Form 990

Department of the Treasury internal Reviews Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Α,	For the 2014	calendar ye	ar, or tax y	ear beginni	ng 7/01	, 2014, 2	no enomy	D Suple	or identificat	ing number	
3	Gheck if applicat			FORM NOW				10.00			
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	Application	sending F Na	ing and addre	ess of principal d	tion CAROLYN	MEUB		(a) in this a group retu			X No
		SAM	E AS C	ABOVE				(b) Are all subordinale II 740, attach a list	Cice Letting	Inn's) Yes	☐ NO
	Tax-exempt s	status X 50	1(c)(3)	501(c) () ◄ (insert no.)	4947(a)(1) or	527				
1	Website:	- WWW.Pt	JREWATE	RFORTHE	WORLD.ORG			(c) Group exemption o		-	_
ς	Form of organ		orporation		Association Other	LY	ear at formatio	n: 1999 M	State of Ingal	dominate: VT	_
P	art I Su	mmary								T CONTRACTOR	
1	1 2 Opinish	extracer has the	organiza	tion's missio	n or most significa	int activities: PL	ANNING,	OPERATING	ADMIN	ISTERIN	3
	EDUC	CATING TO	MAKE	POTABLE	WATER AVAIL	ABLE TO PEC	PLE IN	AREAS WHER	E SUPP.	DDOTECT	
Artivities & Governance	CON	PAMINATE:	D. MANA	GING ON	GOING WATER	PROJECTS AN	ID IDEN	TIFYING NEW	WAILK	FRONECT	-
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NO.	2 Check	this box 🟲	if the	organization	discontinued its or	perations or dispo	ISBU UI-ING	d high grass on in	3	154	12
0	3 Numb 4 Numb	er at voting t	nembers o	n members	of the governing b	ody (Part VI, line	16)		4		12
00	5 Total	number of in	dividuals o	moloved in	calendar year 201	4 (Part V. line 2a)			5		6
1	6 Total	murribas of w	diministry (estimate if o	ecessary)				6		100
1	7a Total	unrelated but	siness ray	erue from P	art VIII. column (C), line 12			7a		0.
	b Net u	nrelated busi	ness taxal	ole income fi	rom Form 990-T. li	ne 34			7b	Current Ye	100000000000000000000000000000000000000
								Prior Yea	-	-2.077.5424.171	, 393.
-	8 Contr	ibutions and	grants (Pa	et VIII, line	lb)		0 - 1 0 - 4 - 5 - 4	912, 242,	7/3		,418.
Revenue	9 Progr	am service r	evenue (P	art VIII, line	29)	*		The state of the s	091.		,826.
ave	10 Inves	TAN US A FLAT DO DO THE MEDITION							323.		,019.
Œ	11 Other	r revenue (Pa	art VIII, col	umn (A), iin	es 5, 60, 80, 90, 11 (must equal Part V	OL, and ries	ne 12)			1,153	
_		revenue - a	idd lines o	enrough 11	K, column (A), line	< 1.3)				- 65 1200	
	13 Grant	ts and similar	r amounts	paid (Fort IV	, column (A), line	4)					
	14 Bene	nts paid to o	r for ment	a constance	benefits (Part IX,	column (A), lines	5-10)	483,	471.	546	,078.
è	15 Salar	ies, other co	mpensatio	n, employee	olumn (A), line 11	ole and the second					
-										E 40	1
- 51	b Total	fundraising	expenses	(Part IX, coli	umn (D), line 25) •	14	2,141.	750	074	607	,767.
Ú	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r expenses ()	Part IX, co	lumn (A), lit	nes 11a-11d, 11f-2	4e)					
	18 Total	expenses. A	idd lines 1	3-17 (must +	equal Part IX, colu	mn (A), line 25).					,189.
		mue loss exc	enses. Su	btract line 1)	8 from line 12			Beginning of Curr	037.	End of Y	
0	20 Total		J 190	2				1,188		1,104	
- 9	20 Total	assets (Parl	X, line 16),,,,,,,,,,,					945.	2.3	, 493.
19	21 Total							1	100000000000000000000000000000000000000	1 - 1 - 1	.884.
87	22 1101	and the state of t		. Subtract li	ne 21 from line 20			1,102	033.	1,000	19-10-11
E	Part II Si	ignature B	lock				Life to A Professional		for add before	die true corre	and and
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1	1100 111111	division faits	RUTL/		shown above? (s	ee Instructions)				X Yes	No
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Form 990 (2014) PURE WATER FOR		03-0362954 Page 2
Part III Statement of Program Se	http://www.com/authors/com/aut	PT
	response or note to any line in this Part III	
 Briefly describe the organization's miss 	sion:	
PLANNING, OPERATING, ADM	INISTERING, EDUCATING TO MAKE PO	TABLE WATER AVAILABLE TO
PEOPLE IN AREAS WHERE SU	PPLY IS CONTAMINATED. MANAGING O	NGOING WATER PROJECTS AND
IDENTIFYING NEW WATER PR	OJECT SITES.	
	cant program services during the year which were not li-	Contract Con
Form 990 or 990 EZ?		Yes X No
If Yes, describe these new services of		書 書
	, or make significant changes in how it conducts, an	y program services? Yes X No
If Yes, describe these changes on Sc		
4 Describe the organization's program se Section 501(c)(3) and 501(c)(4) program	ervice accomplishments for each of its three largest zations are required to report the amount of grants	program services, as measured by expenses,
and revenue, if any, for each program	service reported.	and antecerors to others, the term expenses.
4a (Code:) (Expenses \$	1,016,462 including grants of \$) (Revenue \$ 237,418.)
PROVIDE WATER SANITATION	AND HYGIENE EDUCATION SERVICES	TO FAMILIES AND SCHOOLS IN
UNDERSERVED AND REMOTE F	REGIONS IN DEVELOPING COUNTRIES,	SPECIFICALLY HONDURAS AND
HAITI. OUR MISSION IS TO	IMPROVE THE LIVES OF CHILDREN I	N THOSE REGIONS.
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$
****	* - N *	
and the second s	an various commences was 1.45	The second secon
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)

	No. de Corte 13 1 2 Miller	
4d Other program services. (Describe in S		Dimension C
(Expenses S		(Revenue \$)
4 e Total program service expenses ► BAA	1,016,462.	Form 990 (2014)
UAAA.	TEL MOTOR MINESTER	11.000 11.000 10.000 10.000 10.000

Form 990 (2014) PURE WATER FOR THE WORLD
Part IV | Checklist of Required Schedules

			Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C. Part II	4		Х
5	is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5:		Х
6	Did the organization maintain any denor advised funds or any similar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10	Х	
11	If the organization's answer to any of the following questions is "Yes", then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
9	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	х	
11	b Did the organization report an amount for investments — other securibes 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.	116		Х
r(c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11 e	Х	
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Parl X	11 f		X
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	126		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	-
03	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' camplete Schedule F, Parts I and IV.	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G. Part II.	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
	aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20		X
(1	b If "Yes" to line 20s, did the organization attach a copy of its audited financial statements to this return?	20 b		

