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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

	For the	e 2008 calen	dar year,	or tax year beginning	4/01	, 200	8, and endir	ng 3/3	31	,	2009	
В	Check if	applicable							D Employ	er Identif	ication Number	
	Add	ress change	Please use IRS label	LIFEWATER, INC					95-3	39871	.42	
		ne change	or print or type.	PO BOX 3131				<u> </u>	E Telepho			
	\vdash	-	See	SAN LUIS OBISPO), CA 9340	03-3131			•		-6634	
	Н	al return	specific Instruc-		•			-	803	-341-	0034	
	\vdash	mination	tions.						_		0 105	
	Ame	ended return		<u></u>			=		G Gross re		2,105,	
	App	lication pending	1	and address of principal officer	REV. DAN	NIEL STEVI	ENS	H(a) Is this a			⊨ 1	Х
				As C Above				H(b) Are all	attiliates incl attach a list		ructions) Yes	No
	Tax-	exempt statu	ıs X 501	1(c) (3)	no.) 4	.947(a)(1) or	527	,	-12.0 0 110.	(000 11100	action by	
	Web	site: ► WW		ewater.org				H(c) Group e	xemption nu	ımber 🕨		
		of organization	X Corpora	ation Trust Associat	tion Other	L	Year of Format	ton 1984	Ms	tate of le	gal domicile CA	
² a	rt [Summa	ary									
Ī	1 E	Briefly descri	be the org	ganization's mission or m	nost significan	t activities. C	Compelle	d by G	od's c	all a	and the	
ນ		global_w	<u>ater a</u>	<u>and sanitation c</u>	risis, Li	fewater :	Internat	ional	equips	par	tner	
5				and works with								es
				vater, adequate								
ļ	2 (Check this bo	ox ►	if the organization discor	ntinued its ope	erations or disp					_	
1				nbers of the governing bo						_ 3		9
				nt voting members of the	governing boo	dy (Part VI, Iın	ne 1b)			4		8
l				oyees (Part V, line 2a)						5		27
				teers (estimate if necessa						6		110
		•		business revenue from Pa	· · · · · · · · · · · · · · · · · · ·					7a		0.
4	<u>l d</u>	Net unrelated	business	s taxable income from Fo						7b	·	0.
Ì					RE	CEIVED	1		rior Year		Current Ye	ar
l	8 (Contributions	and gran	nts (Part VIII, line 1h)	111		70	2	,906,1	77.	2,046,	170.
l	9 F	Program serv	vice reven	nue (Part VIII, line 2g)			181		55,3	02.	55,	755.
	10	nvestment ir	ncome (Pa	art VIII, column (A), lines	. 3, & and JAX	N 25 2UIU	IRS-OSC		10,8	96.	3,	492.
Ì	11 (Other revenu	e (Part VI	III, column (A), lines 5, 6	d, 8c, 9c, 10c,	, and 11e)	기류					
١	12 7	Total revenue	e - add III	nes 8 through 11 (must e	qual Part VIII	column (A) 11	nne 12)	2	,972,3	75.	2,105,	417.
	13 (Grants and s	ımılar am	ounts paid (Part IX, colui	nn (A), likes	PENCIN, U						
1				members (Part IX, colum								
١	15	Salaries, oth	er comper	nsation, employee benefi	ts (Part IX, co	olumn (A), line	s 5-10)		938,3	71.	951,	804.
l			-	ng fees (Part IX, column		` ''	,		·		<u>-</u> <u>'</u>	
				-		2	10 204					
l				nses (Part IX, column (D	_		19,384.			-		
١		•		IX, column (A), lines 11a					<u>,581,6</u>		1,426,	
Ì		•		ines 13-17 (must equal P		(A), line 25)		2	<u>,520,0</u>		2,378,	
4	19 F	Revenue les <u>s</u>	expense	es Subtract line 18 from l	ine 12				452,3	15.	-272,	<u>799.</u>
								Begir	ning of Y	'ear	End of Yea	ar
İ	20	Total assets	(Part X, Iı	ine 16)					,167,4		830,	
		Total liabilitie	•	•					101,2			073.
1			•	ances Subtract line 21 fr	om line 20			1	,066,2			456.
1	rt II		ure Bloc		OTT III IO EG				,000,2			100.
_		 			us return uncluding	a accompanying ed	hadulas and stat	tomont and	to the best o	f my kno	wledge and belief it	16
		true, correct,	nd complete	I declare that I have examined the Declaration of prepare (other the	ian officer) is base	d on all information	n of which prepa	arer has any k	nowledge	ii iiiy kiioi	neage and belief, it	
_	ın	► 6	A	VXI					1/1	7 /	10	
_	re	Signature	of officer	ac par		J		Da [,]	.// '	-/		
•			el Ste						/	74 700	1+05	
			rint name and					Exect	tive I	TITEC	COL	
_		1,750 0. [2.					Date			Pre	narer's identifying n	umber
_:					1 -t	1		مءا	eck if lf-		parer's identifying n e instructions)	
ال د	d :-	Preparer's		M	Luci		1/7/	en en	nployed P	التتا		
	er's	signature		C LUTHI, C.P.A.			4.11			N	<u>' A</u>	
	ers e	Firm's name (c Luthi, CPA								
	ly	yours if self- employed),	► 645	Main Street Su	ite B			EI	<u>v</u> ► N	/A		
••	٠,	address, and ZIP + 4	Mor	ro Bay, CA 93442	2			Pł			772-7081	
av	the IF	RS discuss th		with the preparer shown		instructions)					X Yes	No
_				rwork Reduction Act Not			ictions.		TEEA0112L	12/22/0		
, 4,	,				,						an all	9 `

Form 950 (2008) LIFEWATER, INC	95-39871 4 2 P.	age 2
Part III Statement of Program Service Accomplishments (see Instruc	ctions)	
1 Briefly describe the organization's mission		
See Schedule O		
*		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
2 Dut the second of the second		
2 Did the organization undertake any significant program services during the year which	· — —	
Form 990 or 990-EZ?	Yes X	No
If 'Yes,' describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts	, any program services? Yes X	No
If 'Yes,' describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest	t program services by expenses Section 501(c)(3)	
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the am	nount of grants and allocations to others, the total	
expenses, and revenue, if any, for each program service reported		
4a (Code ) (Expenses \$ 1,562,761. including grants of \$	) (Revenue \$	,
LIFEWATER, INC. PROVIDED WATER RESOURCE MANAGEMENT I		, NID
EQUIDMENT TO DIGIDALIMATED PRODUCT IN PRINTED THE	INFORMATION, DESIGN TECHNOLOGY A	תואד
EQUIPMENT TO DISADVANTAGED PEOPLE IN DEVELOPING COUN	TRIES THROUGHOUT THE WORLD.	
		<b>-</b> –
4b (Code (Expenses \$ 404,657. including grants of \$	\/Dayanya ¢	,
LIFEWATER, INC. HAS DEVELOPED CURRICULUM AND PROVIDE	(Revenue \$	—,
INCIENT FOR DECDIE AND ODGANICATIONS IN DESIGN OF THE	TO TRAINING IN SANTIATION AND	
HYGIENE FOR PEOPLE AND ORGANIZATIONS IN DEVELOPING C	OUNTRIES.	
	<del>-</del>	
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As (Code: Section of S	\ (D===	,
4c (Code:) (Expenses \$ including grants of \$	) (Revenue \$	— ⁾
		- <b>-</b>
	<del></del>	
4d Other program services (Describe in Schedule O )		
(Expenses \$ including grants of \$	) (Revenue \$	
4e Total program service expenses > \$ 1,967,418. (Must equal Part IX		
TO TOWN PLONING DELVICE CAUCHSES P D 1.707.410. (WIIS) ROHAL MART IX	1 ME ZO COMMO (61) 1	

