

## 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 Year 1,413,456**Revenue**

Contributions	<u>2,146,775</u>
Program service revenue	<u>11,289</u>
Investment income	<u>250</u>
Capital gain / loss	
Special events:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>0</u>

**Total revenue**2,158,314**Expenses**

Program services	<u>2,163,217</u>
Management and general	<u>279,628</u>
Fundraising	<u>351,236</u>

**Total expenses**2,794,081**Excess / (deficit)**-635,767**Other changes**

Net Asset / Fund Balance at End of Year

777,689

COPY

**Reconciliation of Revenue**

Total revenue per financial statements	<u>2,158,314</u>
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u><u>2,158,314</u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u>2,794,081</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u><u>2,794,081</u></u>

**Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>1,430,081</u>	<u>791,456</u>	
Liabilities	<u>16,625</u>	<u>13,767</u>	
Net assets	<u><u>1,413,456</u></u>	<u><u>777,689</u></u>	<u>-635,767</u>

**Miscellaneous Information**

Amended return	
Return / extended due date	<u>05/17/10</u>
Failure to file penalty	

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2009, or fiscal year beginning ....., 2009, and ending ....., 20 .....

▶ Do not send to the IRS. Keep for your records.

▶ See instructions on back.

**2009**

Name of exempt organization

**BLOOD:WATER MISSION, INC.**

Employer identification number

**56-2483082**

Name and title of officer

**LON CHERRY  
TREASURER****Part I Type of Return and Return Information (Whole Dollars Only)**

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 ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>2,158,314</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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 electronic payment of taxes 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

☒ I authorize **MCKERLEY & NOONAN, PC, CPA** to enter my PIN **12345** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

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.

Officer's signature

Date

**05/13/10****Part III Certification and Authentication**

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

**62570912345**

do not enter all zeros

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

Date

*May 14 2010*

**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)

Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 2009 calendar year, or tax year beginning , and ending**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization**BLOOD:WATER MISSION, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 60381**

Room/suite

City or town, state or country, and ZIP + 4

**NASHVILLE****TN 37206****F** Name and address of principal officer:**RICH HOOPS****8328 VALMONT RD.****BOULDER****CO 80301****D** Employer identification number**56-2483082****E** Telephone number**615-550-4296****G** Gross receipts \$ **2,158,314****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates  
included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BLOODWATERMISSION.COM****H(c)** Group exemption number**K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2004****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>BLOOD:WATER MISSION IS A GRASSROOTS ORGANIZATION THAT EMPOWERS COMMUNITIES TO WORK TOGETHER AGAINST THE HIV/AIDS AND WATER CRISES IN AFRICA.</b>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	11		
	4	11		
	5	14		
	6	25		
	7a			
Revenue	b Net unrelated business taxable income from Form 990-T, line 34		7b	0
	8	Prior Year	Current Year	
	9	2,332,194	2,146,775	
	10	13,962	11,289	
	11	17,174	250	
	12	2,363,330	2,158,314	
	12	1,778,619	1,733,101	
Expenses	13			
	14			
	15	395,791	505,403	
	16a			
	b Total fundraising expenses (Part IX, column (D), line 25)	351,236		
	17	493,993	555,577	
	18	2,668,403	2,794,081	
Net Assets or Fund Balances	19	-305,073	-635,767	
	20			
	21	1,430,081	791,456	
	22	16,625	13,767	
22		1,413,456	777,689	

**Part II Signature Block****Sign  
Here**

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

Signature of officer

**LON CHERRY****TREASURER**

Date

**05-14-10**

Type or print name and title

**Paid  
Preparer's  
Use Only**Preparer's  
signature

Date

**05/13/10**Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)  
**P00037316**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**MCKERLEY & NOONAN, PC, CPA****104 WOODMONT BLVD. SUITE 410****NASHVILLE, TN 37205**

EIN

Phone

**615-279-0088**

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

☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

**Part III Statement of Program Service Accomplishments****1** Briefly describe the organization's mission:**BLOOD:WATER MISSION IS A GRASSROOTS ORGANIZATION THAT EMPOWERS COMMUNITIES TO WORK TOGETHER AGAINST THE HIV/AIDS AND WATER CRISES IN AFRICA.****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **1,970,602** including grants of \$ **1,570,601** ) (Revenue \$ )  
**TO SUPPORT 1000 WATER PROJECTS IN AFRICA****4b** (Code: ) (Expenses \$ **162,500** including grants of \$ **162,500** ) (Revenue \$ )  
**TO SUPPORT HIV/AIDS PROJECTS IN AFRICA****4c** (Code: ) (Expenses \$ **30,115** including grants of \$ ) (Revenue \$ )  
**TO SUPPORT TRANSFORMATIONAL EDUCATION EFFORTS IN THE US****4d** Other program services. (Describe in Schedule O.)