Halle	artiv Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	r.	1.45	1138
	domesaic government on Part IX, column (A), line 17 If Yes, complete Schedule I, Parts I and II.	21		X
22	2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Procure (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	art IX, 22		Х
23	3 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 Schedula J.	0983		
24	4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	23	-	X
	the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
16	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
	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	255		Х
26	6 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes", complete Schedule L. Part II.	26		Х
27	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	8 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):		W	
3	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV	28a	X	
3	b A family member at a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
.0	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		х
29	9 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified consecurity contributions? If 'Yes,' complete Schedule M.	ervation 30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Pal	rt I 31		Х
32	2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		х
33	3 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301,7701-2 and 301,7701-3? If Yes, complete Schedule R, Part I.	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
İ	b if 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlle entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ed 35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	42		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.	5 37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
AAE	A		990 (2014

B

21()	Check if Schedule O contains a response or note to any line in this Part V				. (
STATE SHEET		All to the second		Yes	No
	hter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8			-
	ter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	16			100
c Di	d the organization comply with backup withholding rules for reportable payments to vendors and ambling) winnings to prize winners?	eportable gaming	10	х	
2a Er	nter the number of employees reported on Form W-3. Transmittal of Wage and Tax State- ents, filed for the calendar year ending with or within the year covered by this return	2a 6			
b if	at least one is reported on line 2a, did the organization file all required federal employmen		2ь	Х	
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in				
3a D	d the organization have unrelated business grass income of \$1,000 or more during the year	ar?	3 a		Х
	Yes' has it filed a Form 590-T for this year? If 'Wo' to line 3b, provide an explanation in Schedula 0.		3 b	_	
4a At	any time during the calendar year, did the organization have an interest in, or a signature or oth randial account in a foreign country (such as a bank account, securities account, or other to	er authority over, a	4 a	х	
b#	Yes, enter the name of the foreign country: HONDURAS, HAITI		55.84	77	
	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (ERAP)			
	as the organization a party to a prohibited tax shelter transaction at any time during the te		5a		X
	d any taxable party notify the organization that it was or is a party to a prohibited tax shell		5 b	_	X
	Yes, to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6a Do	bes the organization have annual gross receipts that are normally greater than \$100,000, a light any contributions that were not tax deductible as charitable contributions?	and did the organization	5a		х
bif	Yes," did the organization include with every solicitation an express statement that such contribut tax deductible?	ions or gifts were	6ъ		
	ganizations that may receive deductible contributions under section 170(c).	1)	10.0		
a Di	d the organization receive a payment in excess of \$75 made partly as a contribution and r	partly for goods and			277
	rvices provided to the payor?		7 a		X
	Yes, did the organization notify the donor of the value of the goods or services provided?		7ь	_	
Fo	of the organization self, exchange, or otherwise dispose of langible personal property for which it is 8282?	**************************************	7с		Х
	Yes, Indicate the number of Forms 8282 filed during the year	7 d			
	d the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		Х
	d the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7.f		Х
as	the organization received a contribution of qualified intellectual property, did the organization file required?		7 g		
ΕQ	the organization received a contribution of cars, boats, airplanes, or other vehicles, did the ion 1098-C?		7 h		
	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the sponsoring			
1	garlization have excess business holdings at any time during the year?		8		
9 Sp	consoring organizations maintaining donor advised funds.				
	the sponsoring organization make any taxable distributions under section 49667.		9a		
b Di	the sponsoring organization make a distribution to a donor, donor advisor, or related per	son?	9 b		
10 Se	ction 501(c)(7) organizations. Enter:				
a ini	tiation fees and capital contributions included on Part VIII, line 12	10a			
b Gr	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106			
11 Se	ction 501(c)(12) organizations. Enter:	0			
a Gr	oss income from members or shareholders .	11 a			
	dss income from other sources (Do not net amounts due or paid to other sources ainst amounts due or received from them.)	116			
12a Se	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	t Form 1041?	12a		
b If	Yes, enter the amount of tax exempt interest received or occrued during the year	12b			U.S.
13 Se	ction 501(c)(29) qualified nonprofit health insurance issuers.				
a Is	the organization licensed to issue qualified health plans in more than one state?		13a		
No	te. See the instructions for additional information the organization must report on Schedu	le O.			
	ter the amount of reserves the organization is required to maintain by the states in sich the organization is licensed to issue qualified health plans.	136			
	for the amount of reserves on hand.	13c		2011	
14a Die	the organization receive any payments for indoor tenning services during the tax year?		14a		X
	Yes, has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule 0	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 12 if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 12 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Δ X 5 Did the organization become aware during the year of a significant diversion of the organization's assets?......... X 5 6 Did the organization have members or stockholders? 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... X 7 b Did the organization contemporaneously occurrent the meetings held or written actions undertaken during the year by the following: a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 86 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 malling address? If "Yes," provide the names and addresses in Schedule O. 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10 a bill "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. SEE, SCHEDULE 0 X 12c 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy?...... 34 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a b Other afficers or key employees of the organization X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?... 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed . NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Own website X Upon request Other (explain in Schedule O) Describe in Schedule D whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

CAROLYN MEUB PO BOX 55 RUTLAND VT 05702 802-747-0778

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

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)
 who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the
 organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

	(C)									
Name and Tibe	(B) Average hours per	Fecilion (do not check more than one box, unless perion is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from estated organizations	(F) Estimated unusurit of other compensation
	per wicek (list any rous for related degenica- forus betose cottes (ime)	or director	institutional trustee	Officer	Key employee	H greet compensated	Former	the organization (N-2/1099-M/SC)	edated organizations: (W-2/1099-AMSC)	fróm the organization and related organizations
(1) BOB MOHR	10		П		Ħ					
SECRETARY	0	X		X		1		0.	0.	0.
(2) RANDY THOMPSON	25									
PRESIDENT	0	х		X				0.	0.	0
(3) CHARLENE SEWARD	10									
TREASURER	0	х		X				0.	0.	0
(4) BARRY POPPEL	1			-						
DIRECTOR	0	Х						0.	0.	0
(5) DAVID FISHER	1									
DIRECTOR	0	X						0.	0.	.0
(6) DOUG HINKLE	1.0									
DIRECTOR	0	Х						0.	0.	0
(7) PAULINA BENDANA	1									
DIRECTOR	0	X						0.	0.	0
(8) BARBARA TRACY CARRIS	1									
DIRECTOR	0	X					P	0.	0.	0
(9) JEN FLECKENSTEIN	8									
VICE PRESIDENT	0	X		X				0.	0.	0
(10) ROBIN HALL	1									
DIRECTOR	0	X						0.	0.	0
(11) PAUL SOFKA	1									
DIRECTOR	0	X						0.	0.	0
(12) RICK MANGANELLO	10									
DIRECTOR	0	Х						0.	0.	0
(13) CAROLYN MEUB	40	17,1100								
EXECUTIVE DIR.	0			Х				38,584.	0.	0
(14)										

