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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	or the	2009 cale	endar yea	r, or tax year beginning 04	-01-2009 and ending 03-31-20	10				
B Ch	eck ıf a	pplicable	Please	C Name of organization LIFEWATER INC			D Employer id	entification number		
Address change			use IRS label or				95-3987142 E Telephone number			
Name change			print or	Doing Business As	E Telephone n	umber				
┌ Inı	tıal retu	ırn :	type. See Specific	Number and street (or P.O. b.	ox if mail is not delivered to street addr	ress) Room/suite	(805) 541-	6634		
Гте	mınate	ed :	Instruc- tions.	PO BOX 3131	ox ii maii is not delivered to street addi	C33) ROOM, Suite	G Gross receipts	s \$ 2,544,566		
	nended			City or town, state or country	and 7ID + 4		-			
				SAN LUIS OBISPO, CA 93403	, and zir + +					
j Ap	plication	n pending				_	J			
			F Nan Dave F	ne and address of principal	officer		nis a group retui			
			PO BO	•		απιιι	ates?	ΓYes Γ No		
			San Lui	s Obispo, CA 93403		H(b) Are a	II affiliates inclu	ded?		
			_			If"N	o," attach a list	t (see instructions)		
I Ta	ix-exen	npt status	✓ 501(c)	(3) ◄ (insert no)	a)(1) or 527	H(c) Gro	up exemption n	umber 🟲		
J W	ebsit e	e: 🕨 WWV	V LIFEWA	TER ORG						
K For	m of or	ganization I	Corporat	ion Trust Association C	ther 🗠	L Year of fo	ormation 1984	M State of legal domicile CA		
	rt I	Summ		ion i nasci rissociation i		_ rear or is	simution 1501	Trotate or legal dofficile or		
	1		•	e organization's mission or	most significant activities					
					DBAL WATER AND SANITATION					
ų.					NITH THEM TO EMPOWER CO ON, EFFECTIVE HYGIENE, AN					
⋛		GATIV SA	NIL WATE	IN, ADEQUATE SANTIAT.	ON, EITECTIVE HIGIENE, AN	ID THE KILOW		03 20 12		
Ě										
Governance										
	2	Check th	ııs box 🛏	if the organization discon	tinued its operations or dispose	d of more than	25% of its net	assets		
නර රෝ	3	Number	of voting r	nembers of the governing b	ody (Part VI, line 1a)		. 3	88		
Activities &	4	Number	ofındepen	dent voting members of th	e governing body (Part VI, line 1	.b)		8		
좆	5	Total nur	mber of en	nployees (Part V , line 2a)			5	522		
ď	6	Total nur	nber of vo	lunteers (estimate if neces	sary)		•	147		
	7a	Total gro	ss unrela	ted business revenue from	Part VIII, column (C), line 12		7	'a0		
	b	Net unrel	lated busi	ness taxable income from	Form 990-T, line 34		7	b 0		
						Pri	or Year	Current Year		
	8	Contrib	utions and	d grants (Part VIII, line 1h)	-	2,046,170	2,443,945		
를	9	Program	n service	revenue (Part VIII, line 2g)		55,755			
Revenue	10	Investm	nent incor	ne (Part VIII, column (A),	lines 3, 4, and 7d)	-	3,492	1,874		
立	11	O ther re	evenue (P	art VIII, column (A), lınes			0			
	12				t equal Part VIII, column (A), li	ne	2,105,417	2 544 566		
	12				olumn (A), lines 1–3)		2,105,417	2,544,566		
	13						0			
	14		-		lumn (A), line 4)	_				
8	15	Salaries	s, other co	ompensation, employee ber	nefits (Part IX, column (A), lines	5-	951,804	914,519		
· ·	16a	•	ıonal fund	raising fees (Part IX, colur	nn (A), line 11e)			0		
Expenses	ь			enses (Part IX, column (D), line						
Ш	17			Part IX, column (A), lines	_	1,426,412	1,418,969			
	18			Add lines 13-17 (must equ	•	2,378,216	2,333,488			
	19		•		om line 12		-272,799	211,078		
	1	Revenue	C 1033 CX	venses subtract fine 10 fre		Reginnin	g of Current	<u>, </u>		
8 000000000000000000000000000000000000						_	Year	End of Year		
38.6 3.88	20	Total as	ssets (Par	t X, line 16)			830,529	1,149,120		
Not Assets or Fund Balances	21	Total lia	abilities (F	Part X, line 26)			37,073	144,586		
žĒ	22	Netass	ets or fun	d balances Subtract line 2	1 from line 20		793,456	1,004,534		
Pa	rt II	Signa	ture Blo	ock		•	•			
					nned this return, including accompanyin					
		and belief	f, it is true, o	correct, and complete Declaratio	n of preparer (other than officer) is bas	sed on all informa	tion of which prepa	rer has any knowledge		
Sigr	1	****	*			2010	-11-10			
Her		I B	ure of office	er		Date				
		L 10SEP	H HΔDRIS∩I	N EXECUTIVE DIRECTOR						
			or print nam							
		De	L		Date	Check If	Preparer's ident	ifving number		
اد: ۵		Preparer's signature		Nıffenegger CPA	Date	self-	(see instruction	, ,		
Paid	arer's		<u> </u>	- L CDDCD T		empolyed 🕨				
Prep Use		ıf self-emp	ne (or yours ployed),	GBP&B Tax and Business Se	EIN 🕨	EIN ▶				
- 3 C	Unity	address, a	nd ZIP + 4	1150 Palm Street	DI.	005) 544 444				
			_	San Luis Obispo, CA 93401			Phone no 🕨 (
May	the IR	S discuss	this retu	rn with the preparer shown	above? (see instructions) .			✓ Yes No		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

