			Section A					
17	MACRS deductions for assets p						17	0
18	If you are electing to group any assets							
	Section B-		rvice During 2009 Tax Yo	T	1	reciation Sy	/stem	T
	(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) Met	nod	(g) Depreciation deduction
<u>19a</u>	3-year property							
<u>b</u>	5-year property							
С	7-year property							
d	10-year property							
е	15-year property			ļ				
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C—	Assets Placed in Serv	ice During 2009 Tax Yea	r Using the	Alternative De	preciation S	Syster	n
20a	Class life	_				S/L		
b	12-year			12 yrs.		S/L		
	40-year			40 yrs.	MM	S/L		
Pa	<b>irt IV Summary</b> (See ir		·					
21	Listed property. Enter amount fro						21	
22	Total. Add amounts from line 12	-			21. Enter here			_
	and on the appropriate lines of y			instructions	<del> </del>		22	12,664
23	For assets shown above and pla	<del>-</del>	e current year, enter the					
	portion of the basis attributable to	o section 263A costs			23			

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56-2483082

# Form 990, Page 1

FYE: 12/31/2009

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Othon	Depreciation:							
Other	Imac Computer	1/01/05	1,500		1.500	5 MO S/L	1,200	300
2	Imac Computer	1/01/05	1,500		1,500	5 MO S/L 5 MO S/L	1,200	300
3	12" Powerbook Laptop	1/01/05	1,100		1,100	5 MO S/L 5 MO S/L	880	220
4	12" Powerbook Laptop	1/01/05	1,100		1,100	5 MO S/L	880	220
5	15" Powerbook Laptop	1/01/05	1,300		1,300	5 MO S/L	1,040	260
6	HP Desktop	9/30/05	600		600	5 MO S/L	390	120
7	Compaq Desktop	9/30/05	300		300	5 MO S/L	195	60
8	Compaq Projector	9/30/05	2,300		2,300	5 MO S/L	1,495	460
9	Office Furniture	12/14/05	2,132		2,132	5 MO S/L	1,315	426
10	Jena's Laptop	1/10/07	1,620		1,620	5 MO S/L	648	324
11	Barak's Laptop	2/16/07	2,418		2,418	5 MO S/L	887	483
12	Wolf Camera Video	1/23/07	3,186		3,186	5 MO S/L	1,221	637
13	Apple MacBook	7/27/07	2,843		2,843	5 MO S/L	806	568
14	Apple Mac Pro	7/27/07	4,731		4,731	5 MO S/L	1,340	947
15	Skylights	8/27/07	1,339		1,339	15 MO S/L	119	89
16	Carpet	12/02/07	2,474		2,474	15 MO S/L	179	165
17	Office Buildout	6/30/08	30,814		30,814	15 MO S/L	1,027	2,054
18	MacBook (Kellie)	5/13/08	1,500		1,500	5 MO S/L	200	300
19	New Server	5/30/08	3,950		3,950	5 MO S/L	461	790
20	MacBook Air (Pam)	6/12/08	2,048		2,048	5 MO S/L	239	410
21	iMac Computer - Lauren's	4/28/09	1,299		1,299	5 MO S/L	0	173
22	Macbook Pro	11/19/09	1,475		1,475	5 MO S/L	0	25
23	Africa Programs Database	7/02/09	20,000	_	20,000	3 MO S/L	0	3,333
	Total Other Depreciation		91,529	-	91,529		15,722	12,664
	Total ACRS and Other Depr	eciation	91.529		91,529		15,722	12,664
					,			
	Grand Totals		- 91 529		91,529		15,722	12,664
	Less: Dispositions and Trans	fers 📞			0		0	12,004
	Less: Start-up/Org Expense		0		ŏ		ŏ	ŏ
	Net Grand Totals			-			15 722	
	Net Grand Totals	=	91,529	=	91,529		15,722	12,664