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TEEA0107L 02/27/14

Form 990 (2014)

	Section A. Officers, Directors, Tru	(B)			((2)						
	(A) Name and title	Average hours per	urt box, unless person is both a					1.20	(D) Reportable	(E) Flegoriable compensation from	Entire Smound	nited
		words (list any hours for related organiza - bons below dotted line)	or dractor	-	Officer		infignest companies and	-	compensation from the organization (W-2/1099-MISC)	rilated organizations (W-2)1099 MISC)	campe from organi and n	nsation the zation
(15)						Г						
(16)		-						П				
(17)												
(18)				П		П		П				
(19)				П								
(20)		L				T						
(21)												
(22)	****					T						
(23)						T						
(24)				T		Ħ	I					
(25)				T		T		Ī				
1 b Sub-				-		30		٠	38,584.	0.		0
- No. 1000 Bull 7	I from continuation sheets to Part VII, Sect	ion A	2015		95	5050		*	38,584.	0.	3	0
2 Total	(add lines 1b and 1c) number of individuals (including but not limited	d to those	listed	abo	ve)	who	rece	ived			pensation	
Trom	the organization > 0	-			-	_					- 1	Yes No
3 Did t	ne organization list any former officer, dire- ne La? If 'Yes,' complete Schedule J for su	ctor, or tr ch <i>individ</i>	ustee ual	, ke	y or	mpic	yee.	or l	nighest compensa	ted employee	3	X
the c	any individual listed on line 1a, is the sum o organization and related organizations great	of reportal ter than \$	ble cr 150,0	omp 000?	ens	atio	n and	i oti plei	ner compensation te Schedule J for	from	4	x
	rindividual. any person listed on line 1a receive er acch ervices rendered to the erganization? If 'Ye	ue compe	nsati	on f	ran	any	y unr	elate	ed organization or	individual	5	X
Section	R Independent Contractors											
comp	plete this table for your five highest compe- censation from the organization. Report compe-	nsation to	the i	cale	ndar	yea	renc	ling i	with or within the o		(C	P
	Name and business add	dress							Description	of services	Compen	sation
	number of independent contractors (including		nited	to th	1050	listo	od ab	ove)	who received more	s than		il
BAA	0,000 of compensation from the organizatio	0	TEE	40108	ŭ #	3/0/9/1	5				Form !	90 (201

Form 990 (2014) PURE WATER FOR THE WORLD 03-0362954 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (B) Related or (C) Unrelated (D) (A) Total revenue Revenue excluded from tax exempt business revenue under sections function 512-514 revenue Contributions, Giffs, Grants and Other Similar Amounts 1 a Federated campaigns Та b Membership dues 16 c Fundraising events..... 1 c d Related organizations 1 d e Government grants (contributions)..... 1 e All other contributions; gifts, grants, and similar amounts not included above... 11 881,393. g Noncash contributions included in lines 1a-1f: \$ 68,152. h Total, Add lines 1a-11. 881,393 Program Service Revenue Business Code 2ª PARTNER RECEIPTS 900099 198,071. 198,071 FILTER COLLECTIONS 900099 39,347 39,347 All other program service revenue . . . g Total. Add lines 2a-2f 237,418. Investment income (including dividends, interest and other similar amounts).... 9,855 9.855 Income from investment of tax-exempt bond proceeds. • Royalties. 5 (ii) Personal 61 Beat 6a Gross rents b Less: rental expenses c Rental income or (loss) . . . d Net rental income or (loss) Securities (o) Cilier 7 a Gross amount from sales of assets other than inventory 53,128 b Less, cost or other basis and sales expenses 54,157 c Gain or (loss) -1,029. d Net gain or (loss). -1,029-1,0298 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18...... a b Less: direct expenses b Net Income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses..... c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances... b Less; cost of goods sold b c Net income or (loss) from sales of inventory. Miscelaneous Revenue **Husiness Code** 11a TRIP INCOME 900099 17,026 17,026. 900099 8.993 8,993. MISCELLANEOUS INCOME d All other revenue

9,855

0

12

e Total. Add lines 11a-11d

Total revenue. See instructions

26,019

262,408

1,153,656

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX.

	not include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
া	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				to Salar
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	512,721.	414,530.	47,097.	51,094.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	33,357.	22,283.	5,537.	5,537.
11	Fees for services (non-employees):				
a	Management				
ь	Legal				
c	Accounting.				
	Labbying.				
e	Professional fundraising services, See Part IV, line 17.				
f	Investment management fees				
	Other, (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule D). Advertising and promotion	25,769.	13,719.	12,050.	
13	Office expenses	117,819.	94,293.	7,925.	15,601.
14	Information technology.	22170221	S-17, 10 S-2, 1	7,200.	44,034
15	Royalties				
16	Occupancy				
17	Travel	37,932.	26,667.	2,633.	8,632.
18	Payments of travel or entertainment expenses for any federal, state, or local public officiels:	217222	20,007	2,000	3,752
19	Conferences, conventions, and meetings.				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,115.	24,115.		
23	Insurance:				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
a	IMPLEMENTATION EXPENSES	294,340.	294,340.		
b	MARKETING	87,452.	31,842.		55,610.
c	VEHICLE EXPENSE	55,328.	55,328.		
	PERSONEL EXPNSE OTHER	33,652.	27,985.		5,667.
е	All other expenses	11,360.	11,360.		
25	Total functional expenses. Add lines 1 through 24e	1,233,845.	1,016,462.	75,242.	142,141.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here • [] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X...... (A) Beginning of year (B) End of year Cash — non-interest-bearing 400,846 1 326,285. Savings and temporary cash investments 727.032. 2 741,285. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing amployers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net. 7 Inventories for sale or use..... 8 Prepaid expenses and deferred charges. 9 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 a 10a 169,991. Less; accumulated depreciation 10b 133,184. 10 c 60,922 36,807. 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 Other assets. See Part IV, line 11..... 15 15 16 Total assets, Add lines 1 through 15 (must equal line 34). 1,188,800 16 1,104,377 17 Accounts payable and accrued expenses..... 17 Crants payable..... 18 18 19 Deferred revenue 19 14,900 6,250. Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 22 23 Secured mortgages and notes payable to unrelated third parties... 23 Unsecured notes and loans payable to unrelated third parties. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 11.045 17,243. Total liabilities, Add lines 17 through 25 25,945. 26 23, 493. Organizations that follow SFAS 117 (ASC 958), check here > X and complete Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 1,074,805. 27 811,468. Temporarily restricted net assets 88,050. 28 269,416. Permanently restricted net assets Fund 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here . and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund.

