	000
Form	330

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

20**14** Open to Public Inspection

OMB No. 1545-0047

inter		nue Service	Information about Form 990 and its instructions is at www.irs.ge	00/10/11/990).	Inspection
<u>A</u>	For the	e 2014 cale	ndar year, or tax year beginning 01/01 , 2014, and ending	12	/31	, 20 14
В	Check if	f applicable:	C Name of organization SPLASH INTERNATIONAL	D Employ	er identification number	
	Address	s change	Doing business as		56-2600599	
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telepho	ne number
	Initial re	eturn	1115 E Pike Street			206-535-7375
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code			
		ed return	Seattle, WA, 98122		G Gross re	eceipts \$ 3,339,746
	Applicat	tion pending	F Name and address of principal officer: Eric Stowe	H(a) Is this a gr	roup return for	subordinates? 🗌 Yes 🗹 No
			1115 E Pike Street, Seattle, WA 98122	H(b) Are all	subordinate	s included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527	If "No," atta	ach a list. (s	ee instructions)
J	Website	e: 🕨 🛛 ww	w.splash.org	H(c) Group	exemption	number 🕨
Κ	Form of	organization:	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation	n: 2006	M State	of legal domicile: WA
Ρ	art I	Summ	ary			
	1	Briefly de	escribe the organization's mission or most significant activities: Splash of	leans wate	er for kids	
S						
Activities & Governance						
veri	2	Check th	is box \blacktriangleright if the organization discontinued its operations or disposed of	more than	25% of	its net assets.
õ	3	Number	of voting members of the governing body (Part VI, line 1a)		3	6
ø	4	Number	of independent voting members of the governing body (Part VI, line 1b)		4	6
ties	5	Total nur	nber of individuals employed in calendar year 2014 (Part V, line 2a) .		5	15
tivi	6	Total nur	nber of volunteers (estimate if necessary)		6	10
Ac	7a	Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unre	ated business taxable income from Form 990-T, line 34		7b	0
				Prior Ye	ear	Current Year
Ð	8	Contribu	tions and grants (Part VIII, line 1h)	1	,989,726	3,302,035
Revenue	9	Program	service revenue (Part VIII, line 2g)		0	0
eve	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		3,885	2,700
Œ	11	Other rev	renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,591	16,234
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2	2,000,202	3,320,969
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4)		0	0
S	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		792,354	924,050
nse	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)		0	0
Expenses	b	Total fun	draising expenses (Part IX, column (D), line 25) ► 243,311			
ш	17	Other ex	oenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1	,123,184	1,605,461
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .	1	,915,538	2,529,511
	19	Revenue	less expenses. Subtract line 18 from line 12		84,664	791,458
rsš			Be	ginning of Cu	rrent Year	End of Year
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)	1,30		2,311,552
t As: Id Be	21	Total liab	ilities (Part X, line 26)		74,292	200,149
s P	22	Net asse	ts or fund balances. Subtract line 21 from line 20	1	,228,336	2,111,403
Pa	art II	Signa	ture 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.

Sign Here	Signature of officer Eric Stowe, Executive Director Type or print name and title			Date					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed		PTIN			
Use Only	Firm's name	Firm's EIN ►							
	Firm's address ►		Phone no.						
May the IRS discuss this return with the preparer shown above? (see instructions)									
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2014								

Form 990	(2014) Page
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	Splash cleans water for kids.
	Did the organization undertake any significant program services during the year which were not listed on the
	brior Form 990 or 990-EZ?
	f "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	f "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured b
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	he total expenses, and revenue, if any, for each program service reported.
4a	Code:) (Expenses \$ 1,942,646 including grants of \$0) (Revenue \$16,234)
	Splash provided clean water to more than 280,000 kids by installing and maintaining water purification systems in Bangladesh,
	Cambodia, China, Ethiopia, India, Nepal and Thailand. At every new site, Splash committed to future maintenance and service of the water filtration systems, including spare parts. In Bangladesh, Ethiopia, and Nepal, Splash complimented the clean water
	intervention with school-based hygiene education programs. Hand washing stations and school-wide soap drives, coupled with the
	formation of student hygiene clubs that taught other students about the importance of hand washing with soap, augmented the
	impact of clean drinking water. Results were regularly updated for each site on Splash's transparency platform, <a "export"="" a="" an="" be="" but="" catalyst="" drop="" for="" href="http://www.each-state-</th></tr><tr><th></th><th>proving.it/>. Splash strengthened local partnerships (with governments, NGOs, and private sector) and deepened its fundamental</th></tr><tr><th></th><th>commitment not to " in="" instead="" intervention,="" locally="" nepal<="" off"="" or="" rooted,="" solutions.="" sustainable="" th="">
	and Cambodia, Splash explored options for an eventual transition the current charity model to a social business model that
	sustainably supports Splash's philanthropic endeavors. In Bangladesh, Splash initiated an implementation partnership with a local
	organization that will, over time, adopt Splash's model and bring it to even greater scale within the country.
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)
4 -	
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
4e	Total program service expenses 1,942,646