	m <b>990</b> (2008)	LIFEWATER,			3987142	<u>F</u>	age :
Pa	irt IV Cho	ecklist of Req	uired Sch	iedules			
						Yes	No
1	Is the organi Schedule A	zation described	in section 5	io1(c)(3) or 4947(a)(1) (other than a private foundation)?f 'Yes,' comp	olete1	Х	
2	Is the organi	ization required to	complete S	Schedule B, Schedule of Contributors?	2	X	
3	Did the orga	nization engage i fice? If 'Yes,' com	n direct or in	ndirect political campaign activities on behalf of or in opposition to c	andidates 3		X
4			<u> </u>	organization engage in lobbying activities? If 'Yes,' complete Schedul			X
5	Section 5016 reporting rec	(c <b>)(4), 501(c)(5), a</b> quirement and pro	nd 501(c)(6) oxy tax? <i>lf 'Y</i>	) organizations the organization subject to the section 6033(e) not yes, complete Schedule C, Part III	ice and		
6				advised funds or any accounts where donors have the right to providunts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	de advice 6		Х
7	Did the orga environment	nization receive o , historic land are	or hold a cor eas or histor	nservation easement, including easements to preserve open space, ric structures? If 'Yes,' complete Schedule D, Part II	the 7		Х
8		nization maintain chedule D, Part III		of works of art, historical treasures, or other similar assets?// 'Yes,'	8_		X
9	Did the orga or provide or Schedule D,	redit counseling, (	n amount in debt manage	Part X, line 21, serve as a custodian for amounts not listed in Part 2 ement, credit repair, or debt negotiation services? If 'Yes,' complete	X;		X
10	Did the orga	nization hold ass	ets in term,	permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Pa	art V 10		Х
11		nization report ar or X as applicabl		Part X, lines 10, 12, 13, 15, or 257lf 'Yes,' complete Schedule D, Pa	erts VI,	X	
12				inancial statement for the year for which it is completing this return t es,' complete Schedule D, Parts XI, XII, and XIII	that was	Х	
13	Is the organ	ization a school d	lescribed in	section 170(b)(1)(A)(ii)? fl 'Yes,' complete Schedule E	13	<u> </u>	X
14	a Did the orga	nization maintain	an office, e	employees, or agents outside of the U.S.?	14a		X
	<b>b</b> Did the orga business, ar	nization have ago nd program servic	gregate reve e activities o	enues or expenses of more than \$10,000 from grantmaking, fundrais outside the U.S.? If 'Yes,' complete Schedule F, Part I	ing,		Х
15	Did the orga or entity loca	nization report or ated outside the l	n Part IX, co United States	olumn (A), line 3, more than \$5,000 of grants or assistance to any or is? If 'Yes,' complete Schedule F, Part II	ganization 15		Х
16	Did the orga individuals to	inization report or ocated outside the	n Part IX, co e United Sta	olumn (A), line 3, more than \$5,000 of aggregate grants or assistanc ates? If 'Yes,' complete Schedule F, Part III	e to 16		Х
	•	•		5,000 on Part IX, column (A), line 11 <i>e²lf 'Yes,' complete Schedule G</i>			X
	-	•		5,000 total on Part VIII, lines 1c and 8a ² If 'Yes,' complete Schedule		<del>  </del>	X
	3	•		5,000 on Part VIII, line 9a ² If 'Yes,' complete Schedule G, Part III	19	-	X
20	•	•		e hospitals? If 'Yes,' complete Schedule H	20		X
21	-			t IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21	<del> </del>	A
22	Did the organiza	ation report more than	\$5,000 on Part	t IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III	22	-	X
23	Did the orga Schedule J	nization answer "	Yes' to Part	VII, Section A, questions 3, 4, or 5?If 'Yes,' complete	23	\	Х
	as of the las complete Sc	it day of the year, chedule K If 'No,'	and that wa go to questi		000 4d and <b>24a</b>		Х
	<b>b</b> Did the orga	nization invest ar	ny proceeds	of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the orga any tax-exer		an escrow	account other than a refunding escrow at any time during the year to	o defease		
	d Did the orga	nization act as ar	n 'on behalf	of issuer for bonds outstanding at any time during the year?	24d		

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

**b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27

Form 990 (2008)

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25a

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Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
•	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		_X_
I	b Have a family member who had a direct or indirect business relationship with the organization ² If 'Yes,' complete Schedule L, Part IV	28b	_	<u>X</u>
(	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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		_X_
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		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)3f 'Yes,' complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X

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Form **990** (2008)

Statements Regarding Other IRS Filings and Tax Compliance No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 22 Information Returns Enter -0- if not applicable 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х (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 27 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? За b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 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 account)? 4a Χ b If 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to guestion 5a or 5b, did the organization file Form 8886-T. Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c Χ 6a Did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6 b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any guid pro guo contribution of more than \$75? X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7с X d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e benefit contract? Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f a For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7q 7h h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 92 b Did the organization make any 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 a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.)

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12a

12b

12a Section 4947(a)(1) nonexempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

<u>Sec</u>	ction A. Governing Body and Management				
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, processes, or changes in Schedule O See instructions	describe the circumstances,		Yes	No
1	a Enter the number of voting members of the governing body	<b>1a</b> 9			
	Enter the number of voting members that are independent	1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business reofficer, director, trustee or key employee? See Schedule 0	elationship with any other	2	Х	
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers	under the direct supervision on?	3	·	Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5 6	Did the organization become aware during the year of a material diversion of the organization boes the organization have members or stockholders?	n's assets?	5		X
			6		X
	a Does the organization have members, stockholders, or other persons who may elect one or governing body?		7a		X
_	Are any decisions of the governing body subject to approval by members, stockholders, or o		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by			
	a The governing body?		8a	X	
	Each committee with authority to act on behalf of the governing body?		8b	X	
	a Does the organization have local chapters, branches, or affiliates?		9 a	_	X
	old 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?		_9b		
	Was a copy of the Form 990 provided to the organization's governing body before it was file describe in Schedule O the process, if any, the organization uses to review the Form 990 S		10	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	11		Х
Sec	tion B. Policies				
				Yes	No
12	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
l	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b	Х	
(	Does the organization regularly and consistently monitor and enforce compliance with the positive of the schedule of the sched	olicy?lf 'Yes,' describe in	12c	X	
13	Does the organization have a written whistleblower policy?		13	X	
14	Does the organization have a written document retention and destruction policy?		14	X	
	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision			_
	The organization's CEO, Executive Director, or top management official?		15a	X	
ı	Other officers of key employees of the organization? See Schedule 0		15b	X	
	Describe the process in Schedule O (see instructions)				
16	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		X
1	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	n to evaluate its participation I the organization's exempt			
Sac	status with respect to such arrangements?		16b		
	List the states with which a copy of this Form 990 is required to be filed CA				
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection Indicate how you make these available Check all that apply.		 aılabl	e for p	ublic
	X   Own website				
	- Sum asserts - Sum asserts - Sum asserts - Sum asserts			id fina	incial
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public. See Schedulle O	nents, conflict of interest poli	cy, an		
20	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public. See Schedule O  State the name, physical address, and telephone number of the person who possesses the telephone number of the person who person number of the person who person number of the person number	books and records of the orga			
20		books and records of the orga			<del>-</del>