COMPELLED BY GOD'S CALL AND THE GLOBAL WATER AND SANITATION CRISIS, LIFEWATER INTERNATIONAL EQUIPS PARTNER	
ORGANIZATIONS AND WORKS WITH THEM TO EMPOWER COMMUNITIES IN DEVELOPING COUNTRIES TO GAIN SAFE WATER,	
ADEQUATE SANITATION, EFFECTIVE HYGIENE, AND THE KNOWLEDGE OF JESUS' LOVE	

2		n undertake any signific or 990-EZ?			ch were not listed on	∕es ∨ No
	If "Yes," describe t	hese new services on S	chedule O			
3		n cease conducting, or				Yes 🔽 No
	If "Yes," describe t	hese changes on Sched	ule O			
4	Section 501(c)(3)		tions and section 49	947(a)(1) trusts are re	est program services by exp equired to report the amount ice reported	
4a	(Code) (Expenses \$	1,468,957 ıncl	udıng grants of \$) (Revenue \$	98,747)
	COUNTRIES THROUGH		, Inc received in-kind pi	rofessional services totaling	AND EQUIPMENT TO DISADVANTAC \$586,178 which are not included i	
4b	(Code) (Expenses \$	327,609 ınclı	uding grants of \$) (Revenue \$	0)
	LIFEWATER, INC HAS COUNTRIES	DEVELOPED CURRICULUM A	ND PROVIDED TRAINING	3 IN SANITATION AND HYGI	ENE FOR PEOPLE AND ORGANIZAT	IONS IN DEVELOPING
4c	(Code) (Expenses \$	ınclu	ding grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Sch	nedule O)			
	(Expenses \$	ınc	luding grants of \$)	(Revenue \$)
<u> </u>	Total program ser	vice expenses k \$	1 796 566			

art TV	Chack	list of	Deguired	Schedules
	CHECK	MISL OI	Reuulleu	Julieuules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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</i> "Yes," complete Schedule R, Part I	33		N o
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
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?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	2-		N.a
h	return?	3a 3b		Νο
a a	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		Νο
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
3	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	If "Yes," indicate the number of Forms 8282 filed during the year			
	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	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			

