Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

, 20

Department of the Treasury Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2017 calendar year, or tax year beginning

, 2017, and ending

В	Check if	f applicable:	C Name of organization FILTER OF HOPE, INC.		D Emplo	yer identification number
	Address	change	Doing business as		37-1	751688
	Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Teleph	one number
	Initial ref	turn	P. O. BOX 20145		(205	5)310-4950
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amende	ed return	TUSCALOOSA, AL 35402		G Gross	receipts \$ 1,882,556.
	Applicat	ion pending	F Name and address of principal officer:	H(a) Is this a c		r subordinates? Yes No
		-	BART SMELLEY, 2923 NORMADY PLACE, TUSCALOOSA , AL			
1	Tax-exe	mpt status:	X 501(c)(3)			a list. (see instructions)
J	Website		WW.FILTEROFHOPE.ORG		exemption	n number ►
K	Form of o					e of legal domicile: AL
P	art I	Summ	ary			<u> </u>
-	1	Briefly de	scribe the organization's mission or most significant activities:	LEAN WATER, JOB CREATION.	EDUCATION AND	MINISTRY PROGRAMS FOR THOSE LIVING
Ge		IN ABJ	ECT PROVERTY WORLDWIDE (SEE SCHEDULE O FOR V	ISION AND		MANUAL INCOMES TON TROOP BIVING
Governance			NABILITY)			
eL	2		s box $ ightharpoonup$ if the organization discontinued its operations or dispo	sed of more than	25% of	its net assets
SO.						7
æ			of independent voting members of the governing body (Part VI, line			6
ies			ber of individuals employed in calendar year 2017 (Part V, line 2a		5	8
Activities &			ber of volunteers (estimate if necessary)		6	0
Act					7a	
			ated business taxable income from Form 990-T, line 34		7b	0.
				Prior Ye		Current Year
	8	Contributi	ons and grants (Part VIII, line 1h)	840	,151.	1,395,049.
Revenue			service revenue (Part VIII, line 2g)		,212.	487,507.
i.			1212.	407,307.		
æ			at income (Part VIII, column (A), lines 3, 4, and 7d)			
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 1		262	1 000 556
			d similar amounts paid (Part IX, column (A), lines 1–3)		,363.	1,882,556.
			aid to or for members (Part IX, column (A), line 4)			
			ther compensation, employee benefits (Part IX, column (A), lines 5–10	between the same and the same a	220	200 100
ses			nal fundraising fees (Part IX, column (A), line 11e)		,238.	229,188.
Expenses			raising expenses (Part IX, column (D), line 25) 219, 341		- Section 1	
EX			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		612	1 450 204
ĺ			Add See 40 47 (,613.	1,452,394.
-			ess expenses. Subtract line 18 from line 12	1,146		1,681,582.
_ 0	19	nevertue i	ess expenses. Subtract line to from line 12	Beginning of Cur	,512.	200, 974. End of Year
Net Assets or Fund Balances	20	Total acco	ts (Part X, line 16)			
Bala			ities (Part X, line 16)		,929.	443,351.
E E			s or fund balances. Subtract line 21 from line 20		,316.	24,954.
	rt 🛮		re Block	. 223	,613.	418,397.
	Charles of Parishall		, I declare that I have examined this return, including accompanying schedules and	ototomonto and in th		and the state of t
true	, correct,	and complet	e. Declaration of preparer (other than officer) is based on all information of which pre	eparer has any knowle	e best of n dge.	ly knowledge and belief, it is
		<u> </u>	Ket Cuellein	Inc	107/2	010
Sigi	n	Signat	ure of officer	Date	5/07/2	018
Her)	Dutt	•	
			I SMELLEY, PRESIDENT r print name and litle			
		<u> </u>	preparer's name Preparer's signature	Date		¬ IPTIN
Pai		TOCEDI			Check [l if l
	parer		A. MILLER			loyed P01266616
Jse	Only	Firm's nar				53-1030242
100	the IDS	Firm's add	tress > 2903 7TH STREET, TUSCALOOSA, AL 35401			05) 345-6060
viay	THE INC	ว นเธยนรร	this return with the preparer shown above? (see instructions) .			🔀 Yes 🗌 No

REV 12/05/17 PRO

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CLEAN WATER, JOB CREATION, EDUCATION AND MINISTRY PROGRAMS FOR THOSE LIVING IN ABJECT PROVERTY WORLDWIDE (SEE SCHEDULE O FOR VISION AND
	OLIOTA TAND TI TOUL
	SUSTAINABILITY)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
10.4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
	the total expenses, and revenue, in any, for each program service reported.
4a	(Code:) (Expenses \$ 1,184,290. including grants of \$ 0.) (Revenue \$ 487,507.)
5.550	DISTRIBUTING HOUSEHOLD WATER FILTERS, TRAINING AND EDUCATING FAMILIES
	LIVING IN ABJECT POVERTY, ON THE IMPORTANCE OF SAFE CLEAN DRINKING
	WATER AND BASIC SANITATION AND HYGIENE TO PREVENT SICKNESS AND DEATH.
4b	(Code:) (Expenses \$ 163,095. including grants of \$ 0.) (Revenue \$ 170,749.)
	TO FUND FULL AND PART-TIME MISSIONARIES AND STAFF SERVING IN 3RD WORLD
	COUNTRIES HELPING DISTRIBUTE WATER FILTERS, OVERSEE THE INITIATIVES OF
	FILTER OF HOPE AND TRAIN INDIGINOUS LEADERS TO OWVERSEE ALL PROGRAMS
	AND PROJECTS FOR MAXIMUM SUSTAINABILITY.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{1,347,385.}}\) (Revenue \$\frac{}{\text{1,347,385.}}\)
	1,04/,300.