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

**4e** Total program service expenses **2,163,217**

**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	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
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	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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 VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• 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.	<b>X</b>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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	<b>X</b>	
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	<b>X</b>	
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		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>X</b>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		<b>X</b>
<b>24a</b> 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>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</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?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, 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		<b>X</b>
<b>27</b> 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 "Yes," complete Schedule L, Part III		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> 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		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b>	<b>10</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>
<b>2a</b>	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	<b>2a</b>	<b>14</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 501(c)(3).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body	11	
b	Enter the number of voting members that are independent	11	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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	X	

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

	Yes	No
10a		X
b		
11	X	
11a		
12a	X	
b	X	
c	X	
13	X	
14	X	
15		
a	X	
b	X	
16a		X
b		
16b		

**Section C. Disclosure**

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

18 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.  
☒ Own website ☒ Another's website ☒ Upon request

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
**JENA LEE NARDELLA**  
**PO BOX 60381**  
**NASHVILLE**  
**TN 37206**  
**615-550-4296**





<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> (continued)
-----------------	---

COPY

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

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

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

	Yes	No
3		<b>X</b>
4		<b>X</b>
5		<b>X</b>

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

**Part VII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c	106,292		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,040,483		
	g	Noncash contributions included in lines 1a-1f: \$				
	h	<b>Total.</b> Add lines 1a-1f		2,146,775		
Program Service Revenue	2a SALE OF MERCHANDISE		Busn. Code			
	b			11,289	11,289	
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total.</b> Add lines 2a-2f		11,289		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		250	250
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
		(i) Real	(ii) Personal			
6a		Gross Rents				
b		Less: rental exps.				
c		Rental inc. or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less: cost or other basis & sales exps.				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
b		Less: direct expenses	b			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities. See Part IV, line 19	a			
b		Less: direct expenses	b			
c		Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d	All other revenue					
e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total Revenue.</b> See instructions.		2,158,314	11,539	0	0

Form 990 (2009)

**BLOOD:WATER MISSION, INC.****56-2483082**Page **10****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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	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) and section 403(b) employer contributions)	8,014	3,874	1,681	2,459
9 Other employee benefits	41,373	23,476	13,670	4,227
10 Payroll taxes	35,791	17,237	11,659	6,895
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,071		8,071	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	32,898	3,667	16,437	12,794
12 Advertising and promotion	71,255	13,300		57,955
13 Office expenses	48,701	4,642	25,849	18,210
14 Information technology				
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.)				
a <b>EVENTS EXPENSES</b>	137,794	48,771		89,023
b <b>BANK FEES AND CREDIT CARD</b>	32,703		7,925	24,778
c <b>EDUCATION</b>	31,017	30,115	41	861
d <b>STRATEGIC DEVELOPMENT</b>	16,329	3,017	9,014	4,298
e <b>SOFTWARE &amp; LICENSING</b>	11,691	371	715	10,605
f All other expenses	21,933	9,222	10,636	2,075
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,794,081	2,163,217	279,628	351,236
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	1,360,207	1	715,345
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	12,362	9	5,336
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 91,529		
	b Less: accumulated depreciation	10b 28,386	53,033	10c 63,143
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,479	15	7,632
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,430,081	16	791,456	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	16,625	17	13,767
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	16,625	26	13,767
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,413,456	27	777,689
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	1,413,456	33	777,689	
34 <b>Total liabilities and net assets/fund balances</b>	1,430,081	34	791,456	

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>d</b> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b> 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?		<b>X</b>
<b>b</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.		

Form **990** (2009)

COPY



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> 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
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			7,422	13,962	11,539	32,923
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,229,619	1,418,473	2,155,285	2,346,156	2,158,314	9,307,847
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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
<b>c</b> Add lines 7a and 7b			120,659	133,142	213,059	466,860
<b>8 Public support.</b> (Subtract line 7c from line 6.)						8,840,987

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,229,619	1,418,473	2,155,285	2,346,156	2,158,314	9,307,847
<b>10a</b> 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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	3,226	10,845	26,523	17,174	250	58,018
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		33	274			307
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,232,845	1,429,351	2,182,082	2,363,330	2,158,564	9,366,172

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	94.39 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	99.19 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	1 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	1 %

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

**PART III, LINE 12 - OTHER INCOME DETAIL**

**OTHER REVENUE** \$ **307**

COPY

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

**Schedule of Contributors**

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

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

**BLOOD:WATER MISSION, INC.**

**56-2483082**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private 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-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, 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, or 990-PF).