SAN LUIS OBISPO, CA 93403

(805) 541-6634

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 8			
ь	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 relationship with any			
	other officer, director, trustee, or key employee?	2	Yes	
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	· '		
17	List the States with which a copy of this Form 990 is required to be filed ▶ CA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the CHERYL FOSCHAAR PO BOX 3131	ie orga	nızatıor	n ►

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. 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 all of the organization's current key employees. 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, or 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 n	ot compens	ate any	curr	ent c	r fo	rmer o	ffıce	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOSH BROWN CHAIR	1 00	Х						0	0	0
LISA WEN VICE CHAIR	1 00	Х						0	0	0
TIM GEISSE SECRETARY	1 00	Х		Х				0	0	0
RICK WOLFE CFO & Board Member	1 00	Х		Х				0	0	0
BEVERLY WATSON Board MEMBER	1 00	х						0	0	0
DAVE FINLEY PRESIDENT/CEO	40 00	х		х				42,553	0	0
GREG HAMER Board MEMBER	1 00	х						0	0	0
William Ashe Founder	1 00	Х						0	0	0

Forr	1 990 (2009)			Page 8
1b	Total	0		C
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization •0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization > 0			
		F	orm 99 0) (2009

		Page 9
Business Code	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
Business Code		
Business Code 98,747 98,		
2a PROGRAM FEES 611,710 98,747 98,747 b c		
B b c d d		
0 c		
<u> </u>		
3 [- 		
f All other program service revenue		
S All other program service revenue		
g Iotal: Add lines 24-21		
3 Investment income (including dividends, interest and other similar amounts)		1,874
4 Income from investment of tax-exempt bond proceeds ►		
5 Royalties		
(i) Real (ii) Personal		
6a Gross Rents b Less rental		
expenses		
or (loss)		
d Net rental income or (loss)		
Gross amount from sales of assets other than inventory b Less cost or		
other basis and sales expenses		
c Gain or (loss)		
d Net gain or (loss)		
Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c)		
See Part IV, line 18		
b Less direct expenses b c Net income or (loss) from fundraising events b		
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 Less cost of goods sold b		
c Net income or (loss) from sales of inventory		
Miscellaneous Revenue Business Code		
11a		
b		
d All other revenue		
e Total. Add lines 11a-11d		
12 Total revenue. See Instructions	0	1,874

	990 (2009)				Page 10
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the 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	41,572		41,572	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	724,788	534,384	97,178	93,226
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	,,,,,,,	33.1,55	31,230	30,220
9	Other employee benefits	90,596	64,900	13,473	12,223
10	Payroll taxes	57,563	32,854	8,374	16,335
11	Fees for services (non-employees)	21,722		-,	
 a	Management				
h	Legal				
	Accounting				
C					
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,007,549		31,597	8,388
12	Advertising and promotion	20,860	,	135	12,785
13	Office expenses	105,688	43,204	20,637	41,847
14	Information technology	7,284	5,215		2,069
15	Royalties				
16	Occupancy	94,223	47,110	23,558	23,555
17	Travel	40,961	24,342	10,937	5,682
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				_
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,697	12,523	4,174	
23	Insurance				
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)				
а	VACATION	37,756	25,751	8,453	3,552
b	CAMPAIGNS	19,706	10,788		8,918
c	LICENSE & FEES	17,274	15,809	1,465	<u> </u>
d	DUES & SUBSCRIPTIONS	10,816		10,816	_
е	INSURANCE	9,433	1,039	7,614	780
f	All other expenses	30,722	3,143	23,900	3,679
25	Total functional expenses. Add lines 1 through 24f	2,333,488		' 	233,039
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in	2,333,400	1,750,300	303,003	233,039
	column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beainning of year End of year 573.928 661.895 1 Cash—non-interest-bearing 1 2 2 171,256 3 399,975 3 4 13.232 4 12.096 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 Notes and loans receivable, net Inventories for sale or use 8 15,528 9 9 159.930 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 103.987 10b 49.085 55.943 b Less accumulated depreciation 10c 11 11 12 11,711 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 7.500 7.500 15 15 830,529 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 1,149,120 37.073 17 24.329 17 Accounts payable and accrued expenses 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 0 25 Other liabilities Complete Part X of Schedule D 25 120.257 26 Total liabilities. Add lines 17 through 25 37,073 26 144,586 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 607.893 739,638 27 27 Unrestricted net assets 28 185.563 28 264.896 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 793,456 1,004,534 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 830.529 1,149,120 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