# 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. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 the organization did no	ot compen	sate a	any (	offic	er, d	directo	or, tr	ustee, or key employe	ee.	
(A)	(B)			(	c)			(D)	(E)	(F)
Name and Title	Average hours		tion (		k all t	hat app	_	Reportable compensation from	Reportable	Estimated
	per week	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W 2/1099-MISC)	amount of other compensation from the organization and related organizations
TIM CLEATH										
Treasurer	0	X		X				0.	0.	0.
W. GREG HAMER										
Director	0	X						0.	0.	0.
LISA WEN										
Director	0	X			L			0.	0.	0.
JOSH BROWN		}								
Director	0	X						0.	0.	0.
GENE ASHE			ŀ							
Chairman	0	X		Х				0.	0.	0.
WILLIAM ASHE										
Director	0	X					L	0.	0.	0.
DR JEFF BJORCK										
Director	0	X						0.	0.	0.
REV. DANIEL STEVENS										
Executive Direc	40	X		Х	X			72,743.	0.	0.
DR MEG KRAFT										
Secretary	0	X		X				0.	0.	0.
	-						$\vdash \vdash$		-	
	•									
DAA	L		_		نـــا					

(A)	(B)				c)			(D)	(E)	(F)			
Name and Title	Average hours per week		_	Officer		Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amor com fr org ar	stmated unt of oth opensation the janization of related anization	ner on d	
											·		
								_					
	!												
											-		
		-											
1 b Total	.l		·				<b></b>	72,743.	0.			0.	
2 Total number of individuals (including those in 1a) v organization ► 0	who rece	eive	d mo	ore	thar	<b>\$1</b>	00,00		ompensation from	the			
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if</li> <li>4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater trindividual</li> <li>5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1a receive or accrue or rendered to the organization?</li> </ul>	ndividua portable han \$15	al e coi 50,00	mpe 00?	nsa If 'Y	tion 'es'	anc	d oth nplet	er compensation e Schedule J for s	from such	3 4 5	Yes	X X X	
Section B. Independent Contractors	reduie 3	101	Suc	пре	3150						11		
Complete this table for your five highest compensation from the organization.	ed inde	pen	dent	cor	ntrad	ctors	s tha	it received more t	han \$100,000 of				
(A) Name and business addres	ss							Description of	of Services	Compe	C) ensatio	<u>n</u>	
												<u> </u>	
					-								
2 Total number of independent contractors (including compensation from the organization ► 0	those in	ነ 1)	who	rec	eive	ed n	nore	than \$100,000 in					

	513, or 514
1a Federated campaigns 1a	
b Membership dues 1b	
c Fundraising events 1c	
d Related organizations 1 d	
e Government grants (contributions)	
Ta Federated campaigns  b Membership dues  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribns included in lns 1a-1f  h Total. Add lines 1a-1f	
g Noncash contribus included in lns 1a-1f \$	
	<del></del>
2a Annual Conference 55,755. 55,755.	
b	
<u> </u>	
d	-
ξ e	
f All other program service revenue	
2a Annual Conference   55,755.	<del></del>
3 Investment income (including dividends, interest and	<del></del>
other similar amounts)	3,492.
4 Income from investment of tax-exempt bond proceeds ▶	
5 Royalties	
(i) Real (ii) Personal	
6a Gross Rents	
b Less rental expenses	
c Rental income or (loss)	
d Net rental income or (loss) ►	
7a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory	
<b>b</b> Less cost or other basis	
and sales expenses	
c Gain or (loss)	
d Net gain or (loss)	
8a Gross income from fundraising events (not including \$	
of contributions reported on line 1c).  See Part IV, line 18  b Less: direct expenses  b	
See Part IV, line 18	
b Less: direct expenses	
c Net income or (loss) from fundraising events	<del></del>
9a Gross income from gaming activities See Part IV, line 19	
b Less direct expenses b	
c Net income or (loss) from gaming activities	
10a Gross sales of inventory, less returns and allowances	
<b>b</b> Less: cost of goods sold <b>b</b>	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Business Code	-
11a	
b	
c	
d All other revenue	
e Total. Add lines 11a-11d	
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 2, 105, 417. 55, 755. 0.	3,492.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do l	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	77,387.	58,814.	8,513.	10,060.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	874,417.	668,007.	93,759.	112,651.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)		330,331.	30, 103.	112,001.
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
•	a Management		····		
	• Legal	*			
	Accounting				
	Lobbying				<del></del>
	Prof fundraising svcs See Part IV, In 17				<del></del>
	Investment management fees				
	g Other				
12	Advertising and promotion Office expenses	32,190.	15,453.	11,433.	5,304.
13 14	Information technology	32,190.	13,433.	11,433.	<u> </u>
15	Royalties				<del></del>
16	Occupancy	93,209.	70,839.	10,253.	12,117.
17	Travel	49,038.	35,561.	9,169.	4,308.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		307332.	372331	2,000.
19	Conferences, conventions, and meetings	63,567.	63,472.		95.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	37,795.	28,724.	4,158.	4,913.
23 24	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
2	Water Wells and Equipment	948,309.	948,309.		
	Printing and Publications	53,268.	5,780.		47,488.
	Consulting	51,980.	20,035.	18,201.	13,744.
	Training and Assistance	23,407.	23,407.		
•	Miscellaneous	18,847.	13,028.	3,345.	2,474.
	All other expenses	54,802.	15,989.	32,583.	6,230.
	Total functional expenses Add lines 1 through 24f	2,378,216.	1,967,418.	191,414.	219,384.
26	Joint Costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation				Form <b>990</b> (2008)