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31

32

33

1,104,377. Form 990 (2014)

1,080,884.

31

32

33

34

1,162,855

1,188,800.

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

Total net assets or fund balances...

		0362954		Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
- 24	Check if Schedule O contains a response or note to any line in this Part XI			171	
7	Total revenue (must equal Part VIII, column (A), line 12).	1	1,1	53,6	556.
2	The state of the s	2	1,2	33,8	345.
3	Transfer and any seek District Community Commu	3	-	80,1	189.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	62.8	355.
5	The state of the s	5	111111	1.	
6	and process were the second process the second process of the seco	6			
7	WW.1890.808-0149-01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	7			
8	Prior period adjustments.	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10		10	1.0	20.6	sterrors.
Pa	rt XII Financial Statements and Reporting	10.00	1,0	30,0	, O. T.
	Check if Schedule O contains a response or note to any line in this Part XII.				X
				Yes	No
1	Accounting method used to propare the Form 990: X Cash Accrual Other	1			
	If the organization changed its method of accounting from a prior year or checked. Other, explain in Schedule O.				T
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis	ad on a			
1	b Were the organization's financial statements audited by an independent accountant?	and horse	26	X	
	If Yes, check a box below to indicate whether the linancial statements for the year were audited on a separa- basis, consolidated basis, or both:				

Both consolidated and separate basis

Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain

3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

bilf '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.

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Separate basis

in Schedule O.

Form 990 (2014)

X

2c X

3 a

3ь

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service at www.irs.gov/form990. Name of the organization

Inspection Employer identification number

-	_	WATER FOR THE WORL					03-036295	4					
Par		Reason for Public Ch	iarity Status (All	organizations must	comple	ete this	part.) See instruc	tions.					
	orga	nization is not a private four	ndation because it is	i: (For lines 1 through 11	, check	only one	box.)						
1		A church, convention of church	thes, or association o	f churches described in se	ction 170	(b)(1)(A)	(i).						
2		A school described in secti											
3		A hospital or a cooperative	hospital service org	anization described in se	ection 17	O(b)(T)(A	A)(iii).						
4		A medical research organiz	ration operated in co	onjunction with a hospital	describ	ed in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's					
5		name, city, and state:											
3	Ш	An organization operated for 170(b)(1)(A)(iv). (Complete	ne ceneril of a collect Part II.)	e or university owned or of	perated b	y a gove	rnmental unit described i	section					
6		A federal, state, or local go	vernment or govern	mental unit described in	section	170(b)(1)	(A)(V)						
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	Ц	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.											
3		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.											
b		Type II. A supporting organ management of the supportin must complete Part IV, Sec	ization supervised o	r controlled in connection in the same persons that i	n with its control or	support manage	ed organization(s), by t the supported organizati	naving control or on(s). You					
c	4	Type III functionally integrated organization(s) (see instruction)	d. A supporting organi tions). You must co	zation operated in connections	n with, a	nd functio	mally integrated with, its s	supported					
d		Type III non-functionally interfunctionally integrated. The instructions). You must con	organization dener-	ally indust satisfy a restrict	dino con	with its s uiremen	upported organization(s) t and an attentiveness	that is not requirement (see					
e		Check this box if the organi integrated, or Type III non-f	zation received a wi unctionally integrate	ritten determination from Ed Supporting organizatio	the IRS	that is a	Type I, Type II, Type I	II functionally					
		ter the number of supported	organizations			www.							
9	Pr	vide the following information	on about the suppor	ted organization(s)				207201					
		(i) Name of supported organization	(ii) Env	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza in your c	c five for listed poverning mant?	(v) Amount of monetary support (see instructions)	(VI) Amount of other support (see instruction					
					Yes	No							
A)													
2000													
B)													
(C)	-												
D)	_												
E)													
	_												

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

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

Se	ction A. Public Support			12 12 12 12 12 12 12 12 12 12 12 12 12 1			
Cal	endar year (or fiscal year inning in) *	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Op not include any 'unusual grants.')	2,470,591.	789,765.	1.020.354.	1,147,673.	1.125.903	6,554,286.
2	Tax revenues lexicd for the organization's benefit and either paid to or expended on its behalf.	N-10-3-11-11-3-11-11-11-11-11-11-11-11-11-11	N-04.				0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).	2,470,591.	789,765	1,020,354.	1,147,673.	1,125,903.	6,554,286.
6	Public support. Subtract line 5 from line 4						6,554,286.
Sec	tion B. Total Support						0,001,000.
Cale beg	endar year (or fiscal year inning in) •	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,470,591.	789,765.	1,020,354.	1,147,673.	1,125,903.	6,554,286.
	Gross income from interest, dividends, payments received on socurities loans, rents, royalties and income from similar sources.	1,345.	12,869.	6,854.	12,067.	8,945.	42,080
9	Not income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain to Part VI.) See PART VI.		70,225.	147,002.	17,941.	17,026.	252,194.
11	through 10						6,848,560.
12	Gross receipts from related activ	rities, etc (see instr	uctions)		000000000000000000000000000000000000000		0.
13	First five years. If the Form 990 is organization, sheck this box and				lax year as a sectio		omenon E 🗍
	tion C. Computation of Pu						
	Public support percentage for 20			ne 11, column (f))		14	95.70%
	Public support percentage from			posetantania.	WINDSMINNSON	15	96.14%
162	33-1/3% support test - 2014. If and stop here. The organization	the organization di qualifies as a publ	d not check the icly supported o	box on line 13, a rganization	nd the line 14 is 3	13-1/3% or more, c	check this box
t	33-1/3% support test — 2013. If and stop here. The organization	lhe organization dic qualifies as a publ	I not check a bo icly supported o	x on line 13 or 16 rganization	sa, and time 15 is:	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the tacts-an	id-circumstance	s' test, check this	boy and stop box	o Evening on Dart	V/II brown
	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-an	meets the 'facts-an d-circumstances' te	d-circumstances st. The organiza	s' test, check this ation qualifies as	box and stop her a publicly support	e, Explain in Part ed organization	VI how the ►
	Private foundation. If the organi	zation did not chec	k a box on line	13, 16a, 16b, 17a,	, or 17b, check thi	s box and see inst	tructions
AAE					Sch	edute A (Form 99)	0 or 990-EZ) 2014

03-0362954

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

	GLICENSE SECTION SERVICES SERVICES
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II, If	f the organization fails
	작가하고 여름고 있다면 하면 하다 하다 그 없었다.
to qualify under the tests listed below, please complete Part II.)	