LIFEWATER INC

Name of the organization

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

									95-39871	42				
Par	tΙ	Reas	on for Pu	blic Charity Stat	us (All org	anızatıons	must comp	olete this p	art.) See ın:	structions				
he or	ganız	ation is	not a privat	e foundation because	tis (Forli	nes 1 throu	ıgh 11, check	only one bo	x)					
1	\sqcap	A churc	h, conventi	on of churches, or as:	sociation of	churches s	section 170(b)(1)(A)(i).						
2	\sqcap	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedi	ule E)							
3	\sqcap	A hospi	tal or a coop	perative hospital serv	vice organiza	atıon descri	ibed in sectio	n 170(b)(1)	(A)(iii).					
4	Γ			organization operate ty, and state	ed in conjunc	ction with a	hospital desc	cribed in sec	tion 170(b)(1	l)(A)(iii). Ent	erthe			
5	Г	An orga	nızatıon ope	erated for the benefit	of a college	or universi	ty owned or o	perated by a	governmenta	al unit describ	_ ed ın			
		section	170(b)(1)(A)(iv). (Complete Pa	rt II)									
6	\sqcap	A federa	al, state, or	local government or	government	al unit desc	rıbed ın secti	on 170(b)(1)(A)(v).					
7	굣	describ	ed ın	t normally receives a A)(vi) (Complete Pa		l part of its	support from	a governme	ntal unit or fro	om the genera	l public	:		
8	Г					Milvil (Con	nnlete Part II	.)						
9	<u></u>		community trust described in section 170(b)(1)(A)(vi) (Complete Part II) organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
1.0 1.1 e f g		acquire An orga one or r the box a	oort from gro d by the org inization org inization org more publich that describ Type I king this bo an foundation 509(a)(2) rganization in his box ugust 17, 2 g persons? rson who dir below, the of mily membe 5% controll	ties related to its exities related to its exities investment incompanization after June 3 anized and operated anized and operated organizations the type of supported organizations. I certify that the open managers and other ecceived a written defined on the freedy or indirectly conformation described entity of a personing information about the second of the secon	ne and unrels 30, 1975 So exclusively exclusively tions descri orting organi c organization er than one of etermination station accep entrols, either ethic support ed in (i) abord	ated busine ee section 5 to test for p for the bence bed in section and of Type III is not control or more pub from the IR ted any gift er alone or t ted organizat ve? n (i) or (ii) a	ss taxable incomplete (a) (a) (b) (c) (c) (c) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	come (less somplete Par Seesection form the funct) or section to section the function or indirectly ed organizatory per I, Type on from any	section 511 to tall III in the IIII in the III in th	ax) from busing carry out the e section 509 Type II ore disqualified in section 5	purpo: (a)(3). I - Otl d pers 09(a)(organiz	ses of Check ner ons 1) or		
s	(i) Name uppor Janiza	of ted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is th organizat col (i) lis your gove docume	e ion in ted in erning	Did you no organiza col (i) c	otify the ition in of your	(vi Is t organiza col (i) or in the l	he Ition in ganized	Am	vii) ount of oport?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1			
atal						1					1			