га	IL V	Datance Sheet							
					<b>(A)</b> Beginning of year		(I End c	<b>3)</b> of year	
	1	Cash - non-interest-bearing			584,695.	1		73,9	
	2	Savings and temporary cash investments				2	<del></del>	, , ,	
	3	Pledges and grants receivable, net			447,022.	3	1	71,2	256.
	4	Accounts receivable, net			24,214.	4		13,2	
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	s, trus L	tees, key employees,		5			
	6	Receivables from other disqualified persons (as define		ler section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B) Comp		,,,,,,		6			
A	7	Notes and loans receivable, net				7			
ASSETS	8	Inventories for sale or use		-		8		-	
T S	9	Prepaid expenses and deferred charges		-	23,376.	9		15,5	28.
	10a	Land, buildings, and equipment cost basis	10a	195,461.	<del></del>				
		Less accumulated depreciation. Complete Part VI of	-						
		Schedule D	10ь	146,376.	80,681.	10c		49,0	185.
	11	Investments – publicly-traded securities		·		11			
	12	Investments – other securities See Part IV, line 11		ļ		12	<del>-</del>		
	13	Investments – program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			7,500.	15		7.5	500.
į	16	Total assets. Add lines 1 through 15 (must equal line	34)		1,167,488.	16	8	30,5	
	17	Accounts payable and accrued expenses			101,233.	17	-	37,0	
	18	Grants payable			<u> </u>	18			
	19	Deferred revenue			· · · · · · · · · · · · · · · · · · ·	19			
Ļ	20	Tax-exempt bond liabilities				20			
Å	21	Escrow account liability Complete Part IV of Schedule	e D		<del></del>	21	<u></u>		
LIABILITIES	22	Payables to current and former officers, directors, trushighest compensated employees, and disqualified per	stees.	key employees, Complete Part II					
Ţ		of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated th	ıırd pa	rties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			101,233.	26		37,0	73.
N E T		Organizations that follow SFAS 117, check here▶	X ar	nd complete lines					
		27 through 29 and lines 33 and 34.							
<b>ASSETS</b>	27	Unrestricted net assets			<u>49</u> 9,868.	27		07,8	
È	28	Temporarily restricted net assets			<u>566,</u> 387.	28	1	85,5	63.
	29	Permanently restricted net assets		_	- <del></del>	29			
Ř		Organizations that do not follow SFAS 117, check he	re►	and complete					
4020		lines 30 through 34.				-	_		
В	30	Capital stock or trust principal, or current funds				30			
B	31	Paid-in or capital surplus, or land, building, and equip	ment	fund		31			
Ä	32	Retained earnings, endowment, accumulated income,	or oth	ner funds.		32			
BALAZCES	33	Total net assets or fund balances.			1,066,255.	33		93,4	
	34	Total liabilities and net assets/fund balances.		, ,	1,167,488.	34	8	30,5	<u> 529.</u>
Pa	<u>ırt X</u>	Financial Statements and Reporting						1	
								Yes	No
		•	ash		Other				-
2		ere the organization's financial statements compiled or			accountant?		2a	X	<u> </u>
	<b>b</b> We	ere the organization's financial statements audited by a	n inde	pendent accountant?			2b	X	<u> </u>
	rev	Yes' to 2a or 2b, does the organization have a committ riew, or compilation of its financial statements and sele	ction	of an independent acco	ountant?		2c	Χ_	
3	a As Au	a result of a federal award, was the organization requidit Act and OMB Circular A-133?	red to	undergo an audit or au	udits as set forth in the	Single	3a	! 	Х
		Yes,' did the organization undergo the required audit of					3b		
BA	_	dudit of					1		(2008)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

2000

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.► See separate instructions.

Open to Public Inspection

Employer identification number

LIF	EW/	ATE	₹,	INC	<u>.</u>											_			95-3	987142	2 _		
Par	tT.	Re	aso	n fo	or Pu	ibli	c Cł	narity	Statu	1 <b>s</b> (	All o	rgan	ızatıor	ns mu	ıst o	comple	ete thi	s part.	) (see	instruc	tions)		
The o	orga	nızat	on i	s no	t a pr	ıvate	e fou	ndatio	n beca	use i	t ıs: (l	Please	e check	onlyo	ne o	ganıza	ion.)						
1	П	A ch	urch	, co	nvent	ion (	of ch	urches	s or ass	socia	tion o	f chur	ches de	escribe	d in	section	170(b)	(1)(A)(i)					
2	П	A so	hool	des	cribe	d in	secti	on 17	D(b)(1)(	A)(ii)	. (Atta	ach So	chedule	E.)									
3	П														ctio	n 170(b	χ1χΑχί	iı). (Att	ach Sch	edule H)	)		
4	П	A m	edica	al re	seard	h or	ganız	zation	operate	ed ın	conju	ınctioi	n with a	hospi	tal c	lescribe	d insect	ion 170	(b)(1)(A	<b>X</b> III) Ente	er the ho	spital's	
		nam	e, cı	ty, a	and st	ate	•		•		•			,						,			
5		An o	rgar <b>b)(1</b> )	nizat <b>(A)</b> (	ion o _l	pera Com	ted f	or the Part	benefit	ofa	colle	ge or	univers	sity ow	ned	or oper	ated by	a gove	rnmenta	il unit de	scribed is	ection	
6													ınıt desc										
7		An o	rgar ectio	nzat n 17	ion th <b>'0(b)(</b> '	nat n <b>1)(A</b> )	orma <b>(vi).</b>	ally red (Com	ceives a plete P	a sub art II	stantı .)	al par	rt of its	suppo	rt fro	om a go	vernme	ntal un	it or fron	n the ger	neral pub	ic des	cribed
8	$\sqcup$	A co	mmı	unity	trust	des	scribe	ed in <b>s</b>	ection	170(Ł	)(1)(A	۹)(vi).	(Comple	ete Pa	rt II	)							
9	X	from	acti stme	ıvıtıe ent ii	s rela	ated e an	to its d uni	s éxen relateo	not fund	ction: ess t	s– sul axabl	bject i e inco	to certa me (les	in exc	eptic	ins, and	d (2) no	more ti	han 33-1	1/3 % of	es, and g its suppo he organi	rt from	aross
10		An d	rgar	nızat	ion o	rgan	ızed	and o	perated	d exc	lusive	ly to t	test for	public	safe	ty See	section	509(a)(	<b>4).</b> (see	ınstructı	ons)		
11		An o	rgar e pul	nızat	ion o	rgan porte	ızed ed o	and o	perated ations	d exc	lusive ribed	ly for	the ber	nefit of 9(a)(1)	i, to or s	perform section	the fur 509(a)(	nctions	of, or ca	rrv out t	he purpos Check ti	ses of one box	one or that
		a [	]Ty	oe I				b 🗌	Type II			c [	Туре	III - f	unc	tionally	ıntegra	ted		d 🗍	Type III	– Othe	er:
е		By of than 509	fou	าdat	this b	ox, iana	l cer gers	tify tha and o	at the o ther tha	rgan an or	ızatıoı ne or ı	n is n more i	ot contr publicly	olled o	direc orted	tly or in Lorgani	directly zations	by one describ	or more ed in se	disqual ction 509	ıfıed per 9(a)(1) or	sons o sectio	ther n
f			e org	janı:		rec	eivec	d a wr	tten de	term	inatio	n fron	n the IR	RS that	is a	Type I	, Type I	l or Typ	oe III sup	porting	organızat	ion,	
g		Sind	е Ац	ıgus	t 17,	2006	, has	s the d	organiza	ation	acce	pted a	any gift	or co	ntrıb	ution fr	om any	of the f	following	persons	s ⁷		
																						Yes	No
		(i)	a p bel	erso ow,	n wh the g	o dır over	rectly ning	or industrial	directly of the s	cont supp	rols, e orted	either organ	alone o	or toge	ther	with pe	ersons o	describe	ed in (ii)	and (III)	11g (i	)	
		(ii)	a f	amıl	y mer	nber	of	a pers	on des	cribe	d ın (	ı) abo	ve?								11g (ı	)	<u> </u>
		(III)	a 3	5%	contr	ollec	i enti	ty of a	perso	n des	scribe	d ın (ı	ı) or (ıı)	above	?						11g (ı	1)	<u> </u>
h		Prov	ıde '	the 1	ollow	ıng ı	nforr	nation	about	the c	organı	zatior	ns the o	rganız	ation	n suppo	rts		· · · · · · · · · · · · · · · · · · ·				
	(1)	) Name Ore	of Su ganiza		ted			(II) EIN		(	(describ above	ed on I	anization ines 1-9 section tons)			on in col in your	the orga	ou notify nization in (i) of upport?	organiza	Is the tion in col ized in the S ?	(vii) Amo	unt of Su	rpport
										<u> </u>			_	Y	es	No	Yes	No	Yes	No			
						_				<u> </u>				$\perp$									
										1					ļ		<u> </u>	1					
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				_		$\perp$							_					<u> </u>	J				
						1			_	<u> </u>									<b></b>	<u> </u>			
						$\perp$			_	1							ļ	ļ	<b></b>				
Total									_														

