Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Form 990 (2012)

Department of the Treasury

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

JUL 1, 2012 and ending JUN 30, 2013 A For the 2012 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable: Address PURE WATER FOR THE WORLD, INC. 03-0362954 Name Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 802-747-0778 8 SHERWOOD ROAD 1,093,794. Amended G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-tion pending RUTLAND, VT 05701 H(a) Is this a group return F Name and address of principal officer: CAROLYN MEUB Yes X No for affiliates? P.O. BOX 55, RUTLAND, VT 05702 H(b) Are all affiliates included? X Yes No. I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP: //WWW.PUREWATERFORTHEWORLD.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile; VT Part I Summary Briefly describe the organization's mission or most significant activities: PLANNING, OPERATING, Governance ADMINISTERING, EDUCATING TO MAKE POTABLE WATER AVAILABLE TO PEOPLE 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 3 Number of voting members of the governing body (Part VI, line 1a) 12 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 8 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 100 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34. Prior Year **Current Year** 686,603. 844,760. 8 Contributions and grants (Part VIII, line 1h) Revenue 315,397. 188,258. 9 Program service revenue (Part VIII, line 2g) 12,873. 6,854. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 53,922. 16,773. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,031,646. 1,093,794. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 204,615. 138,620. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 1,110,679. 850,603. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,315,294. 989,223. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -283,648. 104,571. 19 Revenue less expenses. Subtract line 18 from line 12 ssets or Balances Beginning of Current Year End of Year Assets 1,460,046. 1,544,474. 20 Total assets (Part X, line 16) 23,193. 3,050. 21 Total liabilities (Part X, line 26) Net 1,436,853. 22 Net assets or fund balances. Subtract line 21 from line 20 1,541,424. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign CAROLYN MEUB, EXECUTIVE DIRECTOR Here Type or print name and title Date Print/Type preparer's name Preparer's signature GREGORY J. ABBATTISTI, CPGREGORY J. ABBATTIST02/11/14 P00127460 Paid Firm's name LCS&Z, LLP Firm's EIN 14-1745230 Preparer Firm's address > 33 CENTURY HILL DRIVE Use Only LATHAM, NY 12110-2113 Phone no. 518-783-7200 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

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Form 990 (2012) PURE WATER F
Part IV Checklist of Required Schedules

| Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? I'Yes, "complete Schedule C, Part I Is the organization required to complete Schedule S, Schedule of Contributors Did the organization required to complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities on behalf of or in opposition to candidates for public officer I'Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? II 'Yes, "complete Schedule C, Part II | 19,000 | | | Yes | No |
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| If Yes, "complete Schedule A 1 | 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 2 Is the organization engage in direct or indirect profiles of provides on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 50(16)" elegislation of the organization engage in discharge and the provides of the Part I section 50(16)" elegislation of the organization as action 50(16)(8), 501(6)(6) | | | 1 | | |
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| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the text year? If "Nes," complete Schedule C, Part II site organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in flevenue Procedure 98-197 If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization directly or through a related organization, flood assets in temporarily restricted endowments, permanent endowments, or quasiendowments? II "Yes," complete Schedule D, Part V Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasiendowments? II "Yes," complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule D, Part V Did the organization report an amount for investments or their securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 II "Yes," complete Schedule D, Part V Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 III "Yes," complete Schedule D, Part V Did the organization repo | 3 | | 3 | | Х |
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| 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 13 | | | | |
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| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 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 | | v | |
| Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | X | |
| 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 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b | 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 15 | | X |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 2000 | | 16 | | X |
| 1c and 8a? If "Yes," complete Schedule G, Part II 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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b | | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b | | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b | | complete Schedule G, Part III | 19 | | |
| | | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form 990 (2012) PURE WATER FOR THE WORLD, INC.

Part IV | Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-------|-----|------|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | 1 |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 | | | v |
| | Schedule L, Part I | 25b | - | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 245 | | x |
| 07 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | - | A |
| 27 | 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 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | TE II | HEE | 1150 |
| а | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Х | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | 31 | | 11 |
| | Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| 38 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 37 | | Х |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |

Part V | Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part v | | | | | |
|------|---|---|---|------------|----------------|---------|
| | 2 | . 1 | 10 | NECKS! | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 3 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | U samina | | 1000 | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and re | | | 4. | V | 324 |
| 00 | (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | 1 | | 1c | X | 200 |
| Zd | filed for the calendar year ending with or within the year covered by this return | 2a | 8 | | | 250 |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | V | 200-201 |
| D | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | | | 20 | ^ | abili |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | Strains. | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | authori | tv over. a | 0.0 | | |
| ,,,, | financial account in a foreign country (such as a bank account, securities account, or other financial a | | | 4a | х | |
| b | If "Yes," enter the name of the foreign country: ► HONDURAS, HAITI | | 9. | 4 | STATE OF | 100 |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A | Accour | its. | | | 393 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | 1. Section Co. | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | ********************** | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribut | | | | | |
| | were not tax deductible? | | *************************************** | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | 100 V 20 V 31 V 200 | 100 | Na | 103 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | | | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | | | |
| 1990 | to file Form 8282? | 100000000000000000000000000000000000000 | | 7c | - | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | 353 | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo | | | 7f | | Λ |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Pt | | | 7g 7h | - | - |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di | | | Selection | 195945 | 2000 |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | | | 8 | 100000 | 367560 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | o daming the year. | Section | SEE PRO | SARK |
| | Did the organization make any taxable distributions under section 4966? | | | 9a | 1008DIII | SBANK |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | ************************************** | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | \$11K1 | YEAR. | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | WO FEE | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | 要が定 |
| a | Gross income from members or shareholders | 11a | | | A SEC | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | |
| | amounts due or received from them.) | 11b | | | | 200 |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | 185 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 20168 | | -5000 |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | 30000 | 10000 |
| 1.0 | Note. See the instructions for additional information the organization must report on Schedule O. | | | 100 | | 4 |
| D | Enter the amount of reserves the organization is required to maintain by the states in which the | 105 | | 1195 | | |
| • | organization is licensed to issue qualified health plans Enter the amount of reserves on hand | 13b | | | | 1 |
| | Did the consideration and the last of the | | | 140 | 190000 | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | | | 14a 14b | - | A |
| D | 1 165. The Remode a form the to report these payments (in two, provide an explanation in Schedul | | | 140 | | |

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 to any question in this Part VI | | | X |
|-----|--|---------|---------------|-----------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 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 0. | | 180 | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | ** |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | ** |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | 84-4 | 37 | Territor. |
| | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | ** |
| _ | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | 105 | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Λ | 100 |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | Х | 15136 |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Λ | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 1.0 | Х | |
| 40 | in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Δ | |
| 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? | Plable. | | 17.5 |
| | | 45- | 100 | Х |
| | The organization's CEO, Executive Director, or top management official | 15a | | X |
| a | Other officers or key employees of the organization | 15b | Base | Λ |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 200 | | R. |
| ioa | | 16a | 230,00 | X |
| h | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | Ioa | 5880 | 21 |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | -37 | | THE R |
| | exempt status with respect to such arrangements? | 16b | - Laboratoria | 2050 |
| Sec | etion C. Disclosure | Tob | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | availal | nle | |
| 10 | for public inspection. Indicate how you made these available. Check all that apply. | - vanal | | |
| | Own website Another's website W Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar | d fina | ncial | |
| 13 | statements available to the public during the tax year. | ill la | icidi | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | tion: | | |
| | CAROLYN MUEB - 802-747-0778 | | - | |
| | PO BOX 55, RUTLAND, VT 05702 | | | |

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

| (A) Name and Title | (B) Average hours per week | box | not c | Pos heck ss pe | more | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------|--|--------------------------------|-----------------------|----------------------|--------------|---------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) BOB MOHR | 15.00 | | | | | | | | | |
| PRESIDENT | | X | _ | X | _ | | _ | 0. | 0. | 0. |
| (2) RICK MANGANELLO | 8.00 | | | | | | | | | |
| VICE PRESIDENT | 10.00 | X | | X | _ | _ | _ | 0. | 0. | 0. |
| (3) BILL MEUB | 10.00 | | | | | | | | | |
| SECRETARY | 10.00 | X | | X | | - | _ | 0. | 0. | 0. |
| (4) BARRY POPPEL | 10.00 | | | | | | | | | |
| TREASURER | 1 00 | X | | X | _ | | | 0. | 0. | 0. |
| (5) DAVID FISHER | 1.00 | 77 | | 77 | | | | | | |
| 2ND VICE PRES. | 10.00 | X | | X | - | - | - | 0. | 0. | 0. |
| (6) BYRON MILLER | 10.00 | Х | | | | | | 0. | 0 | 0 |
| OIRECTOR (7) PETER ABELL | 2.00 | Λ | - | | | | - | 0. | 0. | 0. |
| DIRECTOR | 2.00 | Х | | | | | | 0. | 0. | 0 |
| (8) AJAY BADWHAR | 1.00 | Δ | - | - | - | \vdash | - | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (9) DOUG HINKLE | 9.00 | 21 | - | - | - | - | | 0. | 0. | 0. |
| DIRECTOR | 3.00 | х | | | | | | 0. | 0. | 0. |
| (10) BARBARA CARRIS | 0.00 | 21 | | _ | | - | | 0. | 0. | 0. |
| DIRECTOR | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (11) RANDY THOMPSON | 13.00 | - | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) JOHN HOEHL | 1.00 | | | | | | | 2010 | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (13) STAN GALANSKI | 1.00 | | | | | | | | | |
| DIRECTOR | 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) CAROLYN MEUB | 40.00 | | | | | | | | | |
| EXECUTIVE DIREC | | | | X | | | | 69,000. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |

| rai | (A) Name and title | (B) Average hours per week | (do box offi | not c | Pos heck ss pe | ition | | one h an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estima amoun othe | t of |
|--------|---|--|--------------------------------|-----------------------|----------------------|--------------|------------------------------|-------------|--|--|--------|--|---------------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | 0 | mpens from t rganiza and rela ganiza | he ation ated |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | _ | | |
| _ | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | 60.000 | | | | |
| С | Sub-total Total from continuation sheets to Part V | II, Section A | | | **** | | • | | 69,000. | 0 | | | 0. |
| 2 2 | Total (add lines 1b and 1c) Total number of individuals (including but including but | | | | | | | no re | 69,000. eceived more than \$100 | 0,000 of reportable | • | | 0. |
| | compensation from the organization | 1.00 | | | | | | | | | | Yes | No. |
| 3 | Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s | | | 0.000 | | | | *): C [] | | SAND PARTY BELLEVIA ACTA | 3 | | x |
| 4 | For any individual listed on line 1a, is the s and related organizations greater than \$15 | 2.5 | | | | | | | | the organization | 4 | | x |
| 5 | Did any person listed on line 1a receive or rendered to the organization? If "Yes," con | accrue compe | nsat | tion | from | an | y un | relat | ted organization or indiv | | 5 | 8 210 | x |
| _ | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | Control of the Contro | nsatio | n from | |
| | (A) Name and business | s address | N | ON | E | | | | (B) Description of s | services | Com | (C) pensat | ion |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (\$100,000 of compensation from the organ | | not I | imite | d to | the | ose li 0 | stec | d above) who received r | nore than | | | |

| rt VIII | Statement of Revenu | | | thin Dort VIII | | | |
|-----------|---|---|--------------------|-------------------|--|---|--|
| | Check if Schedule O contain | ns a response t | to any question in | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| | P t t t t t t t t t t t t t t | 1a | DE THE SE | | Tevendo | | 0 101 01 0 1 |
| 1 a | Federated campaigns | | | 1 4 10 2 2 100 | | | |
| b | Membership dues | | | No. | | | |
| C | Fundraising events Related organizations | | | | | | |
| a | Government grants (contributio | | | | | | |
| | All other contributions, gifts, grants similar amounts not included above | , and | 844,760. | | | | |
| | Noncash contributions included in lines 1 | | | | | | |
| 9 h | Total. Add lines 1a-1f | | > | 844,760. | | CK SELECTION | of 40% of the |
| 1 | Total. / Ida intes / a , , , , , , , , , , , , , , , , , | | Business Code | | | | |
| 2 2 | PARTNER RECEIPTS | S | 900099 | 175,594. | | | |
| l Za | FILTER COLLECTION | ONS | 900099 | 12,664. | 12,664. | | |
| c | | | | | | | |
| 2 a b c d | | | | | | | |
| e | | | | | | | |
| f | All other program service rever | nue | | | | | |
| ** | Total. Add lines 2a-2f | | | 188,258. | | | |
| 3 | Investment income (including | | | | | | 6 051 |
| " | other similar amounts) | | | 6,854. | | | 6,854 |
| 4 | Income from investment of tax | exempt bond | proceeds > | | | | |
| 5 | Royalties | | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| 6 8 | a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | abbut to top you and the | |
| | a Gross amount from sales of | (i) Securities | non-continued | | | | |
| | assets other than inventory | | | | | | |
| 1 | b Less: cost or other basis | | | | | | |
| | and sales expenses | | | | | | |
| 9 | c Gain or (loss) | | | | | | |
| | d Net gain or (loss) | | <u>,</u> | | | The discussion of the second | |
| 8 8 | a Gross income from fundraisin | g events (not | | | | in the second | |
| 8 8 | including \$ | of | | | | | |
| | contributions reported on line | 1c). See | | | | | |
| | Part IV, line 18 | ******* | a | | | | |
| | b Less: direct expenses | | b | | | | |
| | c Net income or (loss) from fund | draising events | · | | | N China N. Brazilia | |
| 9 | a Gross income from gaming a | ctivities. See | | | | | |
| | Part IV, line 19 | | а | | | | |
| | b Less: direct expenses | | b | | NAMES OF TAXABLE PARTY. | | |
| | c Net income or (loss) from gar | | | | | | |
| 10 | a Gross sales of inventory, less | | 2 | | | | |
| | and allowances b Less: cost of goods sold | *************************************** | b | | | | |
| | c Net income or (loss) from sal | as of inventory | b | | | | |
| - | | | Business Code | | N DE LE MARIE | E EST | |
| 777534 | Miscellaneous Reven | TNCOME | 900099 | 53,922 | 53,922 | • | |
| 11 | | | - - | | | | |
| | b | | - | | | | |
| | c | | - | | | | |
| | All - the experience | | | | | | |
| | d All other revenuee Total. Add lines 11a-11d | | | 53,922 | 2. | | 0. 6,85 |

Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | /// | |
|----|--|-----------------------|------------------------------------|---|---|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | 2.75(b) V D.W |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 138,620. | 85,944. | 38,814. | 13,862. |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 23,495. | 13,083. | 6,455. | 3,957. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 12,543. | 7,543. | 3,700. | 1,300. |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 30,276. | 30,276. | | |
| 23 | Insurance | 10,180. | 8,714. | 1,466. | |
| 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 0.) | | | | |
| а | CONTRACT LABOR | 341,211. | 341,211. | | |
| b | FILTERS & LATRINES | 191,646. | 191,646. | | |
| c | VEHICLE EXPENSE | 126,950. | 103,392. | 23,558. | |
| d | PROFESSIONAL FEES | 40,539. | 16,497. | 24,042. | |
| е | All other expenses | 73,763. | 51,946. | 21,817. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 989,223. | 850,252. | 119,852. | 19,119. |
| 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) | | | | |

| Par | tΧ | Balance Sheet | | | | | |
|-----------------------------|-----|--|--|--|--|------------|----------------------|
| _ | | Check if Schedule O contains a response to any | question | in this Part X | 869 | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 567,728. | 1 | 373,092 |
| | 2 | Savings and temporary cash investments | | | 382,142. | 2 | 678,684 |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensation | ated emplo | yees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | fied persor | ns (as defined under | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c)(3 |)(B), and contributing | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| | | employees' beneficiary organizations (see instr). | | | | 6 | |
| els | 7 | Notes and loans receivable, net | | 76-167 107 107 107 107 107 107 107 107 107 10 | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| • | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | 1 1 | | | 3,00 | Paragraph Control |
| | | basis. Complete Part VI of Schedule D | 10a | 622,260. | | | |
| | b | Less: accumulated depreciation | 10b | 140,295. | 510,176. | 10c | 481,965 |
| | 11 | Investments - publicly traded securities | | | | 11 | 10,733 |
| | 12 | Investments - other securities. See Part IV, line | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | 1,460,046. | 16 | 1,544,474 | |
| | 17 | Accounts payable and accrued expenses | | | 17 | | |
| | 18 | Grants payable | 11 N (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 (1974) 1974 | | 18 | | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | *************************************** | | 20 | |
| n | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| | 22 | Loans and other payables to current and former | | A STATE OF THE STA | | (\$30x) () | |
| Liabilliles | - | key employees, highest compensated employees | | | | | |
| Ĕ | | Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | | | | | |
| | - | parties, and other liabilities not included on lines | | | | | |
| | | Schedule D | STATE OF THE PARTY | | 23,193. | 25 | 3,050 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 23,193. | 26 | 3,050 |
| | - | Organizations that follow SFAS 117 (ASC 958 |), check h | nere X and | | 200 | and reviews the same |
| S | | complete lines 27 through 29, and lines 33 an | | | | | |
| 2 | 27 | Unrestricted net assets | | | 567,295. | 27 | 609,250 |
| 9 9 | 28 | Temporarily restricted net assets | | | 869,558. | 28 | 932,174 |
| Δ | 29 | | | | 10 Per 10 | 29 | |
| 5 | | Organizations that do not follow SFAS 117 (A | | | | 18.55 | |
| 1 | | and complete lines 30 through 34. | | | | | |
| 112 | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| 226 | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| Net Assets or rund balances | 32 | Retained earnings, endowment, accumulated in | | | | 32 | |
| Ne | 33 | Total net assets or fund balances | | 1,436,853. | 33 | 1,541,424 | |
| | 34 | Total liabilities and net assets/fund balances | | | 1,460,046. | 34 | 1,544,474 |

Both consolidated and separate basis

X

2c

3a

Separate basis

Act and OMB Circular A-133?

Consolidated basis

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

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PURE WATER FOR THE WORLD, INC.