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5, 7	, or 8 of Part I	.)			
	ection A. Public Support	1		Г	Г			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,368,08	0 1,842,998	2,906,177	2,046,170	2	,443,945	10,607,370
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	1,368,08	0 1,842,998	2,906,177	2,046,170	2	,443,945	10,607,370
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							
6	(f) Public Support. Subtract line 5 from line 4							10,607,370
S	ection B. Total Support							
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	beginning in) A mounts from line 4	1,368,080	11,176	2,906,177	2,046,170	2	443,945	10,607,370
8	Gross income from interest,	_,,		_,,	_,,		, ,	
	dividends, payments received on securities loans, rents, royalties and income from similar sources		11,176	10,877	3,492		1,874	27,419
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							10,634,789
12	Gross receipts from related activiti		·			12		264,726
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			. thırd, fourth, or fı	Ifth tax year as a !	501(c)(3	3) organız	ation, T
14	Public Support Percentage for 200			11 column (f))		14		99 740 %
15	Public Support Percentage for 2008	•				15		99 700 %
	33 1/3% support test—2009. If the and stop here. The organization qua	organization did	not check the box	•	ine 14 is 33 1/3%		, check t	
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization means organization means organization.	e organization did n qualifies as a p — 2009. If the org tion meets the "f	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st o	and line	14 Explain	check this
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nızatıon meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	▶ [
18	Private Foundation If the organizations	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this l	oox and :	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493316025020

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

terna	Il Revenue Service	► Attach to Fo	orm 990. 🟲 See separate instructions.		Inspection
	me of the organi	izat ion		Emp	loyer identification number
ЦΗ	EWATER INC			95-3	3987142
Рa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar F		
	organiz	zation answered "Yes" to Form 99	T .		
	T. t. 1	h d . 6	(a) Donor advised funds	- (b) Funds and other accounts
	Total number at	·			
2		tributions to (during year) nts from (during year)			
1	55 5 5	ie at end of year			
•		·			
•	funds are the o	organization's property, subject to the	sors in writing that the assets held in doi organization's exclusive legal control?		ΓYes ΓNo
5	used only for c	haritable purposes and not for the ben	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a		
Da.		ermissible private benefit	ıf the organization answered "Yes" i	to Form	<u> </u>
لنک		conservation easements held by the or		0 10111	1 3 30, 1 dit 1 V, iiie 7.
_	_ ` ` ` `	ion of land for public use (e.g., recreati		n hıstorı	ically importantly land area
	Protection	of natural habitat	Preservation of a	certified	d historic structure
	Preservati	ion of open space			
2	•	s 2a-2d if the organization held a quali he last day of the tax year	ified conservation contribution in the forn	n of a co	onservation
	casement on th	To last day of the tax year			Held at the End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage i	restricted by conservation easements		2b	
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of cons	servation easements included in (c) ac	cquired after 8/17/06	2d	
3	Number of cons	servation easements modified, transfe	erred, released, extinguished, or terminat	ed by th	le organization during
		ar ►	· · · · · · · · · · · · · · · · · · ·	•	
ı	Number of stat	tes where property subject to conserva	ation easement is located be		
5			g the periodic monitoring, inspection, han	—— dling of	violations, and
		f the conservation easements it holds?			☐ Yes ☐ No
5	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation easer	nents dı	uring the year ►
7			ng, and enforcing conservation easement		g the year 🕨 \$
3		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	☐ Yes ☐ No
•	balance sheet,		onservation easements in its revenue an the footnote to the organization's financia nents		•
ar	t III Organ	izations Maintaining Collectio	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar Assets.
la	art, historical t	treasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resear nancial statements that describes these i	ch ın fu	
b	historical treas	, ,	116, to report in its revenue statement public exhibition, education, or research		•
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$
	(ii) Assets incl	luded in Form 990, Part X			► \$
2	_	tion received or held works of art, histonts required to be reported under SFA	orıcal treasures, or other sımılar assets f S 116 relatıng to these ıtems	or finan	cial gain, provide the
а	Revenues inclu	uded in Form 990, Part VIII, line 1			▶ \$