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	r	
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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part III</i> .	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d		11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Part	V Checklist of Required Schedules (continued)		Vee	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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? <i>If "Yes," complete Schedule J</i> .	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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 b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		~
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 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? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 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		~
37	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	×	

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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	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (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? <i>If "No" to line 3b, provide an explanation in Schedule O</i> .	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			
		4a	~	
b	If "Yes," enter the name of the foreign country: Cambodia, China, Ethiopia, Vietnam	τa		
	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		r
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		~
C D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
•	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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 k	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S						
	Check if Schedule O contains a response or note to any line in this Part VI			~			
Secti	on A. Governing Body and Management						
_	<u>-</u>		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1a 1a 1a 1a 1a 1a 1a	5					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b of 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 supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~			
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5					
6 7a	Did the organization have members or stockholders?	6 7a		~ ~			
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		~			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	~				
b 9	Each committee with authority to act on behalf of the governing body?	8b	~				
Saati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Rever	9	oda)	V			
			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a		~			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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.						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	~				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i> .	12c	~				
13 14	Did the organization have a written whistleblower policy?	13 14	マ マ				
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?	14	•				
а	The organization's CEO, Executive Director, or top management official	15a	~				
b	Other officers or key employees of the organization	15b	~				
16a	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 taxable entity during the year?	16a		~			
b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
<u> </u>	organization's exempt status with respect to such arrangements?	16b					
	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► WA						
17 18	List the states with which a copy of this Form 990 is required to be filed ► WA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	only)			
19	 ✓ Own website □ Another's website ✓ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in financial statements available to the public during the tax year. 	terest	policy	/, and			

20	State the name, address, and telephone number of the person who possesses the organization's books and records: ► Gary Zapata, (206)535-7375
	Gary Zapata, (200)355-7375

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 nor any related organization compensated any current officer, director, or trustee.

		(C)								
(A)	(B)	Position				(D)	(E)	(F)		
Name and Title	Average	(do not check more than box, unless person is bo					Reportable	Reportable	Estimated	
	hours per	office				or/trust		compensation	compensation from	amount of
	week (list any hours for	lnc or	Ins	Qf	Ke	em	Fo	from the	related organizations	other compensation
	related	livid dire	titut	Officer	Key employee	ghes	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	ual	tiona		nplo	/ee	「	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	al tru		yee	mpe				organizations
		tee	Institutional trustee			Highest compensated employee				
			e			ted				
Vijay Talwar	5									
President	0	~		~				0	0	0
Rebecca Field	2									
Vice President	0	~		~				0	0	0
Eugene Lipitz	5									
Treasurer	0	~		~				0	0	0
Holly Powers	2									
Secretary	0	~		~				0	0	0
Lisa Norton	2									
Board Member	0	~						0	0	0
Susan Bloch	2									
Board Member	0	~						0	0	0
Eric Stowe	40									
Executive Director	0			~				105,000	0	15,647