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)

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
<b>1</b>	<b>CHOICE MINISTRIES, INC.</b> <b>D/B/A PASSON CONFERENCES</b> <b>P.O. BOX 5</b>  <b>ROSWELL</b> <b>GA 30077</b>	\$ <b>53,906</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>2</b>	<b>CHRISTOPHER ANDREAS</b> <b>501 N. JORDAN AVE.</b>  <b>BLOOMINGTON</b> <b>IN 47406</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>3</b>	<b>ACTIVE WATER</b> <b>P.O. BOX 37</b>  <b>MATTWAN</b> <b>MI 49671</b>	\$ <b>23,672</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>4</b>	<b>COLONIAL PRESBYTERIAN CHURCH</b> <b>9500 WORNALL ROAD</b>  <b>KANSAS CITY</b> <b>MO 64114</b>	\$ <b>22,084</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>5</b>	<b>HARRY J. LLOYD CHARITABLE TRUST</b> <b>7200 W. 132ND STREET, SUITE 190</b>  <b>OVERLAND PARK</b> <b>KS 66213</b>	\$ <b>75,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>6</b>	<b>THE OAKS FELLOWSHIP</b> <b>777 SOUTH I 35E</b>  <b>RED OAK</b> <b>TX 75154</b>	\$ <b>60,598</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>BLOOD:WATER MISSION, INC.</b>	Employer identification number <b>56-2483082</b>
--	---

**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 <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	PRITCHETT FAMILY FOUNDATION P.O. BOX 20160  LONG BEACH CA 90801	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THOMAS NELSON PUBLISHERS P.O. BOX 141000  NASHVILLE TN 37214	\$ 32,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	VENTURE EXPENDITIONS 511 E. TRAVELERS TRAIL  BURNSVILLE MN 55337	\$ 68,236	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	ANTHONY BARNA 181 BETTY CT. UNIT B  BARTLETT IL 60103	\$ 7,201	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	AUSTIN BELLO 5605 LUNA DRIVE  ROWLETT TX 75088	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
13	<b>BLOOD:WATER MISSION BALTIMORE</b> <b>528 DUNKIRK ROAD</b> <b>BALTIMORE MD 21212</b>	\$ <b>6,441</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	<b>CA, INC.</b> <b>MATCHING GIFTS PROGRAM</b> <b>P.O. BOX 8739</b> <b>PRINCETON NJ 08543</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	<b>CAPSTONE INTERNATIONAL MINISTRIES</b> <b>DBA SHOUTS OF GRACE</b> <b>425 ORCHARD AVE.</b> <b>ARROYO GRANDE CA 93420</b>	\$ <b>6,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	<b>CHRISTIAN STEWARDSHIP FOUNDATION</b> <b>150 N. SUNNYSLOPE ROAD, SUITE 360</b> <b>BROOKEFIELD WI 53005</b>	\$ <b>5,100</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	<b>CITY CHURCH OF EAST NASHVILLE</b> <b>1021 RUSSELL ST.</b> <b>NASHVILLE TN 37206</b>	\$ <b>12,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	<b>CHRISTOPHER W. CLEMENTS</b> <b>P.O. BOX 27506</b> <b>TUCSON AZ 85726</b>	\$ <b>5,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

