

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

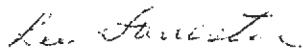
Dear Rudy,

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

Return of Organization Exempt From Income Tax

2023

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

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization

Water4Life Ministry, Inc.
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 23361
City or town, state or province, country, and ZIP or foreign postal code
San Diego, CA 92193

D Employer identification number

90-0653224

E Telephone number

8582150801

F Group Exemption

Number

G Accounting Method: [X] Cash [] Accrual Other (specify):

H Check [X] if the organization is not required to attach Schedule B (Form 990).

I Website: N/A

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c) () (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] 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 (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 79,868.

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 [X]

Table with 21 rows and 4 columns. Rows 1-9: Revenue. Rows 10-17: Expenses. Rows 18-21: Net Assets. Includes sub-rows for gaming and fundraising events, and inventory sales.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2023)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? To provide water filtration devices to people lacking clean water

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Distributed water filtration devices to locations primarily in Africa and Asia; Other program services; Total program service expenses.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

Table with 5 columns: (a) Name and title, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Rows include Rudolph Shaffer, Pandora Johnson, Jeannie Baker.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V .

Table with columns for question numbers (33-45b), descriptions, and Yes/No checkboxes. Includes questions about significant activities, organizational changes, income, and tax shelter transactions.

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
		46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
		47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
		48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
		49a	X
b	If "Yes," was the related organization a section 527 organization?		
		49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key 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 employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Rudolph B Shaffer, CEO		Date 03/06/2024		
	Type or print name and title				
	Print/Type preparer's name Lee M. Forrester		Preparer's signature	Date 04/30/2024	Check <input checked="" type="checkbox"/> if self-employed
Paid Preparer Use Only	Firm's name LEE M. FORRESTER - CPA		Firm's EIN 20-5806010		
	Firm's address 1515 TZENA WAY, ENCINITAS, CA 92024		Phone no. (760) 419-1290		

May the IRS discuss this return with the preparer shown above? See instructions **Yes** **No**