	ion A. Public Support		- (//S/CHC-)	- STORES	VIII AND SOURCE	I WASSINGTON II	TORNILDANGE
1	far year (or fiscal yr beginning In) > Gifts, grants, contributions and membership fees rederved. (Do not include any unusual grants.)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gress receipts from activities that are not an unrelated trade or business under section 513.						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.).						
Sec	tion B. Total Support						* 7000 (Chert & No.
Calen	dar year (or fiscal yr beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses adquired after June 30, 1975 Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11 and 12.)						
14	First five years. If the Form 990 organization, check this box and	s for the organiz stop here	ration's first, seco	nd, third, fourth,	or fifth tax year a	a section 501(c)(3)
Sec	tion C. Computation of Put	olic Support	Percentage				
15	Public support percentage for 20					15	8:
16	Public support percentage from 2				140-1111-1111	16	*
Sec	tion D. Computation of Inv	estment Inco	me Percentag	e	-11972 - 119700	Lee I	0:
	Investment income percentage to				umn (t))		8
18	Investment income percentage for	om 2013 Sched	use A, Part III, line	2 17		18	
	33-1/3% support tests - 2014. If is not more than 33-1/3%, check	this box and ste	op here. The orga	meation quarries	as a publicly sup	ported organization	and the same of th
	33-1/3% support tests — 2013, If line 18 is not more than 33-1/3%	check this box	and stop here.	ne organization q	ualifies as a publi	cly supported organ	nization.
20	Private foundation. If the organiz	zation did not ch	eck a box on line	14, 19a, or 19b.	check this box an	a see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section	A. All	Supporting	Organizations

		The state of the s		Yes	No
1	If T	all of the organization's supported organizations listed by name in the organization's governing documents? No.' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	,		
	me	designation. If historic and continuing relationship, explain			
2	503	the organization have any supported organization that does not have an IRS determination of status under section 9(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was scribed in section 509(a)(1) or (2).	2		
3;	Dic ani	I the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) β' (c) below	За		
3	501	the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and district the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization and the determination.	3b		
9	Dic pui	the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) poses? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4:	a Wa if y	is any supported organization not organized in the United States ("foreign supported organization")? If 'Yes' and you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	org	the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported Britistion? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled supervised by or in connection with its supported organizations.	4b		
9	Sec	the organization support any foreign supported organization that does not have an IRS determination under strong 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	and arg	the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) of (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported particulations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the ganization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by nendment to the organizing document).	5a		
0	org	pe I or Type II only. Was any added or substituted supported organization part of a class already designated in the partization's organizing document?.	5b		
9	s Su	bstitutions only. Was the substitution the result of an event beyond the organization's control?.	5c		
6	on or	the organization provide support (whether in the form of grants or the provision of services or facilities) to yone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of filing organization's supported organizations? If 'Yes,' provide detail in Part VI.	6		
7	(de	the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor printed in IPC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with pard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7	ų.	
8	Dit	the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," implete Part I of Schedule L (Form 990).	8		
9	35	is the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons idefined in section 4945 (other than foundation managers and organizations described in section 509(a)(1) or (2))? Yes, provide detail in Part VI	9a		
	b Did	d one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the poorting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
99	c Dit	d a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, sets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9c		
10	CO.	is the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding ritain Type III non-functionally integrated supporting organizations)? If 'Yes,' swer (b) below.	10a		
	b Die	the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine there the organization had excess business holdings.).	10b		

Pa	rt IV Supporting Organizations (continued)	00 0002304	-	aye .
- 11			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) be			
	governing body of a supported organization?	ow, the		
	b A family member of a person described in (a) above?	116		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail	/ m Part VI 11c		
Sec	tion B. Type I Supporting Organizations			
4	Did the directors trustees a market like of		Yes	No
711	Did the directors, trustees, or membership of one or more supported organizations have the power to regular or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,'	describe in		
	Part VI how the supported organization(s) effectively operated, supervised, or controlled the organiza- if the organization had more than one supported organization, describe how the powers to appoint a	nd/or romove		
	directors or trustees were allocated among the supported organizations and what conditions or restri applied to such powers during the tax year.	ctions, if any,		
2	Did the organization operate for the benefit of any supported organization other than the supported or	roanization(s)		
	that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how benefit carried out the purposes of the supported organization(s) that operated, supervised, or control supporting organization.	providina such		
Sec	tion C. Type II Supporting Organizations	attorio maria S.	_	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	or trustees		
	of each of the organization's supported organization(s)? If No, describe in Part VI how control or mu supporting organization was vested in the same persons that controlled or managed the supported of	anagement of the		
Sec	tion D. All Type III Supporting Organizations	gariizanonijay	-	-
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the tifth month	of the	100	
	organization's tax year, (1) a written notice describing the type and amount of support provided during	of the prior tax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) or organization's governing documents in effect on the date of notification, to the extent not previously	provided?1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the su	(ECEC)+1141		
-	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in F the organization maintained a close and continuous working relationship with the supported organization.	Part VI how		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	significant		
	voice in the organization's investment policies and in directing the use of the organization's income of all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization's	r assets at izations played		
C	in this regard	3		
sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
2	The organization satisfied the Activities Test, Complete line 2 below.			
i	The organization is the parent of each of its supported organizations. Complete line 3 below.			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.		V	M
	and the state of t	200.000-2400.	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purp supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those su organizations and explain how these activities directly furthered their exempt purposes, how the organization determined that these activities are proposed to those supported organizations, and how the organization determined that these activities.	pported anization was		
	substantially all of its activities	2a		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one	or more at		
	the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the organization's position that its supported organization(s) would have engaged in these activities by	out for the		
	organization's involvement	26		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
ð	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, each of the supported organizations? <i>Provide details in Part VI</i> .	or trustees of 3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of exupported organizations? If "Yes," describe in Part VI the role played by the organization in this roganization.	ach of its		

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vember Section	20, 1970. See instruct is A through E.	ons, All
Sec	tion A – Adjusted Net Income		(A) Poor Year	(B) Current Year (optional)
1	Net short-term capital gain.	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions).	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B – Minimum Asset Amount			(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		ii .
c	Fair market value of other non-exempt-use assets	30		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Mirjimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income fax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally into (see instructions).	grated	MASS HONGTHINGS BOO	
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2