Part VII Section A.	Officers, Directors, Trus	_		,	-	C)							
	(A)	(B)			•	ition			(D)	(E)		(F)	
	and title	Average	•				e than o		Reportable	Reportable	Fe	timated	
Name		hours per					is both or/trust		compensation	compensation from		ount of	
		week (list any	·	_		1		ŕ	from	related		other	
		hours for related	- divi	stitu	Officer	Key e	nplc	Former	the organization	organizations (W-2/1099-MISC)		censatio	חכ
		organizations	dual	Ition	, î	mp	st co	Ψ	(W-2/1099-MISC)			anizatio	
		below dotted line)	Individual trustee or director	Institutional trustee		employee	Highest compensated employee					l relatec nization	
		,	tee	uste			ensa				Ū		
				ð			ited						
		+	-										
								<u> </u>					
			-										
		+	1										
			1										
			-										
		+	-										
		+	-										
			1										
1b Sub-total									105,000	0		1	5,6
c Total from cont	tinuation sheets to Part	VII, Sectio	n A										
d Total (add lines	s 1b and 1c)						•		105,000	0		1	5,6
	individuals (including bu			nose	e list	ed	above	e) w	ho received m	ore than \$100,00	00 of		
reportable comp	pensation from the organ	ization <a>1											
3 Did the organiz	ation list any former of	fficar direc	+ ~ ~ ~	+	t	~~	kovi		lovoo or bigh	ant components		Yes	N
	e 1a? If "Yes," complete												~
	al listed on line 1a, is the										-		
organization an	d related organizations	areater th	pona an \$	150		10ei 17 /:	isalic f "Ye	лга ѕ"	complete Sch	edule .1 for suc	b		
													~
	listed on line 1a receive of												
	dered to the organization												~
ection B. Independe													-
•	able for your five highest	compensat	ed in	depe	end	ent	contr	act	ors that receive	ed more than \$10	0,000 0	f	
	rom the organization. Rep												ax
vear	-							-					

year.		
(A) Name and business address	(B) Description of services	(C) Compensation
AJ Antunes and Co, PO BOX 87700, Carol Stream, IL 60188	purchase of water filtration sy	308,091
Splash Nepal, Manghawan Lalitpur, Kathmandu, Nepal, Nepal	224,405	
2 Total number of independent contractors (including but not limited to	b those listed above) who	
received more than \$100,000 of compensation from the organization ►	2	

	990 (201						Page 9
Par	t VIII	Statement of Revenue			B () (11)		_
		Check if Schedule O contains a resp	oonse or note to	(A) 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 g	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1dGovernment grants (contributions)1eAll other contributions, gifts, grants, and similar amounts not included above1fNoncash contributions included in lines 1a-1f: \$	0 0 0 0 3,302,035 6,962				
	h	Total. Add lines 1a–1f	> Business Code	3,302,035			
Program Service Revenue	2a b c d e f	All other program service revenue .					
Å	g	Total. Add lines 2a–2f		0	1		
	3 4 5	Investment income (including divide and other similar amounts) Income from investment of tax-exempt bo Royalties	ond proceeds ►	2,700 0	0	0 0 0	2,700 0
	6a b c d	Gross rents . Less: rental expenses 0 Rental income or (loss) 0 Net rental income or (loss) .	(ii) Personal				
	7a b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	(ii) Other 0 ►				
Other Revenue		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a					
đ	с	Less: direct expenses b Net income or (loss) from fundraising Gross income from gaming activities. See Part IV, line 19 a	events . ►				
		Less: direct expenses b Net income or (loss) from gaming acti Gross sales of inventory, less returns and allowances a	32,863				
	b C	Less: cost of goods sold b Net income or (loss) from sales of inve Miscellaneous Revenue		14,086	14,086	0	0
	11a b	Other	900099	2,148	2,148	0	0
	c						
	d	All other revenue		0	0	0	0
	е 12	Total. Add lines 11a–11d		2,148	14 324	~	2,700
	14		••••	3,320,969	16,234	0	<u>2,700</u> Form 990 (2014)

~

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 not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

8b, 9b	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0		
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	120,647	90,485	12,065	18,097
7 8	Other salaries and wages	658,490 16,259	357,646 6,510	190,061 6,805	2,944
9 10	Other employee benefits	63,756 64,898	21,052	29,626 16,808	<u> </u>
11 a	Fees for services (non-employees): Management			10,000	10,003
b C d	Legal	164 20,345	164 2,914	17,431	0
e f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	346,344	310,140	6,178	30,026
12 13 14	Advertising and promotion	68,564 10,699	28,119	<u>6,553</u> 951	33,892
14 15 16	Royalties	97,015	9,064 67,417	18,387	<u> </u>
17 18	Travel	162,617	141,919	14,199	6,499
19 20	Conferences, conventions, and meetings				
21 22 23	Payments to affiliates	9,498	5,296	2,610	1,592
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c	WASH Implementation Costs Other	864,635 25,580	864,635 0	0 21,880	0 3,700
d e 25	All other expenses	2,529,511	1,942,646	343,554	243,311
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 ▶	2,027,011	1,772,040	570,074	Earm 990 (2014)