Employer identification number 03-0362954

| Part I | Reason f | for Public Cha | arity Status (All organiz | ations mus | st complet | e this part | .) See inst | ructions. | | | | |
|----------|--|--|--|--|---------------------------|-------------|------------------------|---|----------------|-------------|-----------|--------|
| The orga | nization is not a | private foundation | on because it is: (For lines 1 | 1 through 1 | 11, check | only one b | ox.) | | | | | |
| 1 | | | nes, or association of churc | | | | | | | | | |
| 2 | 1 | | 170(b)(1)(A)(ii). (Attach Sc | | | | | | | | | |
| 3 | 7 | | spital service organization | | in section | 170(b)(1)(| A)(iii). | | | | | |
| 4 | | | n operated in conjunction | | | | | (b)(1)(A)(ii | i). Enter th | ne hospita | l's nam | ne. |
| | city, and state | | , | ALLEY A MERCEN | | | | t-n-n-n- | | | | |
| 5 | | | ne benefit of a college or ur | niversity ov | wned or or | perated by | a governr | mental uni | t describe | d in | | |
| - | | (b)(1)(A)(iv). (Com | AND THE RESERVE TO SHARE WAS A STREET OF THE | , | | , | - 3- | | | | | |
| 6 | - American and the fill the co | nasa na akanan kanan sa - ana | nment or governmental uni | t describer | d in section | n 170/h// | (VAVV) | | | | | |
| 7 X | - | manufacture and a company and a company | eceives a substantial part | | | | | r from the | general n | ublic des | crihad i | in |
| 1 4 | | b)(1)(A)(vi). (Comp | | or its supp | OIL HOIH & | governine | intai unit c | n nom the | general p | dullo desi | cribed | 11.1 |
| 8 | 7 | | n section 170(b)(1)(A)(vi). | (Complete | Dart II \ | | | | | | | |
| 9 | 7 | | eceives: (1) more than 33 | | | rom contri | butions n | nomborchi | n foos on | d aross ra | oointa | from |
| 9 | | | | | | | | | |) 1. 176 | | |
| | | (19.20년 1일 전 1일 전 1일 1일 일 일 1일 | functions - subject to certa | | | | | | | | | |
| | | | s taxable income (less sect | lion 511 la | x) Ironi bu | sinesses a | ecquirea b | ly the orga | mzauon a | iter June | 30, 197 | 5. |
| 40 | The second secon | 509(a)(2). (Comple | Deboort Characterists | at favorible | | | - F00/-V/ | • | | | | |
| 10 | _ | | operated exclusively to te | | | | | | and the second | | | |
| 11 | - | 3 | operated exclusively for the | | | | | | | | | or |
| | | 300 | izations described in secti | | | 2000 | (). See se (| otion 509(| a)(3). Che | ck the bo | x that | |
| | | 100 | ng organization and compl | | | | n 52 | . T. | a III. Niaa | £ | II | |
| | a L Type I | | | ype III - Fui | | | | | e III - Non- | | 5% | |
| е 📖 | | | that the organization is not | | | | | | | | | |
| | | and the property of the same o | er than one or more publicly | | | | | | a(a)(1) or s | section 50 | 9(a)(2). | |
| f | and the contract of the contra | | vritten determination from | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | | |
| | | rganization, check | OCCUPATION OF THE PRESENTATION OF THE PRESENTA | | | | | | | | ********* | . — |
| g | | | e organization accepted ar | | | - | | - | | | | _ |
| | | | ndirectly controls, either a | | | | | | | | Yes | No |
| | | | | | | | | | | | | |
| | | | son described in (i) above? | | | | | | | 11g(ii) | | |
| | | | f a person described in (i) | | | | | | | 11g(iii |) | |
| h | Provide the fo | ollowing information | on about the supported or | ganization | (s). | | | | | | | |
| | | | | L | | T | | T /!\ I= | Alexander I | | | |
| (i) Nan | ne of supported | (ii) EIN | (iii) Type of organization | | organization | | u notify the | (vi) Is organization | on in col. I | (vii) Amour | nt of mo | netary |
| 10 | ganization | | (described on lines 1-9 | | sted in your document? | | ion in col. r support? | (i) organiz | ed in the | su | pport | |
| | | | above or IRC section (see instructions)) | S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S-S- | uocumentr | (i) oi you | Supports | U.S | ./ | | | |
| | - | | (occ menachene) | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | |
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| | | | | | 1 | | 3.58 | E OTAL AL | NAME OF | | | |
| | | 14 | | 100 m | 1 | | | 1 | 1000 | | | |