	on D — Distributions		,	Current Year
1 A	mounts paid to supported organizations to accomplish exempt pur	poses	. (
2 A	mounts paid to perform activity that directly furthers exempt purposes of	f supported organization		
3 A	dministrative expenses paid to accomplish exempt purposes of su			
	mounts paid to acquire exempt-use assets.			
5 0	Qualified set-aside amounts (prior IRS approval required).		2,0000000000000000000000000000000000000	
6 0	ther distributions (describe in Part VI). See instructions.	\$16 mart 1910		
7 T	otal annual distributions. Add lines 1 through 6	an Mark Street		
8 D	istributions to attentive supported organizations to which the organization Part VI). See instructions	in is responsive (provide	details	
9 D	estributable amount for 2014 from Section C, line 6.			
10 L	irle 8 amount divided by Line 9 amount.			
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
7 P	stributable amount for 2014 from Section C, line 5			
2 U	Inderdistributions, if any, for years prior to 2014 (reasonable ause required – see instructions).			
	xcess distributions carryover, If any, to 2014;			
a				
b				
c				
ď				
e F	rom 2013			
	otal of lines 3a through e			
a A	pplied to underdistributions of prior years.			
	pplied to 2014 distributable amount			
	arryover from 2009 not applied (see instructions).			
	emainder. Subtract lines 3g, 3h, and 3l from 3f			
4 D	istributions for 2014 from Section D.			
	pplied to underdistributions of prior years.			
	pplied to 2014 distributable amount			
ER	emainder. Subtract lines 4a and 4b from 4.			
5 R S	emaining underdistributions for years prior to 2014, if any, ubtract lines 3g and 4a from line 2 (if amount greater than ero, see instructions)			
6 R	emaining underdistributions for 2014. Subtract lines 3h and 4b om line 1 (if amount greater than zero, see instructions).			
7 E	xcess distributions carryover to 2015. Add lines 3 ₁ and 4 ₂			
8 B	reakdown of line 7:			
a.				
b				
c	Day Company of the Co	ELLE		
d E	xcess from 2013			
-	xcess from 2014			
BAA	TO THE OWNER WHITE CONTROL OF THE OWNER WHEN THE OW		Calcadida A /Face	n 990 or 990-EZ) 2014

0 1 111 1			**	
Schaduld A	(FORTI	990 or	990-EZ)	2014

PURE WATER FOR THE WORLD

03-0362954

Page 8

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE 2014 2013 2012 2011 2010

\$ 17,026. \$ 17,941. \$ 147,002. \$ 70,225. \$ 17,941. \$ 147,002. \$ 70,225. \$ 0.

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

Schedule of Contributors

2014

2014

OMB No. 1545 0047

Department of the Treasury Internal Revenue Service Attach to Form 990, Form 990-EZ, or Form 990-PF

Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number PURE WATER FOR THE WORLD 03-0362954 Organization type (check one): Filers of: Section: Form 990 or 990-E2 X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or properly) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules |X| For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ). Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 nanexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year....... Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF. Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990 EZ. or 990 PF) (2014)

Page

1 to

1 of Part II

Name of organization

PURE WATER FOR THE WORLD

Employer identification number

03-0362954

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	295 SHARES VERIZON AND 58 SHARES AT&T STOCK	\$ 16,093.	6/25/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	555 SHARES CARLISLE CO INC STOCK	\$49,617.	11/28/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-5.4		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		S	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Soher	tule B (Form 990, 990-EZ, 6	r 990-PF) (2014)

Name of o	rganization			
PURE	WATER	FOR	THE	WORLD

1 to 1 of Part III
Employer identification number
03-0362954

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc.,						
	contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional is	Enter this information once. See inst	tructions.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-							
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee				
BAA		V==020000000000000000000000000000000000	Schedule B (Form 990, 990-EZ, or 990-FF) (2014)				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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

2014

OMB No. 1545-0047

Department of the Treasury infernal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

	PURE WATER FOR THE WORLD				03-0362954	
Par	Organizations Maintaining Donor	Advised Funds or Oth	er Similar Funds	or Ac	the state of the s	
	Complete if the organization answe			- Parane		
	Total and the owner of the	(a) Donor advised	funds	(b)	Funds and other acc	counts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor are the organization's property, subject to the organization	advisors in writing that the ganization's exclusive legal	assets held in donor control?	advised	tunds Yes	No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	and donor advisors in writ the donor or donor adviso	ng that grant funds c r, or for any other pur	an be us pose co	sed only oferring Yes	No
Par	Conservation Easements. Complete if the organization answe	red 'Yes' to Form 990	, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the					
	Preservation of land for public use (e.g., recr		The Part of the Control of the Contr	historica	ally important land a	rea
	Protection of natural habitat		Preservation of a	certified	historic structure	
	Preservation of open space					
2		i a qualified conservation cor	tribution in the form of	a conse	rvation easement on I	he
	last day of the tax year.	. O.			SECRETARION NESTRES A LICENSE	ART MARKET PARTICULA
					Held at the End of t	he Tax Yea
				2 a		
	Total acreage restricted by conservation easeme		The second secon	2 b		
	Number of conservation easements on a certified	I historic structure included	in (a)	2 c		
	d Number of conservation easements included in (structure listed in the National Register.	***************************************		2 d		
3	Number of conservation easements modified, transfe tax year •	rred, released, extinguished,	or terminated by the o	rganizati	on during the	
4	Number of states where property subject to conserva	tion easement is located *				
5	Does the organization have a written policy regar and enforcement of the conservation easements		ng, inspection, handli	ng of vio	lations, Yes	No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conse	vation easements duri	ng the ye	ar	
7	Amount of expenses incurred in monitoring, inspectings	ng, and enforcing conservation	in easements during th	e year		
8	Does each conservation easement reported on li and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the r	equirements of section	n 170(h)	(4)(B)(i) Yes	No
9	in Part XIII, describe how the organization reports or include, if applicable, the text of the footnote to l conservation easements.	nservation easements in its he organization's financial	revenue and expense s statements that desc	tatement ribes the	t, and balance sheet, e organization's acc	and ounting for
Par	Organizations Maintaining Collect Complete if the organization answe	ions of Art, Historical red 'Yes' to Form 990	Treasures, or Ot , Part IV, fine 8.	her Sir	nilar Assets.	
12	If the organization elected, as permitted under S art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial	for public exhibition, education	in, or research in furthe	statemo erance of	ent and balance she public service, provide	et works of ie,
İ	If the organization elected, as permitted under S historical treasures, or other similar assets held for p following amounts relating to these items:	public exhibition, education, c	r research in furtheran	ce of pub	lic service, provide th	orks of art, le
	(i) Revenue included in Form 990, Part VIII, line	F1	-a-a			
	(ii) Assets included in Form 990, Part X		.,		>\$	
	If the organization received or held works of art, hist amounts required to be reported under SFAS 116	6 (ASC 958) relating to the	se Items;		ATTI-ORING PHOLOGETOUS INCK	
	Revenue included in Form 990, Port VIII, line 1.					
1	Assets included in Form 990, Part X			v	►S.	