Part X	Balance Sheet			Page 11
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	109,085	1	208,428
	Savings and temporary cash investments	721,087	2	751,760
	Pledges and grants receivable, net	191,279	3	922,419
	Accounts receivable, net	122,057	4	58,372
	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
8 7	Notes and loans receivable, net		7	
	Inventories for sale or use	110,596	8	292,705
	Prepaid expenses and deferred charges	31,992	9	16,507
	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 123,684		-	
b	Less: accumulated depreciation 10b 71,505	9,287	10c	52,179
11	Investments-publicly traded securities		11	
12	Investments-other securities. See Part IV, line 11		12	
13	Investments-program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	7,245	15	9,182
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,302,628	16	2,311,552
17	Accounts payable and accrued expenses	74,292	17	175,251
18	Grants payable		18	
19	Deferred revenue		19	24,898
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
22	disqualified persons. Complete Part II of Schedule L		22	
20	Secured mortgages and notes payable to unrelated third parties		23	
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			C
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	74,292	26	200,149
27 28 29	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	239,861	27	1,023,118
28	Temporarily restricted net assets	988,475	28	1,088,285
29	Permanently restricted net assets	0	29	C
5	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
5	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds .		32	
	Total net assets or fund balances	1,228,336	33	2,111,403
34	Total liabilities and net assets/fund balances	1,302,628	34	2,311,552

Form **990** (2014)

Par	XI Reconciliation of Net Assets				
I al	Check if Schedule O contains a response or note to any line in this Part XI				Г
1	Total revenue (must equal Part VIII, column (A), line 12)	1			0,969
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,51
3	Revenue less expenses. Subtract line 2 from line 1	3			1,458
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4			8,33
5	Net unrealized gains (losses) on investments	5		1,22	. <u>0,00</u>
6	Donated services and use of facilities	6			
7		7			
8	Prior period adjustments	8		9	1,60
9	Other changes in net assets or fund balances (explain in Schedule O)	9			(
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2 11	1,403
Part	XII Financial Statements and Reporting			2,	1,100
	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 P Accrual Other				
-	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain 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 comp				
	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 audite				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersight			
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain 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 under	rgo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		3b		

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.

Open to Public

OMB No. 1545-0047

2014

e Service	Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.	Inspection
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Name of the organization	Employer identification number
SPLASH INTERNATIONAL	56-2600599
Part I Reason for Public Charity Status (All organizations must complete this pa	art.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 □ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f	Enter the number of supported of	organizations .						
g	Provide the following information	about the supp	orted organization(s).				-	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))		rganization Ir governing nent?	(v) Amount of monetary support (see instructions)	other si	mount of upport (see uctions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Total								0

0

15,564

32,863

9,752,684

Schedule A (Form 990 or 990-EZ) 2014 Page 2 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 gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.") . . . 1,989,726 1,869,811 717,466 1,846,914 3,302,035 9,725,952 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 4 1,869,811 717,466 1,846,914 1.989.726 3,302,035 9,725,952 The portion of total contributions by 5 each person (other than а governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4,513,962 Public support. Subtract line 5 from line 4. 6 5,211,990 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 7 Amounts from line 4 1,869,811 717,466 1,989,726 3,302,035 1,846,914 9,725,952 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 28 2,088 2,467 3,885 2,700 11,168

Net income from unrelated business 9 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 VI.)

Total support. Add lines 7 through 10 11 12

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13

6.826

6,591

12

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	53.44	%
15	Public support percentage from 2013 Schedule A, Part II, line 14	15	68.39	%
16a	331/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 331	′3 % o	r more, check this	
	box and stop here. The organization qualifies as a publicly supported organization		🕨	~
b	331/3% support test-2013. If the organization did not check a box on line 13 or 16a, and line	15 is	s 33 ¹ /3% or more,	
	check this box and stop here. The organization qualifies as a publicly supported organization			

17a 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization \square

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Schedule A (Form 990 or 990-EZ) 2014