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	stori	<u>cal Tr</u>	easur	es, or C	the	<u>r Similar</u>	Asse ⁻	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne fol	lowing t	that are	a signific	ant u	se of its col	lection		
а	Public exhibition		d	Γ	Loan	orexch	ange prog	rams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furthe	r the or	ganızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ıılar	┌	res (┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Fori	n 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	r other ass	ets r	not	Γ,	⁄es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ľ	1e				
f	Ending balance						ľ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lın	e 21?				L				⁄es	┌ No
b	If "Yes," explain the arrangement in Part XIV									•		
	rt V Endowment Funds. Complete		n <u>a</u> ns	<u>wer</u>	ed "Ye	s" to F	orm 990,					
		(a)Current Year	(b) Prior	Year	(c) Two	Years Back	(d)	Three Years Ba	ick (e)	Four Y	ears Back
1a	Beginning of year balance											
b	Contributions							_				
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
Ь	Permanent endowment 🕨 %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are held	d and ad	lmınıstere	d for	the	г		
	organization by (i) unrelated organizations				_		_	_	F	3a(i)	Yes	No
	(ii) related organizations								-	3a(ii)		
b	If "Yes" to 3a(II), are the related organization				ule R?					3b		
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	ınds				L	-		
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	See F	orm 9	90, Pa	rt X, line	10.				
	Description of investment				a) Cost o sıs (ınve		(b)Cost or basis (otl		(c) Accumu depreciat		(d) B	ook value
1a	Land			\top								
b I	Buildings											
c I	Leasehold improvements											
d I	Equipment		•			159,930			1	.03,987		55,943
e (Other											
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,), line	10(c).)		· · ·					55,943
ota	. Auu iines 1a-1e (Coiumn (d) shouid equal Fo	ırını 990, Part X, colui	inn (B,), IIne	10(C).)	• •		•	► Schedu	le D (F	orm 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	d of valuation f-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line : I	d of unlustron
(a) Description of investment type	(b) Book value	d of valuation f-year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13)	<u> </u> e 15	
(a) Descrip		(b) Book value
Tabel (Column (b) - bould - out 5 - 000 0 111 1111	<i>-</i>	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1. Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
PAYROLL LIABILITIES	24,564	
CREDIT CARD LIABILITIES	6,831	
ACCRUED VACATION OTHER ACCRUED LIABILITIES	37,756 4 471	
OTHER ACCRUED LIABILITIES REFUNDABLE ADVANCE	4,471 46,635	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	120,257	

om Form 990 to Financial Statements	ITT XII Reconciliation of Change in Net Assets from For
1 2,544,566	Total revenue (Form 990, Part VIII, column (A), line 12)
2 2,333,488	Total expenses (Form 990, Part IX, column (A), line 25)
3 211,078	Excess or (deficit) for the year Subtract line 2 from line 1
4	Net unrealized gains (losses) on investments
5	Donated services and use of facilities
6	Investment expenses
7	Prior period adjustments
8	Other (Describe in Part XIV)
9 0	Total adjustments (net) Add lines 4 - 8
bine lines 3 and 9 10 211,078	Excess or (deficit) for the year per financial statements. Combine line
	rt XII Reconciliation of Revenue per Audited Financial
<u> </u>	Total revenue, gains, and other support per audited financial statem
line 12	A mounts included on line 1 but not on Form 990, Part VIII, line 12
2a	Net unrealized gains on investments
2b 586,178	Donated services and use of facilities
2c	Recoveries of prior year grants
2d	Other (Describe in Part XIV)
2e 586,178	Add lines 2a through 2d
3 2,544,566	Subtract line 2e from line 1
n line 1	A mounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$
line 7b . 4a	Investment expenses not included on Form 990, Part VIII, line 7b
4b	Other (Describe in Part XIV)
4c 0	Add lines 4a and 4b
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Pa
	rt XIII Reconciliation of Expenses per Audited Financia
2,919,666 1	Total expenses and losses per audited financial statements
2.5	
ne 25	Amounts included on line 1 but not on Form 990, Part IX, line 25
2a 586,178	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities
1 1	
2a 586,178	Donated services and use of facilities
2a 586,178	Donated services and use of facilities
2a 586,178 2b 2d	Donated services and use of facilities
2a 586,178 2b 2c 2d	Donated services and use of facilities
2a 586,178 2b 2c 2d	Donated services and use of facilities
	Donated services and use of facilities
2a 586,178 2b 2c 2d	Donated services and use of facilities
2a 586,178 2b 2c 2d 2e 3 2,3333,488 line 1: 3 2,3333,488 line 7b 4a 4b 4c 0	Donated services and use of facilities