	(Complete only if you check tion A. Public Support						<u> </u>	·····
Cale	ndar year (or fiscal year	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
-	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-3	_						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support			,				
	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income form unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)							
11	<b>Total support.</b> Add lines 7 through 10							
12	Gross receipts from related activ	ities, etc. (see in	structions)			Į	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	nd, third, fourth, c	or fifth tax year as	s a section 50	01(c)(	3)
<u>Sec</u>	<u>tion C. Computation of Pu</u>	blic Support P	Percentage	· · · · · · · · · · · · · · · · · · ·	···			
	Public support percentage for 20	• •	• • •	, , ,			14	
15	Public support percentage for 20	107 Schedule A, F	Part IV-A, line 26f			Ĺ	15	%
16a	33-1/3 support test — 2008. If the and stop here. The organization				the line 14 is 33-	1/3 % or mo	re, ch	eck this box ►
b	33-1/3 support test – 2007. If the and stop here. The organization				, and line 15 is 33	3-1/3% or mo	ore, ch	neck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance	s' test, check this	box andstop here	e. Explain in l	Part I	√ how _ ┌┐
b	• 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a	and-circumstance	s' test, check this	box andstop here	.Explain in l	Part I'	15 is 10% V how the ►
18 BAA	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a				structions

# 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)

Sec	tion A. Public Support						
	ndar year(or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	1 016 978	1 368 080	1.842.998	2,906,177.	2 046 170	. 9,180,403.
2	Gross receipts from	<u> </u>	2,000,000				7 5/200/2001
-	admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt						
	purpose	27,857.	33,550.	21,372.	55,302.	55,755	193,836.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	1,044,835.	1,401,630.	1,864,370.	2,961,479.	2,101,925	9,374,239.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of			0.		<u> </u>	
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0	<del></del>
-	Public support (Subtract line						<del></del>
Ü	7c from line 6.)						9,374,239.
Sac	tion B. Total Support	l	L		<del></del> -		7,314,233.
	ndar year(or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(4) 2007	(-) 2009	(f) Total
		1,044,835.	1,401,630.	1,864,370.	(d) 2007 2,961,479.	(e) 2008 2,101,925	(f) Total . 9,374,239.
	Amounts from line 6 Gross income from interest,	1,044,633.	1,401,630.	1,004,370.	2,901,479.	2,101,923	9,314,239.
102	dividends, payments received on securities loans, rents, royalties and income form similar sources	41.		11,176.	10,877.	3,492	25,586.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				10,077.	5,472	0.
c	Add lines 10a and 10b	41.	0.	11,176.	10,877.	3,492	
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on				-		0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
13							
	Total support. (add ins 9, 10c, 11, and 12)						9,399,825.
14	First five years. If the Form 990	is for the organiza	ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 5017	_ <del></del>
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(	_ <del></del>
Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	ercentage		or fifth tax year as	a section 501(	c)(3)
Sec 15	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20	l stop here <b>blic Support P</b> 008 (line 8, columi	ercentage n (f) divided by lir	ne 13, column (f))	or fifth tax year as	a section 501(	c)(3)
Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from	blic Support P 008 (line 8, columi 2007 Schedule A,	<b>Percentage</b> n (f) divided by lin Part IV-A, line 2	ne 13, column (f)) 7g	or fifth tax year as		c)(3)
Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support P 008 (line 8, columi 2007 Schedule A, restment Incor	Percentage n (f) divided by lin Part IV-A, line 2 ne Percentage	ne 13, column (f)) 7g		15	c)(3)
Sec 15 16	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support P 008 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c,	Percentage  n (f) divided by lin Part IV-A, line 2  ne Percentage  column (f) divided	ne 13, column (f)) 7g <b>3</b> d by line 13, colur		15	c)(3)
Sec 15 16 Sec	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Inv	blic Support P 008 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c,	Percentage  n (f) divided by lin Part IV-A, line 2  ne Percentage  column (f) divided	ne 13, column (f)) 7g <b>3</b> d by line 13, colur		1!	c)(3)
Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Invitro Investment income percentage for Investment income percentage for 33-1/3 support tests—2008. If the more than 33-1/3%, check this be	blic Support P  008 (line 8, column  2007 Schedule A,  restment Incor  or 2008 (line 10c,  rom 2007 Schedul  de organization did  pox and stop here.	Percentage  In (f) divided by line Part IV-A, line 2:  In Percentage column (f) divided e A, Part IV-A, line d not check the be The organization	ne 13, column (f)) 7g  d by line 13, colur ne 27h ox on line 14, an- qualifies as a pul	nn (f)) d line 15 is more blicly supported o	19 10 11 18 18 18 19 19 19 19 19	c)(3)
Sec 15 16 Sec 17 18 19a	First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20 Public support percentage from tion D. Computation of Investment income percentage f Investment income percentage f 33-1/3 support tests—2008. If the	blic Support P  008 (line 8, column 2007 Schedule A, restment Incor or 2008 (line 10c, rom 2007 Schedul ale organization did oox and stop here. at this box and stop	Percentage  In (f) divided by line Part IV-A, line 2:  The Percentage column (f) divided e A, Part IV-A, line d not check the both The organization of the check a box here. The organization of the organization organization organization organization organization organization organizatio	ne 13, column (f)) 7g  d by line 13, colur ne 27h ox on line 14, an- qualifies as a pul on line 14 or 19a zation qualifies as	nn (f))  d line 15 is more blicly supported o i, and line 16 is m is a publicly suppo	11: 18: 18: 19: 19: 19: 19: 19: 19: 19: 19: 19: 19	c)(3)

Schedule A	(Form 990 or 9	90·EZ) 2008 I	IFEWALEK, I	NC	95-	398/142 Page 4
Part IV	Supplement Part II, line	al Information 17a or 17b; or	1. Complete the Part III, line 12	s part to provide the 2. Provide any othe	e explanation required r additional information	by Part II, line 10; . (see instructions)
	- <b></b>					
				<b></b>		
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ВАА		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	TEEA0404L 10/07/08	Schedule	• A (Form 990 or 990-EZ) 2008

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization		Emplo	yer Identification	number
LIFEWATER, INC		95-3	3987142	
Part I Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other Similar Funds Form 990, Part IV, line 6.	ds or Accounts	Complet	e ıf
	(a) Donor advised funds	(b) Funds a	and other acc	ounts
1 Total number at end of year				
2 Aggregate contributions to (during year).				
3 Aggregate grants from (during year)				
4 Aggregate value at end of year				
5 Did the organization inform all donors and dor funds are the organization's property, subject		onor advised	Yes	☐ No
6 Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??			Yes	No
Part II Conservation Easements Comple	ete if the organization answered 'Yes'	to Form 990, P	art IV, line	7.
1 Purpose(s) of conservation easements held by				
Preservation of land for public use (e.g., r	ecreation or pleasure) Preservation (	of an historically im	portant land	area
Protection of natural habitat	Preservation	of certified historic	structure	
Preservation of open space				
Complete lines 2a-2d if the organization held of the tax year	a qualified conservation contribution in the form	<del></del>		
T			at the End of	the Year
a Total number of conservation easements		2a		
<b>b</b> Total acreage restricted by conservation ease <b>c</b> Number of conservation easements on a certii		2b	<u>.</u>	
d Number of conservation easements included in		2c		
3 Number of conservation easements modified,		L	ation during th	ne tavahle
year ►	transferred, released, extinguished, or terrifica	ted by the organiza	morr during th	ie taxabie
4 Number of states where property subject to co	nservation easement is located			
5 Does the organization have a written policy re enforcement of the conservation easement it i		plations, and	Yes	☐ No
6 Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during t	the year <b>►</b>		
7 Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year \$		
8 Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection	Yes	No
9 In Part XIV, describe how the organization replicable, if applicable, the text of the footnote conservation easements				
Part III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Similar	Assets	
Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8		
1a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in furthers			
b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items				
(i) Revenues included in Form 990, Part VIII,	line 1		►\$	
(ii) Assets included in Form 990, Part X			<b>▶</b> \$	
2 If the organization received or held works of a amounts required to be reported under SFAS		for financial gain, p	rovide the fol	lowing
a Revenues included in Form 990, Part VIII, line	1		<b>\$</b>	<del></del>
b Assets included in Form 990, Part X			►\$	