2,147

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 business under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
-							
5	The value of services or facilities						
	furnished by a governmental unit to the						
-	organization without charge						
6	Total. Add lines 1 through 5.						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
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						
с	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	ne organization	n's first. secon	d. third. fourth	. or fifth tax v	ear as a sectio	on 501(c)(3)
	organization, check this box and stop he	•	· · · · · ·				
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8			3. column (f))		15	%
16	Public support percentage from 2013 Sch		•			16	%
	on D. Computation of Investment In			· · ·	· · ·	1 - 1	,,,
17	Investment income percentage for 2014 (-	y line 13. colu	mn (f))	17	%
18	Investment income percentage from 2013			-		18	%
19a	33 ¹ / ₃ % support tests – 2014. If the organ						
	17 is not more than $33^{1/3}$ %, check this box						
b	33¹/3% support tests — 2013. If the organiz	-	-	-		-	
5	line 18 is not more than 33 ¹ / ₃ %, check this l						
20	Private foundation. If the organization di	-	-	-			
20	ato roundation. Il the organization di	a not oneon a	557 511 1116 14	, 100, 01 100, 0			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- **1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedu	ıle A (Form 990 or 990-EZ) 2014		F	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> " <i>Yes</i> ," <i>describe in</i> Part VI <i>the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

2a

2b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part	V Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	Page
	on D - Distributions	b) Supporting Organi		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		Ourrent real
	Amounts paid to perform activity that directly furthers exe		ortod	
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	
9	Distributable amount for 2014 from Section C, line 6			
 10	Line 8 amount divided by Line 9 amount			
10			(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Fe	orm 990 or 990-EZ) 2014 Page 8	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and		
Part III, line 12. Also complete this part for any additional information. (See instructions.)		
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions.) Schedule A. Part II, Line 10 - Miscellaneous earned income.		

SCHEDULE D (Form 990)

Department of the Treasury

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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. n about Schedule D (Form 990) and its instructions is at www.irs.c -----

OMB No. 1545-0047
2014
Open to Public Inspection

	-	form 990) and its instructions is at www.i	
	f the organization		Employer identification number
	SH INTERNATIONAL		56-2600599
Par	t I Organizations Maintaining Donor Ad		nds or Accounts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(b) Funds and other accounts
	Tatal www.bay.at and af usay	(a) Donor advised turids	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3 4	Aggregate value of grants from (during year) . Aggregate value at end of year		
4 5	Did the organization inform all donors and dono	r advisors in writing that the assets h	led in donor advised
Ū	funds are the organization's property, subject to the	•	
6	Did the organization inform all grantees, donors,		
	only for charitable purposes and not for the bene		
_			· · · · · · · 🗌 Yes 🗌 No
Par		«\(
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		f - bisto de allo incorrectores barretores -
	 Preservation of land for public use (e.g., recreation of natural habitat 	·	
	Preservation of open space		f a certified historic structure
2	Complete lines 2a through 2d if the organization h	held a qualified conservation contribution	on in the form of a conservation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2 a
b	Total acreage restricted by conservation easement		
С	Number of conservation easements on a certified		
d	Number of conservation easements included in		
	_		
3	Number of conservation easements modified, tran tax year ►	nsferred, released, extinguished, or terr	minated by the organization during the
4	Number of states where property subject to conse	ervation easement is located \blacktriangleright	
5	Does the organization have a written policy reviolations, and enforcement of the conservation en		
6	Staff and volunteer hours devoted to monitoring, i	inspecting, and enforcing conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspe ►\$	ecting, and enforcing conservation ease	ements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements or	f section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text		nancial statements that describes the
	organization's accounting for conservation easem		
Par			^r Other Similar Assets.
	Complete if the organization answered		
1 a	If the organization elected, as permitted under SI		
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under s works of art, historical treasures, or other simila public service, provide the following amounts rela	ar assets held for public exhibition, ea ting to these items:	ducation, or research in furtherance of
	(i) Revenue 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 an following amounts required to be reported under s	t, historical treasures, or other simila SFAS 116 (ASC 958) relating to these i	r assets for financial gain, provide the tems:
a b	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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