Part III Organizations Maintain		and the same of th	O DESCRIPTION OF THE PROPERTY.	The second secon	Secondor.	UI-0-L/SOSSO	50)
 Using the organization's acquisition, items (check all that apply): 	accession, and oth	er records, dheck ar	y of the following that a	re a significant use of its	collection	1	
a Public exhibition		d Loan c	r exchange programs				
b Scholarly research		e Other	TI COMPANIE THE REAL PROPERTY.				
c Preservation for future general	tions	01100					
Provide a description of the organizar Part XIII.		nd explain how they	further the organization	's exempt purpose in			
5 During the year, did the organizati to be sold to raise funds rather the	ion solicit or recei	ve donations of art	, historical freasures, a	or other similar assets 1?	Yes	T	No
Part IV Escrow and Custodial line 9, or reported an a	Arrangements	. Complete if the	ne organization an		m 990	, Part	IV.
1 a is the organization an agent, trusto on Form 990. Part X?	ee, custodian, or	other intermediary	for contributions or ot	her assets not included	Yes	Ŧ	No
b if Yes,' explain the arrangement is	n Part XIII and co	mplete the following	ng table:		□	L	1.00
A CHANGE THE CHANGE OF THE CONTROL O					Amount		
c Beginning balance.				1c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance.				11			
2a Did the organization include an an				6534 . 1213 L	Yes		No
bilf Yes, explain the arrangement in				Contract to the Contract of th	The same		=2.00
				2247W1-72- W1W0-W		-	=#/i
Part V Endowment Funds. Co							
F ENEXWOOD C 100 C	(a) Current year	(b) Prior year	the second second		-	our years	s back
b Contributions	375,000	375,0	00. 375,00	0. 375,000		375,	000.
 Net investment earnings, gains, and losses 							
d Grants or scholarships							
e Other expenditures for facilities and programs				0			
f Administrative expenses							-
g End of year balance	375,000					375,	000.
Provide the estimated percentage			e 1g., column (a)) held	as;			
a Board designated or quasi-endowner	nt *1	00.00%					
b Permanent endowment *	4						
 Temporarily restricted endowment 		%					
The percentages in lines 2a, 2b, a	and 2c should equ	al 100%.					
3 a Are there endowment funds not in the		armeninalism that a		SELECTION OF THE SECOND OF THE			
organization by:	e bozzezzion di lur	organizasion mai a	ie neio and administere	0.101:100	Ī	Yes	No
(i) unrelated organizations					3a(i)		Х
5224 251 151				SESSES NOT LOCATION WAY	3a(ii)		X
bilf Yes' to 3a(ii), are the related or					3b		
4 Describe in Part XIII the intended				PT VIII	1		
Part VI Land, Buildings, and E		action 3 stratement	in tuno. Disc the	V4 - A4.4.1			
Complete if the organiz		d 'Yes' to Form	990, Part IV, line	11a. See Form 99	0, Part	X, lin	ne 10.
Description of property		ost or other basis	(b) Cost or other	(c) Accumulated		Book va	
Description or property		(investment)	basis (other)	depreciation	107		
1 a Land							
b Buildings	39334330000						
c Leasehold improvements	100000000000000000000000000000000000000						
d Equipment			169,991.	133,184.		36.	807
e Other			- Indeed	-7.51,53.77			
e Caron							
Total. Add lines 1a through 1e. (Column		orm 990. Part X r	olumn (B), line 10c)	CC017771000000710007		36	,807.

	II Investments — Other Securities.	'Voc' to Form 000	N/A), Part IV, line 11b, See Form 990, Part X, line
(a) De	scription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or and-of-year market value
Finar	ncial derivatives.		Action to the second se
Close	ply-held equity interests		
Other	6		
0			
I. (Cole	lumn (b) must equal Form 996, Part X, column (8) line 12.) 🕨		
	II Investments - Program Related.		N/A
	Complete if the organization answered	Yes' to Form 990	, Part IV, line 11c. See Form 990, Part X, line
-	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market val
)			
)			
)			
)			
)			
9)			
9			
9) 0)			
4	umn (b) must equal Form 990, Part X, column (B) line 13.)		
art IX		N/A	
	Complete if the organization answered	'Yes' to Form 990	, Part IV, line 11d. See Form 990, Part X, line
207	(a) Des	cription	(b) Book value
0			
144			
3)			
() ()			
() () ()			
(i) (i) (i)			
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)))))			
))))))			
8) (1) (2) (3) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Column (b) must equal Form 990, Part X, column (E	i), line 15.)	
(i) (i) (i) (i) (i) (i) (i) (i) (i) (i)	Other Liabilities.		
8) (1) (2) (3) (3) (4) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Liabilities. Complete if the organization answered 'Yes' to Fo	rm 990, Part IV, line 11	
(C rt X	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability		
)))))))) at (C	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability leral income taxes	rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25
) (C) (C) (C) (C) (C) (C) (C) (C	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
)))))))) ()) ()) () () () () ()	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value	e or 11f. See Form 990, Part X, line 25
)))))))) o))) o o))) o o o (C X)) TR))	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
) () () () () () () () () () () () () ()	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
() (Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
() () () () () () () () () () () () () (Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
() () () () () () () () () () () Fed () ACI () TR () () () () () () () () () () () () ()	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4,44	e or 11f. See Form 990, Part X, line 25
) (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C) (C) (TR (C)	Other Liabilities. Complete if the organization answered 'Yes' to Fo (a) Description of liability deral income taxes CRUED EXPNESE	rm 990, Part IV, line 11 (b) Book value 4, 44 12, 79	e or 11f. See Form 990, Part X, line 25

Part XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered 'Yes' to Form 990, F		per Return.	H.F
Total revenue, gains, and other support per audited financial statements.	rantiv, inte iza.	12.40. 1	1,153,656.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			A SUMMICHAN
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities.	2b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1.	***	3	1,153,656.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	inealm	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,153,656.	
Part XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' to Form 990, F		s per Return.	=
Total expenses and losses per audited financial statements		a 1	1,233,845.
Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities			
b Prior year adjustments	2 b		
c Other losses	20		
a Other (Describe in Fart XIII.)	20		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1.		3	1,233,845.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7h			
b Other (Describe in Part XIII.)	4 b		
c Add lines 4a and 4b	-7		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,233,845.
Part XIII Supplemental Information.			

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ORGANIZATION'S BOARD OF DIRECTORS HAS DESIGNATED THIS AMOUNT FOR FUTURE NEEDS.