Pari	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	100		1
201	complete Schedule A	1	×	-
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	_
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		×
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? <i>If "Yes," complete Schedule C, Part II</i>	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
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		×
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		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	^	×
С	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	11c		×
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	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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		
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		×
	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		_ <u>×</u> _
	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		_ <u>×</u> _
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		<u>×</u>
9	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		_ <u></u>

19

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a		20a		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		×
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b c		24b		
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), 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		×
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	25b		V
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	250		×
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
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		×
	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		×
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
	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		×
	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		×
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		×
	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	×	
		Form	aan a	2017)

14a

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a × b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial × b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a × Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a × b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a × If "Yes," did the organization notify the donor of the value of the goods or services provided? h 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c X d If "Yes," indicate the number of Forms 8282 filed during the year е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e × f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . 7f × If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? × Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b 13c

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

×

Part	#####################################	Name of the state		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Chaok if Schedule O. contains a response or note to any line in this Bort VI.			
Soct	Check if Schedule O contains a response or note to any line in this Part VI	• •	•	. <u>X</u>
3601	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 1a	7	100	
14	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 . 1b	5		
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		×
3	Did the organization delegate control over management duties customarily performed by or under the direct			
n.	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6 7a	Did the organization have members or stockholders?	6		×
14	one or more members of the governing body?	70	0	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		×
D	stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			×
	the year by the following:			
а	The governing body?	8a	×	Lacronian
b	Each committee with authority to act on behalf of the governing body?	8b	×	
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		×
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>×</u>
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	-	×
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	5.630	(A)	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		×
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b	0.00	×
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	, 5u		
~	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		en-continuous de la continue de la c
-	on C. Disclosure	- 10		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)		ام	000
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interfinancial statements available to the public during the tax year.	rest p	юпсу,	and
20	State the name, address, and telephone number of the person who possesses the organization's books and rec	orda	.	
_0	BART SMELLEY, 2923 NORMANDY PLACE, TUSCALOOSA, AL 35406 (205)887-1184	Jius.		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any currer	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an rs per officer and a director/trustee) (D) Reportable compensation							(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		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) BART SMELLEY	40.00									
DIRECTOR	0.00	×		×				84,313.	0.	0.
(2) BONY BARRINEAU	2.00	×		×				0.	0.	0.
BOARD MEMBER	2.00			-				0.	0.	0.
(3) STEVE HILLS BOARD MEMBER	0.00	×						0.	0.	0.
(4) RON BUCK	2.00									
BOARD MEMBER	0.00	×						0.	0.	0.
(5) TODD PREVOST BOARD MEMBER	2.00 0.00	×						0.	0.	0.
(6) VICKY PATTERSON BOARD MEMBER EMERITUS	0.00	×		×				0.	0.	0.
(7)										
(8)										
(9)		5								
(10)										
(11)										
(12)										
(13)										
(14)										

	20/01		-		_	1977	manus ou			2770	
Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(C)										
	(A)	(B)	(do r	ot ch		sition more	e than	one	(D)	(E)	(F)
	Name and title	Average	Average box, unless p					h an	Reportable	Reportable	Estimated
		hours per week (list any	office	er and	_	irect	or/trus	,	compensation from	compensation fro related	m amount of other
		hours for	ord	Inst	Officer	Se Se	en Hig	Former	the	organizations	compensation
		related	direc	İ	cer	Key employee	bloy	mer	organization	(W-2/1099-MISC) from the
		organizations below dotted	or a	92		등	8 8		(W-2/1099-MISC)		organization and related
		line)	Individual trustee or director	=		yee	l mg				organizations
			8	Institutional trustee			Highest compensated employee				
				Φ			ted.				
(15)											
											l .
(16)											
					*						
(17)											
(18)											
(19)											
(20)											
								33			
(21)											
							9				
(22)											
									Ī		
(23)						\neg					
(24)											
(25)											
			1								
1b	Sub-total						. 1	>	84,313.	0.	0.
С	Total from continuation sheets to Part \		ı A				. 1	▶ [
d	Total (add lines 1b and 1c)						. 1	> [84,313.	0.	0.
2	Total number of individuals (including but						bove'	wh		re than \$100.0	
	reportable compensation from the organiz										
Malentanesea				VANO							Yes No
3	Did the organization list any former offi	cer, directo	or, or	tru	ste	e, k	ey er	mple	oyee, or highe	st compensate	
	employee on line 1a? If "Yes," complete S	chedule J f	or suc	ch ir	ndiv	ridua	aľ.				3 ×
4	For any individual listed on line 1a, is the	sum of rep	ortab	le co	omi	oens	satior	n an	d other compe	nsation from t	
	organization and related organizations of										
	individual										4 ×
5	Did any person listed on line 1a receive or	accrue cor	npen	satio	on f	rom	any	unre	elated organiza	tion or individu	
	for services rendered to the organization?										5 ×
Section	on B. Independent Contractors		-						****		
1	Complete this table for your five highest co	mpensate	d inde	eper	nde	nt c	ontra	ctor	s that received	more than \$10	00.000 of
	compensation from the organization. Repo	ort compens	sation	for	the	cal	lenda	r ve	ar ending with	or within the o	rganization's tax
	year.	<u></u>						•	Ü		J
	(A)				- 2				(B)		(C)
	Name and business addre	ss							Description of sen	vices	Compensation
								100			
				9-3-10			\neg				
							\neg				
2	Total number of independent contractors	(including	but	not	lin	nited	d to	thos	se listed abov	e) who	