Schedule A (Form 990 or 990-EZ) 2012 PURE WATER FOR THE WORLD, INC. 03-03629

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

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

| Sec | ction A. Public Support | | | | | | |
|------|---|-----------------------|----------------------|--|--|--|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | 627,755. | 1,264,538. | 2 470 501 | 789,765. | 1,020,354. | 6,173,003. |
| _ | include any "unusual grants.") | 021,133. | 1,204,550. | 2,470,591. | 103,103. | 1,020,334. | 6,173,003. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| • | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | 627,755. | 1,264,538. | 2,470,591. | 789,765. | 1,020,354. | 6,173,003. |
| | Total. Add lines 1 through 3 | 021,133. | 1,204,550. | 2,470,551. | 703,703. | 1,020,554. | 0,275,005. |
| 5 | by each person (other than a | | 建 色形态图图 | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | 建筑企业等 | | |
| | amount shown on line 11, | | | | | | |
| | actuma (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 6,173,003. |
| | ction B. Total Support | | | | | | |
| _ | endar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| | Amounts from line 4 | 627,755. | 1,264,538. | 2,470,591. | 789,765. | 1,020,354. | 6,173,003. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 1,436. | 117. | 1,345. | 12,869. | 6,854. | 22,621. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | 13,144. | 23,302. | 45,569. | 53,922. | 135,937. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 6,331,561. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | ******* | | 12 | 12,664. |
| | First five years. If the Form 990 is for | | | | | | |
| | organization, check this box and stor | here | ***************** | | | ******************** | |
| Se | organization, check this box and stor ction C. Computation of Publ | ic Support Per | rcentage | | | | |
| 14 | Public support percentage for 2012 (| ine 6, column (f) di | vided by line 11, co | olumn (f)) | | 14 | 97.50 % |
| | Public support percentage from 2011 | | | | | 15 | 98.46 % |
| 16 | a 33 1/3% support test - 2012. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| 1 | o 33 1/3% support test - 2011. If the | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17 | a 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | and the second second second second second | A STATE OF THE PARTY OF THE PAR | | |
| | meets the "facts-and-circumstances" | | | | | | |
| 3 | o 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the "facts-and-circ | | | | - F. J. 1981 - 177 | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | , 10D, 1/a, or 17 | The second secon | The sales in the s | or 990-FZ) 2012 |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support | | | | | | |
|--|--------------------|-----------------------|------------------------|---------------------|----------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 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 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | E-HESSESSA TORING | | Name of the last | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | (4) 2000 | (5) 2000 | (0) 2010 | (4) 2011 | (0/2012 | (i) rotal |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the | the organization | 's first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organiz | zation, |
| | | | | | | > |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2012 (lir | | | column (f)) | | 15 | 9 |
| 16 Public support percentage from 2011 | | | ************* | ********** | 16 | 9 |
| Section D. Computation of Inves | | | | | | |
| 17 Investment income percentage for 201 | 2 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | 9 |
| 18 Investment income percentage from 20 | 311 Schedule A, | Part III, line 17 | | | 18 | Ç |
| 19a 33 1/3% support tests - 2012. If the o | | | | | | |
| more than 33 1/3%, check this box and b 33 1/3% support tests - 2011. If the c | organization did i | not check a box or | n line 14 or line 19 | a, and line 16 is m | nore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | k this box and s | stop here. The org | anization qualifies | as a publicly sup | ported organization | - |
| 20 Private foundation. If the organization | did not check a | box on line 14, 19 | a, or 19b, check t | his box and see in | nstructions | > |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

PURE WATER FOR THE WORLD, INC.

Employer identification number 03-0362954

| Pai | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Fund | ds or Accounts. Complete if the |
|-----|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line | 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | writing that the assets held in donor adv | vised funds |
| | are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| U | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | | |
| Pa | t II Conservation Easements. Complete if the org. | anization answered "Ves" to Form 990 | Part IV line 7 |
| 1 | Purpose(s) of conservation easements held by the organization | | , raitiv, mis r. |
| , | Preservation of land for public use (e.g., recreation or ed | The state of the s | nistorically important land area |
| | Protection of natural habitat | | ertified historic structure |
| | F. I at the second of the seco | Preservation of a ce | ertified historic structure |
| 0 | Preservation of open space | (| |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | led conservation contribution in the for | m of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Yea |
| | T. 1. 1 | | |
| a | Total number of conservation easements | | |
| ь | | | |
| С | Number of conservation easements on a certified historic stru | | |
| a | Number of conservation easements included in (c) acquired a | | |
| • | listed in the National Register | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by t | the organization during the tax |
| | year > | | |
| 4 | Number of states where property subject to conservation eas | | - |
| 5 | Does the organization have a written policy regarding the peri | | |
| | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and e | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| • | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | * | |
| | include, if applicable, the text of the footnote to the organization | ion's financial statements that describe | es the organization's accounting for |
| Da | conservation easements. | Art Historical Transuras or | Other Similar Assets |
| Pa | t III Organizations Maintaining Collections of | | Other Similar Assets. |
| - | Complete if the organization answered "Yes" to Form 9 | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | | |
| | historical treasures, or other similar assets held for public exh | | erance of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | and the same of th | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | |
| | treasures, or other similar assets held for public exhibition, ed | ducation, or research in furtherance of p | oublic service, provide the following amount |
| | relating to these items: | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical treat | | cial gain, provide |
| | the following amounts required to be reported under SFAS 11 | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | > \$ |