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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DLN: 93493316025020

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

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

Open to Public **Inspection**

Name of the organization

Employer identification number

.IFE	EWATER INC								
					9	5-3987142			
Pa		r mation on Ac 990, Part IV, lın		de the United States	s. Complete if	the organ	ızatıon ansv	wered	
1	assistance, the grante	ees' eligibility fo	or the grants or	ecords to substantiate tassistance, and the se	lection criteria	used to av	ward _	; ୮	No
2	United States		,	rocedures for monitoring th	ne use of grant f	unds outside	e the		
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)					
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region (by type) (i.e.	(e) If activity	listed in (d)	(f) Total ex	penditure) S

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, 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 region
central Asia	0	1	Program Services	Water projects including outside personnel, water wells, equipment and other project costs	62,264
LAOS	0	1	Program Services	Water projects including outside personnel, water wells, equipment and other project costs	62,416
ethiopia	0	3	Program Services	Water projects including outside personnel, water wells, equipment and other project costs	364,393
Kenya	0		Program Services	Water projects including outside personnel, water wells, equipment and other project costs	33,586
EAST AFRICA	0	1	Program Services	Registration in process to establish a regional office in Ethiopia	37,727
Uganda	0	1	Program Services	Water projects including outside personnel, water wells, equipment and other project costs	368,832
Totals	0	8			929,218
For Privacy Act and Paperwork R	 Reduction Act Notic	 ce. see the Instruc	tions for Form 990.	 Cat No 50082W Sch e	 edule F (Form 990) 2009

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	ın Part I, line 2, and any additional information. Explanation
1ethod Used to Acccount for	Recarmererence	Schedule F, Part I, Line 3 Accrual basis
expenditures		Seriodale 1,1 die 1, Ellie 3 Accidal basis
X Politarios		

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DLN: 93493316025020

OMB No. 1545-0047

SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities**

> Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Internal Revenue Service

Department of the Treasury

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

Employer identification number Name of the organization LIFEWATER INC Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

2 Less Chartable contributions	Pa	7.31	Fundraising Events. Commore than \$15,000 on Form					orted
Comparison Com			. ,		(b) Event #2	(c) O ther Events	(Add col (a)	through
3 a Gross income (line 1				(event type)	(event type)	(total number)	(-)	•
3 Gross income (line 1 28,231 28, 4 Cash prizes	evenue		Less Charitable	28,23	1			28,231
S Non-cash prizes .	<u>~</u>	3	Gross income (line 1	28,23	1			28,231
Fact III Garning. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if the organization on Form 990-EZ, line 6a. Complete if th		4	Cash prizes					
8 Entertainment	မှာ	5	Non-cash prizes					
8 Entertainment	Sus	6	Rent/facility costs	2,69	6			2,696
8 Entertainment	ă	7	Food and beverages					
10 Direct expense summary Add lines 4 through 9 in column (d). 22. 25. Part III Gaming, Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) three col (c)) 1 Gross revenue		8	Entertainment					
11 Net income summary Combine lines 3, column d, and line 10. 25, 26 25 25 25 25 25 25 25	ā	9	Other direct expenses .					
Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (Add col (a) three col (c)) 1 Gross revenue		10	Direct expense summary Add lir	nes 4 through 9 ın columr	n (d)			2,696
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (Add col (a) three col (c)) 1 Gross revenue		11	Net income summary Combine I	nes 3, column d, and line	10		+	25,535
(a) Bingo (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming (d) Total gaming (Add col (a) three col (c)) 1 Gross revenue	Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more th	nan
Topic texpense summary Add lines 2 through 5 in column (d). Sheet the state(s) in which the organization operate gaming activities in each of these states? If "No," Explain Topic texpense summary add lines 2 through 5 in column dand line 7. Yes y	evenue			(a) Bingo	1	(c) O ther gaming	(Add col (a)	through
2 Cash prizes	œ	1	Gross revenue					
4 Rent/facility costs	<u></u>							
4 Rent/facility costs	esued	3	Non-cash prizes					
6 Volunteer labor		4	Rent/facility costs					
The state of the s	눌	5	Other direct expenses					
8 Net gaming income summary Combine lines 1, column d, and line 7		6	Volunteer labor			·		
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		7	Direct expense summary Add line	s 2 through 5 in column	(d)			
P Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states?		8	Net gaming income summary Com	nbine lines 1, column d. a	nd line 7			
b If "Yes," Explain 11 Does the organization operate gaming activities with nonmembers?	а	Ent Is	er the state(s) in which the organiz	ation operates gaming ac	tivities			es No
				licenses revoked, suspe	nded or terminated during	the tax year?	10a	
	11	Do:	es the organization operate gaming	activities with nonmemb	ers?		─ │ ₁₁	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	Is	the organization a grantor, beneficia	ary or trustee of a trust or	a member of a partnersh	ip or other entity		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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DLN: 93493316025020