149500 BLOOD:WATER MISSION, INC.

56-2483082

**AMT Asset Report** 

05/13/2010 12:58 PM

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec <u>%</u> 179 Bonus _	Basis for Depr	Per Conv Meth	Prior	Current
Other 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Imac Computer Imac Computer 12" Powerbook Laptop 12" Powerbook Laptop 15" Powerbook Laptop HP Desktop Compaq Desktop Compaq Projector Office Furniture Jena's Laptop Barak's Laptop Wolf Camera Video Apple MacBook Apple Mac Pro Skylights Carpet Office Buildout MacBook (Kellie) New Server MacBook Air (Pam) iMac Computer - Lauren's Macbook Pro Africa Programs Database	1/01/05 1/01/05 1/01/05 1/01/05 1/01/05 9/30/05 9/30/05 9/30/05 12/14/05 1/10/07 2/16/07 1/23/07 7/27/07 8/27/07 12/02/07 6/30/08 5/13/08 5/30/08 6/12/08 4/28/09 11/19/09	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 HY	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	<b>Total Other Depreciation</b>	-	0	_	0	0 111	0	0
	Total ACRS and Other Depre	ciation	0		0		0	0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	rs =		PY <sub>=</sub>	0 0		0 0	0 0

149500 BLOOD:WATER MISSION, INC.

56-2483082

FYE: 12/31/2009

# Depreciation Adjustment Report

**All Business Activities** 

Form Unit Asset Description There are no assets that meet the criteria of this report

Tax AMT

AMT Adjustments/ Preferences

05/13/2010 12:58 PM

**COPY** 

05/13/2010 12:58 PM FYE: 12/31/10

# 149500 BLOOD:WATER MISSION, INC. 56-2483082 Future Depreciation Report

FYE: 12/31/2009

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Imac Computer Imac Computer 12" Powerbook Laptop 12" Powerbook Laptop 15" Powerbook Laptop HP Desktop Compaq Desktop Compaq Projector Office Furniture Jena's Laptop Barak's Laptop Wolf Camera Video Apple MacBook Apple MacBook Apple Mac Pro Skylights Carpet Office Buildout MacBook (Kellie) New Server MacBook Air (Pam) iMac Computer - Lauren's Macbook Pro Africa Programs Database	1/01/05 1/01/05 1/01/05 1/01/05 1/01/05 1/01/05 9/30/05 9/30/05 9/30/05 12/14/05 1/10/07 2/16/07 1/23/07 7/27/07 8/27/07 12/02/07 6/30/08 5/13/08 5/13/08 4/28/09 11/19/09 7/02/09	1,500 1,500 1,100 1,100 1,300 600 300 2,300 2,132 1,620 2,418 3,186 2,843 4,731 1,339 2,474 30,814 1,500 3,950 2,048 1,299 1,475 20,000	0 0 0 0 90 45 345 391 324 484 637 569 946 90 165 2,055 300 790 409 260 295 6,667	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	<b>Total Other Depreciation</b>		91,529	14,862	0
	Total ACRS and Other Depreciation	CC		14,862	0
	Grand Totals		91,529	14,862	0

# 149500 BLOOD:WATER MISSION, INC. 56-2483082 FYE: 12/31/2009

# Federal Statements

	Fund Raising	\$ 12,794	\$ 12,794
( <del>jajoyee)</del>	Management & General	\$ 1,418 1,597 6,089 7,333	\$ 16,437
ine 11g - Other Fees for Service (Non-employee)	Program Service	3,667	\$ 3,667
Form 990, Part IX, Line 11g - Other Fe	Total Expenses	\$ 12,794 1,418 1,597 6,089 11,000	\$ 32,898
Form 96	Description	CONCERT REPRESENTATION IT SUPPORT PAYROLL SERVICE HUMAN RESOURCES CONSULTING MENTORING	TOTAL

	Form 990,	Form 990, Part IX, Line 24f - All Other Expenses	- All Other	Expenses				
Description		Total Expenses	Pro	Program Service	Man	√anagement & General	u.	Fund Raising
AIDS AWARENESS & EDUCATIO HOSPITALITY	₩	8,706	\$	8,706	\$	100	ۍ پ	
CONTINUING ED & PROF DEV		3, 245		) 		3,245		701
ARTIST SUPPLIES MISCELLANEOUS		2,079	i	180		3,0,2 20 194		1,879
SALES TAX TOTAL	\ <sub>\</sub>	21,933	·ω	9,222	က	10,636	\ \	2,075

149500 BLOOD:WATER MISSION, INC.

56-2483082

# Federal Statements

FYE: 12/31/2009

5/13/2010 12:59 PM

# Schedule A, Part III, Line 7b - Excess Gross Receipts

Donor Name	Total	E	Excess	
	\$	\$		
2009	234,645		213,059	
2008	156,775		133,142	
2007	142,480		120,659	
TOTAĻ	\$ 533,900	\$	466,860	

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