Schedu	le D (For	m 990) 2014								Page 2
Part	: 111	Organizations Maintaining	Collecti	ons of Art,	Historical	Treasures	, or O	ther Similar As	sets (con	tinued)
3		the organization's acquisition, tion items (check all that apply):		, and other re	ecords, che	eck any of th	e follo	wing that are a s	gnificant (use of its
а		ublic exhibition			d 🗌 Loar	n or exchang	ge prog	Irams		
b	S	cholarly research			e 🗌 Othe					
с	Scholarly research e Other Preservation for future generations									
4	Provi XIII.	de a description of the organiza	tion's colle	ections and e	xplain how	they further	the or	ganization's exen	npt purpos	e in Part
5		g the year, did the organization s to be sold to raise funds rather								5 🗌 No
Part	: IV	Escrow and Custodial Arra	angemen	ts.						
		Complete if the organization 990, Part X, line 21.	n answere	d "Yes" to F	orm 990,	Part IV, line	e 9, or	reported an am	ount on F	orm
1a		e organization an agent, trustee ded on Form 990, Part X?..			-					s 🗌 No
b	lf "Ye	s," explain the arrangement in P	art XIII and	d complete th	e following	table:				
								Ai	nount	
С	Begir	ning balance					10	b		
d	Addit	ions during the year					10	b		
е	Distri	butions during the year					10	e		
f	Endin	ig balance					1	f		
2a	Did th	ne organization include an amou	nt on Form	1 990, Part X,	line 21, for	escrow or c	ustodia	al account liability	? 🗌 Yes	🛛 🗌 No
		s," explain the arrangement in P	art XIII. Ch	eck here if th	e explanatio	on has been	provid	ed in Part XIII .		
Par	t V	Endowment Funds.								
		Complete if the organization			orm 990,				_	
			(a) Currei	nt year (k) Prior year	(c) Two yea	rs back	(d) Three years back	(e) Four y	ears back
1a	Begir	ning of year balance								
b	Contr	ibutions								
С		vestment earnings, gains, and s								
d	Grant	s or scholarships								
е		expenditures for facilities and ams								
f	Admi	nistrative expenses								
g		of year balance								
2		de the estimated percentage of t	the current	year end ba	ance (line 1	g, column (a	a)) held	as:	-1	
а		d designated or quasi-endowme		%	·					
b		anent endowment	%							
с	Temp	orarily restricted endowment		%						
		percentages in lines 2a, 2b, and 2		equal 100%.						
3a	•	nere endowment funds not in th		•	anization th	hat are held	and ac	dministered for th	е	
	orgar	ization by:							Y	'es No
	(i) u	nrelated organizations							3a(i)	
	(ii) re	lated organizations							3a(ii)	
b	lf "Ye	s" to 3a(ii), are the related organ	izations lis	ted as requir	ed on Scheo	dule R? .			3b	
4	Desc	ribe in Part XIII the intended uses	s of the org	; ganization's e	ndowment	funds.			L	
Part	VI	Land, Buildings, and Equip	oment.							
		Complete if the organization		d "Yes" to F	orm 990.	Part IV. line	e 11a.	See Form 990.	Part X. lin	e 10.
		Description of property		Cost or other bas (investment)	sis (b) Cost	or other basis (other)	(c)	Accumulated lepreciation	(d) Book	
1a	Land				0	0				0
b		ings	. 🗖		0	0		0		0
C		ehold improvements	. 🗖		0	8,696		8,688		8
d		pment	. ⊢		0	110,704		62,817		47,887
e		· · · · · · · · · · · ·	.		0	4,284		0		4,284
		nes 1a through 1e. (Column (d) n	nust eaual	Form 990. P	-)c.).			52,179
					,	,,,				

Schedule D	(Form 990)	2014
Concauto B		

(6) (7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

Part VII	Investments – Other Securities.				
	Complete if the organization answered "	Yes" to Form	n 990, Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation: of-year market value
(1) Financial	derivatives				
(2) Closely-ł	neld equity interests	[
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments—Program Related.				
	Complete if the organization answered "	Yes" to Form	n 990, Part IV, line	11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		nod of valuation: of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	′b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
Part IX	Other Assets.				
	Complete if the organization answered "		n 990, Part IV, line	11d. See Form	
	(a) Description	on			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) Tatal (Oaku		- 15 \			
-	mn (b) must equal Form 990, Part X, col. (B) line	ə 15.)		🕨	
Part X	Other Liabilities. Complete if the organization answered "V line 25.	Yes" to Form	n 990, Part IV, line	11e or 11f. See	Form 990, Part X,
1.		b) Book value			
(1) Federal ir	ncome taxes				
(2)					
(3)					
(4)					
(5)					