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990

OMB No 1545-0047

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

Open to Public Inspection

Internal Revenue Service ► Attach to Form 990. **Employer identification number** Name of the organization LIFEWATER INC 95-3987142

Eumlan ation

Identifier Return Explanation Reference		
Form 990, Part VI, Section A, line 2		TWO OF LIFEWATER'S DIRECTORS, WILLIAM ASHE AND GENE ASHE, ARE FATHER AND SON
Form 990, Part VI, Section A, line 4		THE ORGANIZATION MADE CHANGES TO THEIR ARTICLES AND SECTIONS OF THE BY LAWS ARTICLE 1 THE PRINCIPAL OFFICE HEADQUARTERS ADDRESS WAS CHANGED TO REFLECT THE CURRENT OFFICE ADDRESS ARTICLE 3 PREVIOUSLY TITLED MEMBERSHIP, THIS ENTIRE ARTICLE WAS RENAMED BOARD OF DIRECTORS WHICH WAS PREVIOUSLY ARTICLE 5 ARTICLE 4 THIS SECTION TITLED MEETINGS OF THE CORPORATION WAS ELIMINATED
Form 990, Part VI, Section B, line 11		FORM 990 WILL BE REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR, AND THE BOARD OF DIRECTORS PRIOR TO FILING
Form 990, Part VI, Section B, Inne 12c		ANNUALLY INQUIRE OF DIRECTORS AND KEY EMPLOYEES ABOUT POTENTIAL CONFLICTS OF INTEREST AND ISSUE NON CONFLICT OF INTEREST FORMS TO BE SIGNED BY EACH BOARD MEMBER
Form 990, Part VI, Section B, line 15		BOARD SEEKS AND OBTAINS COMPENSATION DATA FROM COMPARABLE ORGANIZATIONS AND MARKET EVALUATIONS BEFORE DETERMINING THE COMPENSATION FOR THE EXECUTIVE DIRECTOR THE SAME COMPARABILITY IS EMPLOYED FOR OTHER STAFF MEMBERS HOWEVER, RECENT ECONOMIC CONDITIONS HAVE CAUSED COMPENSATION TO BE BELOW DESIRED LEVELS
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
Form 990, Part XI, line 2c		The finance committee has oversight of the audit and recommends auditor selection to the board

Additional Data

Software ID:

Software Version:

EIN: 95-3987142

Name: LIFEWATER INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
VACATION	37,756	25,751	8,453	3,552
CAMPAIGNS	19,706	10,788		8,918
LICENSE & FEES	17,274	15,809	1,465	
DUES & SUBSCRIPTIONS	10,816		10,816	
INSURANCE	9,433	1,039	7,614	780