| | t III Organizations Maintaining C | | | | | | | | | | | |
|-------|--|--|---|---|--|-------------------------|--|--|--|--|--|--|
| 3 | Using the organization's acquisition, accession | | | | | | | | | | | |
| | (check all that apply): | | 70 TOTAL | | | | | | | | | |
| а | Public exhibition | d | Loan or ex | change programs | | | | | | | | |
| b | Scholarly research | е | | | | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. | | | | | | | | | | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | Yes No | | | | | | |
| Pai | t IV Escrow and Custodial Arran | | | | | IV, line 9, or | | | | | | |
| | reported an amount on Form 990, Par | rt X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custod | ian or other intermed | diary for contribution | ons or other assets | not included | | | | | | | |
| | on Form 990, Part X? | | | | | Yes No | | | | | | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing table: | | | - 11-0-00-00 Sec | | | | | | |
| | | | | | | Amount | | | | | | |
| С | Beginning balance | | | | 1c | | | | | | | |
| | Additions during the year | | | | LISTON CONTRACTOR | | | | | | | |
| | Distributions during the year | | | | Control of the Contro | | | | | | | |
| f | Ending balance | | | | | | | | | | | |
| | Did the organization include an amount on F | | | | | Yes No | | | | | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | | |
| | rt V Endowment Funds. Complete i | | | | | | | | | | | |
| 15.00 | | (a) Current year | (b) Prior year | | | ack (e) Four years back | | | | | | |
| 1a | Beginning of year balance | | | | | | | | | | | |
| b | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| | | | | 1 | | | | | | | | |
| 2 | Provide the estimated percentage of the cur | rent year end balance | ce (line 1a. column | (a)) held as: | | | | | | | | |
| a | | | % | (4)/ 110/4 45 | | | | | | | | |
| b | | 75790 | -0.5 | | | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c show | 10 10 C TO C T | | | | | | | | | | |
| 3a | Are there endowment funds not in the posse | | ation that are held | and administered t | or the organization | | | | | | | |
| - | by: | | | | | Yes No | | | | | | |
| | (i) unrelated organizations | | | | | | | | | | | |
| | (ii) related organizations | | | *************************************** | | 3a(ii) | | | | | | |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | on Schedule R? | *************************************** | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | | | |
| | rt VI Land, Buildings, and Equipm | | | | | | | | | | | |
| | Description of property | (a) Cost or o | 200 | st or other (|) Accumulated | (d) Book value | | | | | | |
| | passing to property | basis (investi | Marie Control of the | s (other) | depreciation | (a) book raide | | | | | | |
| 12 | Land | | | | Salperationers | | | | | | | |
| b | Table of the residence of | | | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | | | |
| | Equipment | Shirts I am a second and a second a second and a second a | 6 | 22,260. | 140,295. | 481,965. | | | | | | |
| | Other | | | | , | | | | | | | |
| | I. Add lines 1a through 1e. (Column (d) must e | | X. column (B) line | 10(c).) | • | 481,965. | | | | | | |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Inspection

Employer identification number Name of the organization PURE WATER FOR THE WORLD, INC. 03-0362954 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance. Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region WATER, FILTERS, HAITI PROGRAM SERVICES EDUCATION 489,387. HONDURAS 8 PROGRAM SERVICES WATER, FILTER, LATRINE 266,414. 27 3 a Sub-total 755,801. b Total from continuation 0 0. sheets to Part I c Totals (add lines 3a and 3b)

755,801.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FM' appraisal, other) |
|----------------------------|---|------------|----------------------|--------------------------|---------------------------------|---|--|--|
| | | | | | | | | |
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| 2 | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by |
|---|---|
| | the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter |

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region non-cash assistance recipients cash grant cash disbursement non-cash assistance

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the | | |
|---|--|---------|------|
| | organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign | | [] |
| | Corporation (see Instructions for Form 926) | Yes | 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) | 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 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) | Yes Yes | 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 No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If | | |
| | "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions | | |
| | for Form 5713) | Yes | X No |
| | | | |

Schedule F (Form 990) 2012

03-0362954 Page 5

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.

or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2012

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PURE WATER FOR THE WORLD, INC.