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedu	e D (Form 990) 2014			Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per	Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,320,969
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a 0		
b	Donated services and use of facilities	2b 0		
с	Recoveries of prior year grants	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	3,320,969
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			· · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0		
b	Other (Describe in Part XIII.)	4b 0	-	
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	3,320,969
Part			er Return	
	Complete if the organization answered "Yes" to Form 990, F			
1	Total expenses and losses per audited financial statements		1	2,529,511
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	2/02//011
a	Donated services and use of facilities	2a 0		
b	Prior year adjustments	2b 0	-	
c	Other losses	2c 0		
d	Other (Describe in Part XIII.)	2d 0		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	2,529,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			2,327,311
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 0		
a b	Other (Describe in Part XIII.)	4a 0 4b 0	-	
			4c	0
с 5	Add lines 4a and 4b		4C 5	2 520 511
Part			5	2,529,511
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Part IV lines 1b and 2k	· Dort V lir	o 1: Port V line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			
_,	····, ································			

		State	ement of	f Activitie	es Outside the Un	ited States	OMB No. 1545-0047
(⊦or	m 990)	► Comple	te if the organ	ization answer	ed "Yes" on Form 990, Part I	V line 14b 15 or 16	2014
_		P Comple	te il the organ		ach to Form 990.	v, fine 14b, 10, 01 10.	Open to Public
Depart Interna	ment of the Treasury	Informati	on about Sche	edule F (Form 9	90) and its instructions is at	www.irs.gov/form990.	Inspection
	of the organization					Employe	r identification number
SPL/ Pai	ASH INTERNATION		n on Activiti	ies Outside	the United States. Com	nlete if the organization a	56-2600599
ra		Part IV, line		Co Outside			
1	assistance, the grants or assist	grantees' eli ance? e rs. Describe	igibility for the	e grants or as	ords to substantiate the am sistance, and the selectior 	n criteria used to award	the · □Yes □No
•							
3	ACTIVITIES per Re	egion. (The fo	(b) Number of offices in the region	 (c) Number of employees, agents, and independent contractors in region 	can be duplicated if addition (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	East Asia and the	Pacific	1	3	Program Services	WASH	285,017
(2)	South Asia		4	37	Program Services	WASH	1,315,460
(3)	Sub-Saharan Afric	à	1	6	Program Services	WASH	161,191
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a b		ontinuation					

For Paperwork Reduction	Act Notice.	see the Instru	uctions for F	orm 990.
i of i upermork fieudouon	Act Notice,	occ are moure		01111 0000.

6

46

c Totals (add lines 3a and 3b)

1,761,668

Part II

Par	Grants	and Other A	ssistance to Orga	anizations or Entiti	ies Outside the	United States. Cor	nplete if the organ	nization answered "Ye	es" on Form 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	n be duplicated if a (f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt 2 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

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Part III

Part III can be duplica	ted if additional spa	ace is needed.		1			
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page **3** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

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Part	IV Foreign Forms		
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	🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	V 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	🖌 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	🖌 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	🖌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)</i>	Yes	🖌 No

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Part V Supplemental Information

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

SCHEDULE O	• •	Supplemental Information to Form 990 or 990-EZ					
(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.		2014				
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs 	.gov/form990.	Open to Public Inspection				
Name of the organization	En	nployer identifica	tion number				
SPLASH INTERNATIO			2600599				
Form 990, Part VI, Section B, Line 11b - The 990 is prepared by the contract CPA and reviewed by Splash's CFO, Executive Director and							
Board Treasurer. Onco	e approved by these three, the final draft is provided to the board for final comment	s before subm	ission.				
Form 990, Part VI, Sec	tion B, Line 12c - Each board member reviews the conflict of interest policy and dis	closes any int	erest that could				
give rise to conflict. In	any interest does arise that is identified as a potential conflict, the board as a who	le determines i	next steps (i.e.:				
recusing the member from specific votes or discussions)							
Form 990, Part VI, Sec	tion B, Line 15 - The board reviews the Executive Director's compensation each yea	ar. They consid	ler salaries of				
	vith similar responsibilities and in similar sized organizations as well as the financia						
determining salary for	the year.						
Form 990, Part VI, Sec	tion C, Line 19 - The annual report, audited financial statements and Form 990 are p	oosted to Splas	sh's website soon				
after completion. Thes	e documents are also available upon request.						
	e 11g - Splash contracted with a local NGO (Splash Nepal) to perform our work in N in various fields, such as international social enterprise and business developmer						
around our programs.		n, to provido g	and strategy				