Schedule D (Form 990) 2008 LIFE				95-398	
Part III Organizations Mainta	ining Collection	ons of Art, Histo	<u>orical Treasures, or</u>	Other Similar Ass	ets (continued)
<ol> <li>Using the organization's accession that apply)</li> </ol>	on and other recor	ds, check any of th	ne following that are a s	ignificant use of its coll	ection items (check all
a Public exhibition		<b>d</b> Loan	or exchange programs		
<b>b</b> Scholarly research		e 🔲 Other	<del> </del>		<del></del>
c Preservation for future gener	ations				
4 Provide a description of the orga Part XIV		·	•		se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be r	naintained as part	of the organization's co	llection?	Yes No
Part IV Trust, Escrow and Cu IV, line 9, or reported				answered 'Yes' to I	Form 990, Part
1a Is the organization an agent, trus included on Form 990, Part X?				ner assets not	Yes No
<b>b</b> if 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ing table.		
					Amount
c Beginning balance				1 c	
<b>d</b> Additions during the year				1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on Form 9	90, Part X, line 21 ²	•		Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV.				
Part V Endowment Funds Co	mplete if orga	nization answer	ed 'Yes' to Form 99	90, Part IV, line 10.	
	(a) Current year	(b) Prior yea	r (c) Two years bac	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
<b>b</b> Contributions					
c Investment earnings or losses					
d Grants or scholarships					
<ul> <li>Other expenditures for facilities and programs</li> </ul>					
f Administrative expenses					
<b>g</b> End of year balance					
<ol><li>Provide the estimated percentage</li></ol>	e of the year end	balance held as:			
a Board designated or quasi-endov	vment ►	%			
<b>b</b> Permanent endowment ▶					
c Term endowment ►	[%]				
3a Are there endowment funds not a organization by	n the possession	of the organization	that are held and admi	nistered for the	Yes No
(i) unrelated organizations					3a(ı)
(II) related organizations					3a(II)
<b>b</b> If 'Yes' to 3a(II), are the related of	-	•			3b
4 Describe in Part XIV the intended				·	
Part VI Investments—Land, B		<b>Equipment</b> . Se	e Form 990, Part X	( <u>, line 10.</u>	
Description of investment	(a) (	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1 a Land	<u></u>				
<b>b</b> Buildings					
c Leasehold improvements					
<b>d</b> Equipment			111,835.	85,267.	26,568.
e Other			83,626.	61,109.	22,517.
Total. Add lines 1a-1e (Column (d) sho	uld equal Form 9	90, Part X, column	(B), line 10(c) )	<u></u>	49,085.
BAA				Sched	dule <b>D</b> (Form 990) 2008

In Part XIV, 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

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

BAA

	nedule <b>D</b> (Form 990) 2008 LIFEWATER, INC	95-39871	42 Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		2,105,417.
2	? Total expenses (Form 990, Part IX, column (A), line 25)		2,378,216.
3	B Excess or (deficit) for the year Subtract line 2 from line 1		-272,799.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8			
9	The state of the s		
10	7 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 3 7 2 2		-272,799.
	art XII   Reconciliation of Revenue per Audited Financial Statements With Revenue p	<u>er Return</u>	0.066.065
	Total revenue, gains, and other support per audited financial statements	1	2,366,867.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	a Net unrealized gains on investments  2a	450	
	b Donated services and use of facilities  2b 261, 4	450.	
	c Recoveries of prior year grants  2c		
	d Other (Describe in Part XIV)		0.61 450
	e Add lines 2a through 2d	2 e	261,450.
	Subtract line 2e from line 1	3	2,105,417.
	Amounts included on Form 990, Part VIII, line 12, but not on line1		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b	4c	0 105 417
	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  Art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	5 Detum	2,105,417.
	Total expenses and losses per audited financial statements.	Return	2 620 666
	! Amounts included on line 1 but not on Form 990, Part IX, line 25		2,639,666.
	a Donated services and use of facilities 261,4	150	
	b Prior year adjustments  2b	±30.	
	c Losses reported on Form 990, Part IX, line 25		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	261,450.
	Subtract line 2e from line 1	3	2,378,216.
	Amounts included on Form 990, Part IX, line 25, but not on line1:		2,310,210.
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)  4b	<del></del>	
	c Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	2,378,216.
	nt XIV Supplemental Information	<u></u>	
Dom ine	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, P. 4, Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art IV, lines 1b a	and 2b; Part V,
·			
·			

Schedule <b>D</b>	(Form 990) 2008  Supplemental Information (continued)	Page <b>5</b>
Part XIV	Supplemental Information (continued)	
<b>-</b>		
<b>-</b>		
		<b>-</b>

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

<u>LIFEWATER</u>	R, INC95-	-3987142
F <u>orm</u> 99	990, Part III, Line 1 - Organization Mission	
Compel	lled by God's call and the global water and sanitation crisis	s, Lifewater
Intern	national equips partner organizations and works with them to	o_empower
commun	nities in developing countries to gain safe water, adequate s	sanitation,
e <u>ffe</u> ct	tive hygiene, and the knowledge of Jesus' love.	
Form 99	990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, E	t <u>c</u>
<u>Two</u> _o	of Lifewater's directors, William Ashe and Gene Ashe, are fat	ther and son.
Form 99	990, Part VI, Line 10 - Form 990 Review Process	
Form_9	990 reviewed by Executive Director and then reviewed by Board	d_of_Directors.
Form 9	990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflic	ts
Annual	lly inquire of directors and key employees about potential co	onflicts of
intere	est. 	
Form 99	90, Part VI, Line 15b - Compensation Review & Approval Process for Officers & F	Key Employees
Board	seeks and obtains compensation data from comparable organiza	ations before
determ	mining the compensation for the executive director. The same	comparability is
employ	yed for other staff members. However, recent economic condit	ions have caused
compen	nsation to be below desired levels.	
Form 99	990, Part VI, Line 19 - Other Organization Documents Publicly Available	
All fi	inancial statements and tax return documents are posted on the	ne Lifewater
websit	te (www.lifewater.org).	
<b></b>		

2008	Federal Work	sheets		Page 1
Client 7010	LIFEWATER,	INC		95-3987142
1/07/10				01 32PN
Form 990, Part IX, Line 24 Other Expenses				
	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Communications Consulting Dues and Subscriptions Insurance Millenium Water Alliance Miscellaneous Postage and Shipping Printing and Publications Training and Assistance Water Wells and Equipment	15,307. 51,980. 11,280. 9,264. 9,044. 18,847. 9,907. 53,268. 23,407. 948,309.	20,035. 1,785. 6,874. 13,028. 268. 5,780. 23,407.	18,201. 9,632. 6,135. 994.	86. 13,744. 1,648. 1,344. 1,176.