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
19	<b>CROSSROADS FELLOWSHIP</b> 4400 E. JACKSON BLVD.  JACKSON MO 63755	\$ 12,633	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	<b>DAVISON BRUCE FOUNDATION</b> P.O. BOX 530722  BIRMINGHAM AL 35253	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	<b>REAGAN &amp; ALICE DEMAS</b> 1387 F STREET NE  WASHINGTON DC 20002	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	<b>CHUCK &amp; ALEXIS DUDA</b> 24407 BIRDIE RIDGE  SAN ANTONIO TX 78260	\$ 7,045	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	<b>EASTSIDE CHRISTIAN SCHOOLS</b> 2505 YORBA LINDA BLVD.  FULLERTON CA 92831	\$ 6,163	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	<b>EMMANUEL BAPTIST CHURCH</b> 3252 EAST JAMES LEE BLVD.  CRESTVIEW FL 32539	\$ 16,968	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
25	FOREVER THE SICKEST KIDS 5605 LUNA DR. ROWLETT TX 75088	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	NICK & NATALIE FOY 15428 CROSSING GATE DRIVE CORNELIUS NC 28031	\$ 6,085	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DAVID GENG 4905 ESGUERRA TER FREMONT CA 94555	\$ 6,616	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	CODIE & LOGAN GIBBONS 2931 LARAMIE CIRCLE HATTIESBURG MS 39402	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	MIKE & BETH HAMILTON 6934 OLD KENT DRIVE KNOXVILLE TN 37919	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	WAYNE HAUGHEY 3103 JULIAN GLEN CIRCLE WAXHAW NC 28173	\$ 8,175	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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
31	<b>HAWTHORNE CHRISTIAN ACADEMY</b> 2000 RT. 208 <b>HAWTHORNE NJ 07450</b>	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	<b>RICH HOOPS</b> P.O. BOX 18595 <b>BOULDER CO 80308</b>	\$ 10,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	<b>HOPE FROM THE HEARTLAND</b> 209 N. MAIN STREET <b>TULSA OK 74103</b>	\$ 9,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	<b>EDANA W. HOUGH</b> 99 TROTWOOD MEWS <b>BRENTWOOD TN 37027</b>	\$ 5,485	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	<b>IC REED &amp; SONS, INC.</b> 8-9 EVANS DRIVE P.O. BOX 968 <b>RAYMOND NH 03077</b>	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	<b>GUS &amp; DIANE LEE</b> 6401 BUCHANAN ST <b>FORT COLLINS CO 80525</b>	\$ 5,935	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
37	LUTHERAN COMMUNITY FOUNDATION 625 FOURTH AVENUE SOUTH, SUITE 1500 MINNEAPOLIS MN 55415	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	NASH & KORA MARTINEZ 555 NW PARK AVE. #502 PORTLAND OR 97209	\$ 6,595	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	JAMES MATHEWS 1456 DEVON LANE TROY MI 48064	\$ 8,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	JAY & LISA PERRIGUEY 6440 SAND CASTLE VIEW DRIVE HOLLAND MI 49423	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	PRESCOTT CHRISTIAN CHURCH 501 S. SENATOR HIGHWAY PRESCOTT AZ 86303	\$ 13,454	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	PROVIDENCE UNITED METHODIST CHURCH P.O. BOX 517 MOUNT JULIET TN 37121	\$ 5,144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

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
43	REDEEMER COVENANT CHURCH 5415 E. 101ST STREET TULSA OK 74137	\$ 5,085	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	ROSSVILLE CHURCH OF CHRIST P.O. BOX 243 ROSSVILLE IL 60963	\$ 10,361	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	BRIAN & KELLI ROWLEY 13330 YAUPON HOLLY LN. HOUSTON TX 77044	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	SAN FRANCISCO DE ASSIS PARISH 2257 E. CEDAR AVE. FLAGSTAFF AZ 86004	\$ 9,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	SHIRLEY SOURYAL 7923 LANDING LANE FALLS CHURCH VA 22043	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	SUPERSTITION SPRINGS COMMUNITY CHURCH 4450 E. ELLIOT RD. GILBERT AZ 85234	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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
49	TAMU 803 GLADE ST. COLLEGE STATION TX 77840	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	MICHELLE & MATTHEW TAYLOR 340 SPRING RUN CIRCLE LONGWOOD FL 32779	\$ 5,895	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	THE ACTIVE NETWORK 10182 TELESIS COURT SUITE 100 SAN DIEGO CA 92121	\$ 5,047	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	DON WHITE 1605 WESTOVER TERRACE GREENSBORO NC 27408	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	BRIAN WILLIAMS 812 OAK SPRINGS COURT NEWPORT NEWS VA 23602	\$ 5,979	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	JONATHAN D. WILLIAMS 925 MOUNTCLAIRE DRIVE CUMMING GA 30041	\$ 6,614	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

COPY

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
55	RANDI WILLIAMS 1721 MITCHELL AVE. CHATTANOOGA TN 37408	\$ 5,230	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	JOSH YANG 1946 OVERLAND AVE. LOS ANGELES CA 90025	\$ 10,570	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	BRADLEY & HOLLY REDING 4812 LAFAYETTE AVE. LITTLE ROCK AR 72205	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

**BLOOD:WATER MISSION, INC.****56-2483082****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year \_ \_ \_ \_ \_

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

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

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

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

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

9 In Part 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 \$ \_ \_ \_ \_ \_

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

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

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

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations  
**d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

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

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

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

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment \_\_\_\_\_ %  
**b** Permanent endowment \_\_\_\_\_ %  
**c** Term endowment \_\_\_\_\_ %