Employer identification number

| Part I Excess Ben | PURE WATE | ons (section 50 | 上 W(0)(3) | and s | ection 501(c)(4) orga | nizations | only). | 0.5 | | 2425 | 20178 | | | |
|---------------------------|-----------------------|-------------------------------|-------------------|----------------|-------------------------------|--|----------------|-----------------|----------|----------------|-------------------------|-------|------------------------|--|
| Complete if the | organization and | wered "Yes" on F | Form 9 | 90. Pa | rt IV, line 25a or 25b | , or Form | 990-EZ, P | art V, li | ne 40 | b | 70 | | | |
| | (b) F | Relationship bety | veen d | lisquali | field | ne 25a or 25b, or Form 990-EZ, Part V, line 40b. | | | | (d) Corrected? | | | | |
| (a) Name of disqualified | person (b) | person and or | | | (c |) Description of transa | | saction | | Ye | s | No | | |
| | | Political Paris | 9 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | _ | | |
| | | | | | | | | | | | | | | |
| 2 Enter the amount of tax | incurred by the | organization man | agers | or disc | qualified persons dur | ring the y | ear under | 35 | | | | | | |
| section 4958 | | | | | ************************* | | | | > \$ | | | | | |
| 3 Enter the amount of tax | k, if any, on line 2, | above, reimburs | ed by | the or | ganization | | | | > \$ | | | | -71 | |
| 55 55380500 1 | | | | | | | | | | | | | | |
| | nd/or From In | | | | | 100 | | 00 | 15.11 | | | 0.07 | | |
| | | | | | , Part V, line 38a or I | Form 990 | , Part IV, III | ne 26; | or it tr | ie orga | inizatio | on | | |
| | ount on Form 99 | | 6, or 2: | 2. an to or | | 10.0 | offerstrands | (a) | In | (h) Ap | proved | (i) W | ritter | |
| (a) Name of | with | (c) Purpose of loan | fron | n the | (e) Original principal amount | (f) Bala | ance due | (g) In default? | | by bo | y board or ommittee? | | (i) Written agreement? | |
| interested person | organization | 20.1351.0 | To | From | 25 25 1 | | | | No | Yes | No | Yes | No | |
| | | | 10 | FIOIT | | | | Yes | | 100 | | | | |
| | - | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | |
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| | A | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | | | > \$ | | | 199 | | | | | | |
| | Assistance Be | | | | | | | | | | | | | |
| Complete if the | e organization an | swered "Yes" on | Form | 990, P | | | | | | - 100 | VETT | | | |
| (a) Name of interester | d person | (b) Relationship | betw | een | (c) Amount of assistance | | (d) Typ | e of | | (€ | e) Purp | | j. | |
| | | interested per the organiz | rson ar ration | nd | 233/3/4/100 | 1 | 400,010 | | | | | | | |
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Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (d) Description of (a) Name of interested person (b) Relationship between interested (c) Amount of organization's person and the organization transaction transaction revenues? Yes No CAROLYN MEUB EXECUTIVE DIRECTOR 5,000.RENT X Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: CAROLYN MEUB (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: EXECUTIVE DIRECTOR (C) AMOUNT OF TRANSACTION \$ 5,000. (D) DESCRIPTION OF TRANSACTION: RENT 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, 2013, RENT EXPENSE TO RELATED PARTIES TOTALED \$5,000. (E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

2012
Open to Public Inspection

Name of the organization

PURE WATER FOR THE WORLD, INC.

Employer identification number 03-0362954

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN AREAS WHERE WATER SUPPLY IS CONTAMINATED. MANAGING ONGOING WATER

PROJECTS AND INDENTIFYING NEW WATER PROJECT SITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DISASTER RELIEF AND ONGOING RECOVERY EFFORTS IN PORT-AU-PRINCE HAITI

AFTER THE 1/13/2010 EARTHQUAKE, INCLUDING DISTRIBUTION OF POTABLE WATER

TO THOUSANDS OF DISPLACED VICTIMS.

FORM 990, PART VI, SECTION A, LINE 2: CAROLYN MEUB, EXECUTIVE DIRECTOR, IS MARRIED TO BILL MEUB, BOARD MEMBER & CORPORATE SECRETARY.

FORM 990, PART VI, SECTION B, LINE 11: DRAFT OF FORM 990 IS DISTRIBUTED TO AND REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND SENIOR STAFF

ANNUALLY DISCLOSE (WITH PROMPT UPDATES) TO THE PRESIDENT OF THE BOARD AN

ANNUAL CONFLICT DISCLOSURE QUESTIONNAIRE FORM PROVIDED BY THE ORGANIZATION

THAT REQUESTS DIRECTORS AND STAFF TO IDENTIFY ANY INTERESTS 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

| Name of the organization PURE WATER FOR THE WORLD, INC. | Employer identification number 03-0362954 |
|---|--|
| IN A CONFLICT OF INTEREST. STAFF DISCLOSE TO THE EXECUTI | VE DIRECTOR AND |
| BOARD MEMBERS TO THE PRESIDENT OF THE BOARD. | |
| FOR EACH INTEREST DISCLOSED, THE BROADEST DISCLOSURE POSS | IBLE IS MADE SO |
| THAT DECISION-MAKERS CAN MAKE INFORMED DECISIONS IN THE B | EST INTEREST OF |
| THE ORGANIZATION. | |
| FORM 990, PART VI, SECTION C, LINE 19: COPIES OF GOVERNIN | G DOCUMENTS, TAX |
| RETURNS, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQU | EST |
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