Form 8868	(Rev 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only F	Part II and check this box	. ► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a previously filed	Form 8868.
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original (no	copies needed).
	Name of Exempt Organization	Emplo	yer identification number
Type or		<u> </u>	
print	LIFEWATER, INC	95-	3987142
	Number, street, and room or suite number. If a P O box, see instructions	For IR	S use only
File by the extended	Eric Luthi, CPA		
due date for filing the	645 Main Street Suite B		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Morro Bay, CA 93442		
Check type	of return to be filed (File a separate application for each return)		
X Form 99	90 Form 990-PF	Form 1041-A	Form 6069
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 99	90-EZ Form 990-T (trust other than above)	Form 5227	
	not complete Part II if you were not already granted an automatic 3-month exte	nsion on a previously file	ed Form 8868.
	oks are in care of DANIEL J STEVENS		
Telepho	one No. ► 805-541-6634 FAX No. ►		
<ul><li>If the or</li></ul>	rganization does not have an office or place of business in the United States, o	check this box	▶ 🔲
<ul><li>If this is</li></ul>	for a Group Return, enter the organization's four digit Group Exemption Numb		If this is for the
whole group	p, check this box ► . If it is for part of the group, check this box ►	and attach a list with the	names and EINs of all
	ne extension is for.	···	
	est an additional 3-month extension of time until $2/15$ , 20 $1$	. <u>0</u> .	
<b>5</b> For ca	alendar year , or other tax year beginning $4/01$ , 20	08 , and ending $3/3$	<u>1</u> _ , 20 <u>09</u> .
	tax year is for less than 12 months, check reason: Initial return		
	in detail why you need the extension . Lifewater, Inc. is aw		
	ual financial statement audit. When the audit is	completed a con	plete and accurate
ret	urn will be filed.	<del></del>	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentati	ive tax, less any	
<del></del>	fundable credits. See instructions,		8a \$
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable creents made. Include any prior year overpayment allowed as a credit and any an	edits and estimated tax	
with F	form 8868	nount paid previously	8b\$
c Balan	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or,	if required, deposit	
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System) See instrs	8c \$
	Signature and Verification		
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statement mplete, and that I am authorized to prepare this form	ts, and to the best of my knowled	ige and belief, it is true,
_	S- J-A		11/12/-
Signature -	Mc Julia, CPA Title - Accountant	T	Date - (1/12/09

### Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of t Internal Revenu			File a separate a	pplication for each r	return.				
• If you a	re filing for an	Automatic 3-Month	Extension, complete o	nly Part and check th	his box				► [X]
•	-		omatic) 3-Month Exten			ge 2 of this f	orm)		
•	•	•	dy been granted an aut			•		n 8868	
Part I	Automatic	3-Month Extens	ion of Time. Only	submit original (	no copies	needed).			
			,	, , , , , , , , , , , , , , , , , , ,	( · · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
A corporation	on required to f	ile Form 990-T and	requesting an automat	ic 6-month extension	n- check this	box and co	mplete	Part I only	▶ □
All other co	rnorations (inc	ludina 1120-C filers	), partnerships, REMIC	S and trusts must us	se Form 700	4 to request	an ext	ension of tim	ne to file
income tax		lading 1720 0 more	,, partirolo,,,pe, rizime	o, and tracto made at	00 1 01/11 700	i to request	urr exte	20131011 01 (jill	ie to ine
returns note the additior Form 990-T	ed below (6 mo lal (not automa . Instead, you	inths for a corporati itic) 3-month extens must submit the full	ectronically file Form 8 on required to file Form 10 on (2) you file Form 10 completed and signe e-file for Charities & No	n 990-T) However, ye is 990-BL, 6069, or 8 d page 2 (Part II) of	ou cannot fil 3870, group r	e Form 8868 eturns, or a	3 electro compo	onically if (1) site or conso	) you want olidated
	Name of Exempt	t Organization					Employe	er identification i	number
Type or									
print	LIFEWATE	CR, INC					95-3	987142	
File by the due date for	Number, street,	and room or suite number	If a P O box, see instructions						
filing your return See	PO BOX 3								
instructions	City, town or pos	st office, state, and ZIP co	de For a foreign address, see	nstructions	<del></del>				
	SAN LUIS	OBISPO, CA	93403-3131						
Check type	of return to be	e filed(file a separat	e application for each i	eturn)·	<u> </u>				
X Form 9	90	[	Form 990-T (corpora	tion)		Form 472	.0		
Form 9	90-BL	[	Form 990-T (section	401(a) or 408(a) trus	ıst)	Form 522	.7		
Form 99	90-EZ		Form 990-T (trust ot	ner than above)	[	Form 606	9		
Form 9	90-PF		Form 1041-A			Form 887	0		
Telephor  If the or  If this is check the exter  I require until The e	rganization does for a Group Rous box sension will coverest an automated 11/15 records a calendar yea	eturn, enter the org If it is for part of er tic 3-month (6 mont _, 20 _ 09 _, to file the organization's r or 20 _ or	FA: e or place of business is anization's four digit G the group, check this business for a corporation received the exempt organization.	roup Exemption Number  ox	nber (GEN) h a list with t 90-T) extensi anization nar	If the names a non of time med above			
2 If this	tax year is for	less than 12 month	s, check reason	Initial return	Final return	n 🗆 C	hange i	n accounting	g period
		for Form 990-BL, 99 s. See instructions	90-PF, 990-T, 4720, or	5069, enter the tenta	ative tax, less	s any	3a \$	;	0.
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c Balan depos See ii	ice Due.Subtra sit with FTD counstructions	ct line 3b from line upon or, if required,	3a Include your payme by using EFTPS (Elec	ent with this form, or, cronic Federal Tax Pa	, if required, ayment Syst	em) 	3c \$	;	0.
Caution. If payment in		to make an electron	ic fund withdrawal with	this Form 8868, see	Form 8453-	EO and For	m 8879	EO for	
BAA For P	rıvacy Act and	Paperwork Reduct	ion Act Notice, see ins	tructions.			F	Form <b>8868</b> (F	Rev 4-2009)

3/31/09		2(	308 Fe	dera	l Bo	ok De	2008 Federal Book Depreciation Schedule	ion S	chedu	le					Page 1
						LIFEWATER, INC	R, INC	i						95	95-3987142
No. Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Dept.	Salvage /Basis Reductn	Depr Basis	Prior Dear.	Method	- ite	Rate	Current Denr.
Form 990/990-PF															
Furniture and Fixtures															
18 OFFICE EQPMT	Various		856	.0						856	295	S/L	HY 7	4444	128
25 CANVAS AWNING	5/07/04		1,354							1,354	948	S/L	HY 5	20000	1/2
30 WHITE BOARDS	3/24/05		200	C						200	350	S/L	HY 5	20000	100
49 OFFICE CUBICLES	10/08/01	•	13,741	_ '		ĺ				13,741	1,374	200DB HY	01 ⊁	18000	2,473
Total Furniture and Fixtures			16,451	_	0	0	0	0	0	16,451	3,239	_			2,972
Machinery and Equipment															_
i CANON COPIER	Various		800	)						800	800	S/L	H ₩		0
2 OFFICE EQUIPMENT	Various		165	5						165	165	S/L	HY 5		0
3 COMPUTER EQUIPMENT	Various		3,000	_						3,000	3,000	S/L	HY 5		0
4 COMPUTER	11/29/99		1,576							1,576	1,497	S/L	HY 5		0
5 OFFICE EQUIPMENT	7/01/00		115	5						115	115	S/L	HY 5		0
6 COMPUTERS	7/01/00		2,600	_						2,600	2,600	S/L	HY 5		0
7 PLOTTER	7/01/00		800							800	800	S/L	HY 5		0
8 COMPUTER PERIPHERALS	7/01/00		1,583	~						1,583	1,583	S/L	HY 5		0
9 VIDEO EQUIPMENT	10/10//		6,820	_						6,820	6,536	S/L	HY 3		0
	10/10/2		3,500							3,500	3,500	S/L	HY 5		0
II SOUND SYSTEM	10/10//		3,000	_						3,000	2,875	S/L	HY 3		0
12 COMPUTER	2/01/01		763	~~						763	731	S/L	HY 3		0
13 COMPUTER	3/30/01		2,088	~~						2,088	2,088	S/L	HY 5		0
14 COMPUTER	10/11/01		1,251	_						1,251	1,251	S/L	HY 5		0
15 COMPUTER	7/01/01		009							009	575	S/L	HY 3		0
16 COMPUTER PERIPHERALS	10/10/2		5,045	10						5,045	4,834	S/L	HY 3		0