received more than \$100,000 of compensation from the organization ▶

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII								
of the second se		Check if Schedule O contains a response or note	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,								
contribution of the results of the r	g	and similar amounts not included above 1f 1,395,049. Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	1,395,049.							
venue c	h 2a	WATER FILTERS PROJECT 423620	487,507.	0.	0.	487,507.				
Program Service Revenue	b c d e									
Progr	f g	All other program service revenue . Total. Add lines 2a–2f	487,507.							
Other Revenue	3 4 5 6a b c d 7a b	Investment income (including dividends, interest, and other similar amounts)								
Othe	b c 10a b c	Less: direct expenses b Net income or (loss) from fundraising events . ▶ Gross income from gaming activities. See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities ▶ Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code All other revenue ▶								
	40	Tatal revenue Con instructions	1 002 556		0	107 507				

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX								
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)			
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations		cxpenses	general expenses	expenses			
	and domestic governments. See Part IV, line 21							
2	Grants and other assistance to domestic individuals. See Part IV, line 22							
•								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign 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	84,313.	50,588.	25,294.	8,431.			
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	124,064.	105,455.	12,406.	6,203.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes	20,811.	14,568.	4,162.	2,081.			
11	Fees for services (non-employees):	11 50.		11 704	^			
a	Management	11,704.	0.	11,704.	0.			
b	Legal	277.	0.	277.	0.			
9	Accounting	11,600.	0.	11,000.	<u></u>			
d e	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
J	(A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion	23,230.	19,607.	0.	3,623.			
13	Office expenses	20,423.	1,786.	18,042.	595.			
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	924,163.	924,163.	0.	0.			
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 .							
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.)							
а	FILTER EXPENSE	191,569.	0.	0.	191,569.			
b	LA GUERRE SCHOLARSHIP	4,634.	4,634.	0.	0.			
С	MISSIONARY AND STAFF SUPPORT	163,095.	163,095.	0.	0.			
d				NAME OF THE OWNER OWNER OWNER OF THE OWNER				
е	All other expenses	101,699.	63,489.	31,371.	6,839.			
25	Total functional expenses. Add lines 1 through 24e	1,681,582.	1,347,385.	114,856.	219,341.			
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)							
		REV 12/05/17 PRO			Form 990 (2017)			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash—non-interest-bearing	(B) End of year
2 Savings and temporary cash investments	J
2 Savings and temporary cash investments	362,416.
3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,848. b Less: accumulated depreciation 11 Investments—publicly traded securities 11	
4 Accounts receivable, net	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.
Complete Part II of Schedule L	
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	
7 Notes and loans receivable, net	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	**************************************
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	71,087.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	71,007.
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation	
b Less: accumulated depreciation	
11 Investments—publicly traded securities	9,848.
	5,040.
1.12 Investments—funer secondes isee rad by not 1.1	
13 Investments—program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	443,351.
17 Accounts payable and accrued expenses	24,954.
18 Grants payable	217551.
19 Deferred revenue	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability. Complete Part IV of Schedule D . 21	
trustees, key employees, highest compensated employees, and	
disqualified persons. Complete Part II of Schedule L	And the second s
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	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D	
26 Total liabilities. Add lines 17 through 25	24,954.
Organizations that follow SFAS 117 (ASC 958), check here ▶ 区 and	
complete lines 27 through 29, and lines 33 and 34.	
E 27 Unrestricted net assets	418,397.
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	
complete lines 30 through 34.	
Complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds . 32	
33 Total net assets or fund balances	418,397.
Total liabilities and net assets/fund balances	443,351.

Page	1	2

		and the second second		
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1,88		
2	Total expenses (must equal Part IX, column (A), line 25)	1,68	31,5	82.
3	Revenue less expenses. Subtract line 2 from line 1	20	00,9	74.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	22	25,6	13.
5	Net unrealized gains (losses) on investments	721.300		
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			8
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			- 550
	33, column (B))	42	26,5	87.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		153	
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		ŀ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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 Act and OMB Circular A-133?	3a	_	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990	(2017)