## Lee M. Forrester, CPA

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August 15, 2016

Rudolph B. Shaffer, CEO Water4Life Ministry, Inc. PO Box 23361 San Diego, CA 92193

Re: Your Donation to Water4Life Ministry

Dear Rudy,

In response to your request for confirmation of your donation to the Ministry, this letter is to confirm that you personally donated \$50,000 in February 2015 to Water4Life Ministry, Inc.

For 2015 the Ministry filed with the Internal Revenue Service form 990EZ which does not require the completion of Schedule B (list of donors contributing \$5,000 or more). Therefore this letter can be used as supplemental information in the absence of Schedule B.

If a reader of the Ministry's 2015 form 990EZ seeks additional information regarding your donation, they are free to contact me.

Sincerely,

Lee M. Forrester, CPA

La Sancesta

## 990-EZ

## **Short Form** Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990EZ for instructions and the latest information. A For the 2020 calendar year, or tax year beginning , 2020, and ending . 20 C Name of organization B Check if applicable: D Employer identification number 90-0653224 Address change Water4Life Ministry, Inc. Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number \_\_\_ Initial return PO Box 23361 8582150801 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return San Diego, CA 92193 Number > Application pending X Cash Accrual Other (specify) G Accounting Method: H Check ► 🗵 if the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) - X 501(c)(3) 501(c) ( (Form 990, 990-EZ, or 990-PF). ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 166,579. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I . . .  $\times$ 112,699. 1 2 Program service revenue including government fees and contracts 2 3 3 4 4 5a Gross amount from sale of assets other than inventory . . . . 5a b Less: cost or other basis and sales expenses . . . . . . . . . . . . 5b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . C 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 53,880. Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 46,206. 7a Gross sales of inventory, less returns and allowances . . . . . 7a 7b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . . 7c 8 8 9 9 158,905. 10 Grants and similar amounts paid (list in Schedule O) . . . . . . . . . . . . . . . . . 10 11 11 12 Salaries, other compensation, and employee benefits . . . . . . . . . . . . 12 13 Professional fees and other payments to independent contractors . . . . . . . . 13 14 14 15 15 16 16 118,203. 17 17 118,203. Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . 18 18 40,702. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 2,026. 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . 20

Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . .

21

21

42,728.

Part		•		S 11		(77)
	Check if the organization used Schedule	O to respond to ar		Part II (A) Beginning of year		X
22	Cash, savings, and investments		L_		22	
22 23	Land and buildings				23	44,778.
24	Other assets (describe in Schedule O)				24	17 E / 1
25	Total assets		<del></del>		25	17,541. 62,319.
26	Total liabilities (describe in Schedule O)		<del></del>		26	19,591.
27	Net assets or fund balances (line 27 of column				27	42,728.
Part						12,720.
	Check if the organization used Schedule	,		, i		Expenses
What		<del></del>	ion devices to people l			uired for section c)(3) and 501(c)(4)
as me	ibe the organization's program service accomplise assured by expenses. In a clear and concise mans benefited, and other relevant information for ea	shments for each of anner, describe the ch program title.	its three largest pre- services provided	ogram services, the number of		nizations; optional for
<b>28</b> ]	Distributed water filtration device primarily in Africa and Asia	ces to locatio	ons			
29	Grants \$ 0. ) If this amount				28a	73,348.
-				<del></del>		
- (	Grants \$ ) If this amount	includes foreign gra	nts, check here .	> 🗆	<b>29</b> a	
30						
-						
7			ata abaal bara	<b>L</b>	30a	
(	Grants \$ ) If this amount	includes f <mark>oreign</mark> gra	nts, check here .	٠ السا	Jua	I
	Other program services (describe in Schedule O)				Jua	
<b>31</b> (	Other program services (describe in Schedule O) Grants \$ ) If this amount	includes <b>fo</b> reign gra	nts, check here .		31a	
<b>31</b> (	Other program services (describe in Schedule O)	includes <b>fo</b> reign gra	nts, check here .			73,348.
<b>31</b> (	Other program services (describe in Schedule O) Grants \$ ) If this amount Total program service expenses (add lines 28a t  List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list each	nts, check here one even if not comp		<b>31a</b> <b>32</b> struc	tions for Part IV)
31 ( 32 )	Other program services (describe in Schedule O) Grants \$ ) If this amount  Total program service expenses (add lines 28a t	includes foreign gra hrough 31a) Employees (list each	nts, check here  the check her		<b>31a</b> <b>32</b> struc	tions for Part IV)
31 ( 32 )	Other program services (describe in Schedule O) Grants \$ ) If this amount Total program service expenses (add lines 28a t  List of Officers, Directors, Trustees, and Key	includes foreign gra hrough 31a) Employees (list each	nts, check here one even if not comp ny question in this I	pensated—see the in Part IV	31a 32 struc	tions for Part IV)
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Part '				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file <b>Form 1120-POL</b> for this year?	37b 38a		×
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	Jua		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		×
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		1
·	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		-	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Pandora Johnson Telephone no. ▶ (858)		2-09	932
L	Located at ▶ 3456 Castle Glen Drive 264, San Diego CA ZIP + 4 ▶ 9212  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	23	Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	165	No ×
	If "Yes," enter the name of the foreign country ▶		<b> </b>	<del>                                     </del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			<b>&gt;</b>
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	44c		×
	explanation in Schedule O	44d	<del></del>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		×
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	and the second s	×