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

- (i)** unrelated organizations  
**(ii)** related organizations

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

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				







**Part XIV** Supplemental Information (continued)

COPY

**Schedule F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**BLOOD:WATER MISSION, INC.**

Employer identification number

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

- 2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

- 3 Activities per Region.** (Use Schedule 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
<b>SUB-SAHARAN AFRICA</b>			<b>PROGRAM SERVICES</b>	<b>WATER &amp; HIV AIDS SUP</b>	<b>564,917</b>
<b>SUB-SAHARAN AFRICA</b>			<b>TRAVEL EXPENSES</b>	<b>WATER &amp; HIV AIDS SUP</b>	<b>90,357</b>
<b>Totals</b>					<b>655,274</b>

COPY

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

Schedule F (Form 990) 2009

## Part III

Grants and Other Assistance to Organizations or Entities Outside the United States	Complete if the organization answered "V <sub>AC</sub> " to Form 990	Page 000
--	--	----------

Grants and Other Assistance to Organizations or Entities Outside the United States	Complete if the organization answered "Yes" to Form 990
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. ☐ **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.**

Use Schedule F-1 (Form 990) if additional space is needed

[illegible]

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

**3 Enter total number of other organizations or entities**

**Part III** **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.

[illegible]

**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**



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>990PTVIII1C</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	106,292			106,292
	2 Less: Charitable contributions	106,292			106,292
	3 Gross revenue (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Combine line 3, column (d), and line 10				

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

COPY

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

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

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$**c** If "Yes," enter name and address of the third party:

Name

Address

**16** Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer☐ Employee☐ Independent contractor**COPY****17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$





**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

**2009**Open to Public  
Inspection

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., SE****WASHINGTON, DC 20003****LON CHERRY****2988 MCLEMORE CIRCLE****FRANKLIN, TN 37064****COPY****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

BLOOD:WATER MISSION, INC.

Employer identification number

56-2483082

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

206 W. ECLIFF

SPOKANE, WA 99218

COPY

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.

COPY

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. THE BOARD WILL 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 IN A TIMELY MANNER AND WITHOUT CHARGE OR SUBJECT TO THE CHARGES PERMITTED BY LAW.

COPY

Form **4562**  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2009**Attachment  
Sequence No. **67**

See separate instructions.

Attach to your tax return.

Name(s) shown on return

**BLOOD:WATER MISSION, INC.**

Identifying number

**56-2483082**

Business or activity to which this form relates

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>12,664</b>

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

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>12,664</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**



56-2483082

**Federal Asset Report**

FYE: 12/31/2009

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	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	1,200	300
3	12" Powerbook Laptop	1/01/05	1,100			1,100	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
<b>Total Other Depreciation</b>			<u>91,529</u>			<u>91,529</u>		<u>15,722</u>	<u>12,664</u>
<b>Total ACRS and Other Depreciation</b>			<u>91,529</u>			<u>91,529</u>		<u>15,722</u>	<u>12,664</u>
<b>Grand Totals</b>			<u>91,529</u>			<u>91,529</u>		<u>15,722</u>	<u>12,664</u>
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u><u>91,529</u></u>			<u><u>91,529</u></u>		<u><u>15,722</u></u>	<u><u>12,664</u></u>

COPY

56-2483082

**AMT Asset Report**

FYE: 12/31/2009

**Form 990, Page 1**

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

COPY

149500 BLOOD:WATER MISSION, INC.

05/13/2010 12:58 PM

56-2483082

## Depreciation Adjustment Report

FYE: 12/31/2009

### All Business Activities

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

COPY

**Future Depreciation Report****FYE: 12/31/10**

FYE: 12/31/2009

**Form 990, Page 1**

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

**COPY**

# Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONCERT REPRESENTATION	\$ 12,794			\$ 12,794
IT SUPPORT	1,418		1,418	
PAYROLL SERVICE	1,597		1,597	
HUMAN RESOURCES CONSULTING	6,089		6,089	
MENTORING	11,000	3,667	7,333	
TOTAL	\$ 32,898	\$ 3,667	\$ 16,437	\$ 12,794

## Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
AIDS AWARENESS & EDUCATIO	\$ 8,706	\$ 8,706		
HOSPITALITY	4,789	136	4,091	162
CONTINUING ED & PROF DEV	3,245		3,245	
LICENSES & PERMITS	3,072		3,072	
ARTIST SUPPLIES	2,079	180	20	1,879
MISCELLANEOUS	428	200	194	34
SALES TAX	14		14	
TOTAL	\$ 21,933	\$ 9,222	\$ 10,636	\$ 2,075

**Federal Statements****Schedule A, Part III, Line 7b - Excess Gross Receipts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
	\$	\$
2009	234,645	213,059
2008	156,775	133,142
2007	142,480	120,659
TOTAL	\$ <u>533,900</u>	\$ <u>466,860</u>

COPY