BAA Schedule **D** (Form 990) 2014

Schedule F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	RE WATER FOR THE V				03-03629	54
Pa	on Form 990, Par	tion on Activiti rt IV, line 14b.	es Outside th	e United States, Comple	te if the organization	answered 'Yes'
1	For grantmakers. Does the the grantees' eligibility for	e organization mai the grants or assi	ntain records to stance, and the s	substantiate the amount of its election criteria used to award	grants and other assista I the grants or assistance	oce, Yes No
2	For grantmakers, Describe (United States	n Part V the organia	ration's procedure	s for monitoring the use of its gri	ants and other assistance o	outside the
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional spac	e is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
510				W = 11.11 (MILLED) (1.11 (MILLED) (1.11 (MILLED)	WATER, FILTERS,	
(1)	HALTI	1	19	PROGRAM SERVICES	EDUCATION	402,328.
(2)	HONDURAS			DESCRIPTION OF THE PROPERTY OF	WATER, FILTER,	12820220
		2		PROGRAM SERVICES	EDUCATION	438,224.
(3)						
(4)						
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10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
_	s Sub-total	3	28			840,552.
	Total from continuation sheets to Part I.	3.	20			W7W, WW.
	Totals (add lines 3a and 3b)	3	28			840,552

Schedule F (Form 990) 2014 PURE WATER FOR THE WORLD

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

Ħ	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Mainter of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	() Method of valuation (boo FMV, appraisa other)
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8									
(3)									
3									
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αn									
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(16)									
	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) equivalently letter.	ons listed above that are section 501(c)(3) equ	re recognized as cha iivalency letter	nties by the foreig	in country, recognize	ed as tax-exempt to	vite IRS, or for which		
3 E	Enter total number of other organizations or entitles.	orts or entitles	2.4	WEST WATER	The state of the s	Wallen Field			Schedule F (Form 990) 201

Page 3

Schedule F (Form 990) 2014 PURE WATER FOR THE WORLD

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Wanner of cash disbursement	(f) Amount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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вАА			TEE-43-50% (45.13)14			Schedue F (Schedule F (Form 990) 2014

	dule F (Form 990) 2014 PURE WATER FOR THE WORLD 03-	0362954	Page
É	Was the organization a U.S. transferor of property to a foreign corporation-during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	. Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	. Yos	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X Na
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No
BAA	TELEASONE DEFINITE	Schedule F (F	orm 990) 201

Part V Supplemental Information

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

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ
 Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

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	WATER FOR								0.3	-03	6295	4					
Part I	Excess Be Complete if	enefit Trans the organizatio	actions (se n answered 'Y	ction E 'es' on F	01 (c) (3 form 990	3), sec), Part	ction 501 (c IV, line 25a o)(4), and r 25b, or Fo	501 (c) (rm 990-E	29) (Z. P.	organ	nizati line 4	ons o	only)	Į.		
4	(a) Name of disqui			Reliphonshi	p between t	dingualitie			Description					(d) Con			
1400				person	and ongoing	ation.								Yes	No		
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(3)																	
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3 En	ter the amount of	of tax, if any, o	n line 2, above	e, reimb	ursed by	the or	ganization		0.00000	990000	-s						
Part II	Complete if t	and/or From the organization reported an am	answered 'Yes ount on Form !	s' on Fo 990, Par	rm 990-F	5, 6, ar	22.		- 0		2						
AMA INGILIE	on a mericinativa president	with arganization	(c) Purpose of Joan	fra	m the mation?	prin	e) Original cipal amount	(f) Balanca	ti Guti	(g) Irus	activalt?	by bo	by board or committee?		by board or a		ritten ment?
				To	From					Yes	No	Yes	No	Yes	No		
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Total Part III		erobadasi.					> \$										
Part III		Assistance he organization	answered 'Yes	Intere	sted Pe rm 990, P	ersons Part IV,	s. Tine 27.										
	(a) Name of interes	sted person	(b) Rotationsnip	between the argan		acrson	(c) Amount a	Fassistance	(d) Typi	e of acs	istance	(6)	Ригром	of usai	interior		
(1)										-		+					
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(10)																	

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

Schedule L (Form 990 or 990-EZ) 2014

	(a) Name of interested person	(b) Herabonship between interested person and the organization	(c) Amount of fransaction	(d) Description of transaction	(e) Shu organi; rover	
O) C	AROLYN MEUB	EV DIDPOROD	F. 000	D.F.V.	Yes	No
(2)	MODIA HEGD	EX DIRECTOR	5,000.	RENT		X
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)					-	-
(10)					_	-

Part V Supplemental Information

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

SUPPLEMENTAL INFORMATION

THE ORGANIZATION RENTS OFFICE SPACE IN RUTLAND, VERMONT FROM ITS EXECUTIVE DIRECTOR CAROLYN MEUB. THERE IS NO FORMAL LEASE AND RENT IS NEGOTIATED YEAR TO YEAR. FOR THE YEAR ENDED JUNE 30, 2015, RENT EXPENSE TO RELATED PARTIES TOTALED \$5,000.

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2014

Open To Public Inspection

Employer identification number PURE WATER FOR THE WORLD 03-0362954 Part I Types of Property (a) Check if (c) (d) Method of determining noncash contribution amounts Noncash contribution Number of amounts reported applicable contributions or items contributed on Form 990, Part VIII, line 1g Art - Warks of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 Clothing and household goods..... 5 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded..... 9 68,152. Securities - Closely held stock..... 10 Securities - Partnership, LLC, or trust interests. 11 Securities - Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential 15 Repl estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens..... 23 24 Archeological artifacts 25 Other > 26 Other > 27 Other > 28 Other -Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 Yes No 36a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt. purposes for the entire holding period? 30 a X b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 a X b If 'Yes,' describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is shecked,

describe in Part II.

Schedule M	(Form 990) (2014)	PURE	WATER	FOR	THE	WORLD

03-0362954 Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treesury Internal Revenue Service Name of the organization

PURE WATER FOR THE WORLD

Employer identification number 03-0362954

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT OF FORM 990 IS DISTRIBUTED TO AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS AND SENIOR STAFF ANNUALLY DISCLOSE (WITH PROMPT UPDATES) TO THE PRESIDENT OF THE BOARD AN ANNUAL CONFLICT DISCLOSURE QUESTIONAIRE FORM PROVIDED BY THE ORGANIZATION THAT REQUESTS DIRECTORS AND STAFF TO IDENTIFY ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS OF INTEREST, SUCH AS A LIST OF FAMILY MEMBERS, SUBSTANTIAL BUSINESS OR INVESTMENT HOLDINGS AND OTHER TRANSACTIONS OR AFFILIATIONS WITH BUSINESSES, OTHER ORGANIZATIONS, AND INDIVIDUALS.

BOARD MEMBERS AND STAFF ARE ALSO URGED TO DISCLOSE CONFLICTS AS THEY ARISE AS WELL AS TO DISCLOSE THOSE SITUATIONS THAT ARE EVOLVING THAT MAY RESULT IN A CONFLICT OF INTEREST. STAFF DISCLOSE TO THE EXECUTIVE DIRECTOR AND BOARD MEMBERS TO THE PRESIDENT OF THE BOARD. FOR EACH INTEREST DISCLOSED, THE BROADEST DISCLOSURE POSSIBLE IS MADE SO THAT DICISION-MAKERS CAN MAKE INFORMED DECISIONS IN THE BEST INTEREST OF THE ORGANIZATION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

COPIES OF GOVERNING DOCUMENTS, TAX RETURNS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.