							4	Yes	No	
	Did the organization engage									
	to candidates for public office			Part I			. 46	3	×	
Part \	VI Section 501(c)(3) O All section 501(c)(3) 50 and 51.			stions 47-49b and	52, and con	nplete th	e tables	for lin	ies	
	Check if the organiza	tion used Sch	edule O to respond	to any question in the	his Part VI				. 🗆	
								Yes	No	
	Did the organization engagyear? If "Yes," complete Sc			section 501(h) electio 				7	×	
48	Is the organization a school a	as described in	section 170(b)(1)(A)(ii	)? If "Yes," complete	Schedule E		. 48	3	×	
49a	Did the organization make a							<del>~~~</del>	×	
	If "Yes," was the related org								م ما ادم،	
50	Complete this table for the									
	employees) who each receive	employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."								
	(a) Name and title of each emplo	oyee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions t benefit plans, a	butions to employee (e)		e) Estimated amount of other compensation		
None										
					<u></u>					
						***************************************				
***										
***************************************										
f	Total number of other empl									
51	Complete this table for the	organization's	s five highest compe	ensated independent	contractors	who eacl	n receive	ed mor	e thar	
	\$100,000 of compensation	from the organ	lization. If there is no	ne, enter none.		~~~~				
	(a) Name and business address	s of each independ	ent contractor	(b) Type of sen	/ice	(c	) Compens	sation		
None	7		to the state of th							
	~			1						
						***************************************				
				-						
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	********	-						
				1						
d	Total number of other indep	oendent contra	ctors each receiving	over \$100,000	<b>&gt;</b>		***************************************			
52	Did the organization con				nizations m	ust attac	h a			
							► × Y	es 🗌	No	
Under p	penalties of perjury, I declare that I ha	ave examined this r	eturn, including accompar	nying schedules and statem	ents, and to the	best of my k	nowledge	and belie	f, it is	
true, co	prrect, and complete. Declaration of p	oreparer (other than	officer) is based on all init	ormation of which preparer			n			
Sian	Signature of officer				U57   Date	03/202	1			
Sign Here		Rudolph B Shaffer, CEO								
11616		Type or print name and title								
	15:15		Preparer's signature	/ 10	ate	Check 2	l if PTI	N		
Paid	Joe M. Forrest		Preparer's signature	enter 0	5/06/2021	self-empl	oyed P0	14926	01	
Prep	Only Firm's name > LEE	Firm's name ► LEE M. FORRESTER - CPA Firm's EIN ► 20-5								
	Firm's address ▶ 1515				Pho	ne no. (´	760)41			
May t	the IRS discuss this return wi	th the prepare	r shown above? See	instructions			► <b> Y</b>	′es 🛚 🗙	No	