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3/3	3/31/09		72	008 Fε	dera	II Boo	ok De	2008 Federal Book Depreciation Schedule	ion S	chedu	le le					Page 2
							LIFEWATER, INC	R, INC							95	95-3987142
- N	Description	Date Acquired	Date Sold	Cost/ Basis	Bus	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Dept.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr Basis	Prior Depr.	Method		Rate	Current Depr.
17	COMPUTER EQUIPMENT	5/02/02		1,740	0						1,740	1,740	S/L HY	S		0
19	BRIEF CASE PRESENTATION	6/04/03		265	22						265	265	S/L HY	3		0
20	COMPUTER - USED	10/31/03		400	0						400	400	S/L HY	_{&gt;}		0
21	SERVER & WORKSTATIONS	4/29/03		5,286	۲,						5,286	5,001	S/L HY	۲ ک		282
22	COMPUTER EQUIPMENT	10/24/03		902	2						902	826	S/L HY	5		49
23	CANON COPIER	4/14/04		5,363	~						5,363	3,755	S/L HY	S	20000	1,073
24	DELL LAPTOP COMPUTER	10/29/04		850	0						820	595	S/L HY	5	20000	170
56	CD DUPLICATOR	11/01/04		280	0						280	406	S/L HY	. 5	20000	116
27	PHOTO PRINTER	4/15/04		240	0						240	240	S/L HY			0
78	COMPUTER EQUIPMENT	10/22/04		2,786							2,786	2,546	S/L HY	. 5	20000	240
31	HP LASERJET 4000 used	5/10/04		350	0						350	245	S/L HY	. 5	20000	70
32	DELL PRINTERS (2 used)	10/29/04		170	0						170	170	S/L HY	3		0
33	SERVER & WORKSTATIONS(2)	9/21/05		3,783	~						3,783	3,310	S/L MQ	33	12500	473
34	UPC BATTERY PACK	11/06/05		616	æ						919	487	S/L MQ	3	20830	129
35	SERVER RACK	12/09/05		2,648	~						2,648	1,259	S/L MQ	2	20000	230
37	CANON COPIER	1/17/07		16,308	~						16,308	4,893	S/L HY	. 2	20000	3,262
39	DELL LAPTOP COMPUTERS-2	1/22/07		2,359	6						2,359	708	S/L HY	. 2	20000	472
40	17" FLAT SCREEN MONITORS	5/23/06		338	œ						338	169	S/L HY	33	33330	113
41	DELL WORKSTATIONS - 3	6/12/06		1,658	~						1,658	498	S/L HY	. 5	20000	332
42	DELL WORKSTATIONS - 2	90/21/9		1,034	_						1,034	310	S/L HY	2	20000	207
43	DELL WORKSTATIONS - 2	8/10/06		1,628	~						1,628	489	S/L HY	. 5	20000	326
44	MACBOOK PRO LAPTOP	9/02/06		3,065	10						3,065	920	S/L HY	2	20000	613
45	FLAT PANEL MONITORS -3	9/02/06		653	~						653	327	S/L HY	ε,	33330	218
46	MAC COMPUTERS -2	9/13/06		5,138	~						5,138	1,542	S/L HY	S	20000	1,028
47	MAC GRAPHICS TABLET	12/19/06		461	_						461	231	S/L HY	m	33330	154
20	WORKSTATIONS/ MONITORS -3	5/10/01		2,571	_						2,571	514	200DB HY	2	32000	823
51	LAPTOP COMPUTERS-2	2/15/02		2,488	~						2,488	498	200DB HY	2	32000	96/
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3/31/09		S	308 Fe	dera	I Boc	ok Deg	2008 Federal Book Depreciation Schedule	ion S	chedu	1e					Page 3
						LIFEWATER, INC	ER, INC							96	95-3987142
No Description	Date Acquired	Date Sold	Cost/ Basis	Bus	Cur 179 Bonus	Special Depr Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn	Depr Basis	Prior Dept.	Method	Lufe	Rate	Current Depr.
MAC LAPTOP	5/21/07		1,753	en						1,753	351	200DB HY	5	.32000	261
53 CD/DVD PUBLISHER	8/31/07		1,531	_						1,531	306	200DB HY	r.	32000	490
54 WORKSTATION	2/15/07		861	_						861	172	200DB HY		32000	276
55 DELL COMPUTER	6/19/07		1,729	თ						1,729	346	200DB HY	S	32000	553
56 NOTEBOOK COMPUTER	9/20/02		1,233	m						1,233	247	200DB HY	5	32000	395
57 MONITOR	2/10/01		218	∞						218	44	2000В НҮ	S	32000	70
58 E & T MONITOR	1/22/08		197	7						197	39	200DB HY	2	32000	83
59 LATITUDE LAPTOP BATTERY	5/10/07		172	2						172	27	200DB HY	m	44450	76
60 DELL EQUIPMENT	1/22/08		613	က						613	123	200DB HY	2	32000	196
61 IMAC 20"	2/01/08		1,516	2						1,516		200DB MQ	3	35000	531
62 DELL LATITUDE LAPTOP	4/03/08		734	4						734		200DB MQ	2	35000	257
63 DELL EQUIPMENT	5/13/08	'	888	on i						688		200DB MQ	5	35000	311
Total Machinery and Equipment		:	111,835		0	0	0	0	0	111,835	70,009			I	15,258
Miscellaneous															
29 WEB SITE - phase I	2/18/05		6,090	0						9060'9	4,263	S/L HY	5	20000	1,218
36 INFORMATION MGMT SYSTEM	2/22/06		26,950	0						26,950	19,088	S/L MQ	ന	29170	7,862
38 INFORMATION MGMT SYSTEM	90/11/9		20,405	2						20,405	10,203	S/L HY	က	33330	6,801
48 INFORMATION MGMT SYSTEM	3/02/08		10,670							10,670	1,779	S/L HY	<u>س</u>	33330	3,556
64 INFORMATION MGMT SYSTEM	3/31/09	,	3,060	0 :						3,060		S/L MQ	en	04170	128
Total Miscellaneous			67,175	S.	0	0	0	0	0	67,175	35,333				19,565
Total Depreciation		. "	195,461	. "		0	0			195,461	108,581			1	37,795
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