Form **990**

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)

2008

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2008 calendar year,	or tax year beginning , 2008, and endin	X		1	
В	Check if Add Nan Initi	applicable: press change me change ne change all return mination Please using in Silve in S	T	76-	0324 one numi -207	-7800	.726
	\vdash		and address of principal officer: Gary L. Evans	H(a) Is this a group retur	***************************************		X No
	App	, "	~	H(b) Are all affiliates incl		Yes Yes	-
			AS C ADOVE	If 'No,' attach a list.			No
	Tax-	exempt status X 50					
<u>J</u>		site: ► www.wate		H(c) Group exemption nu			
K		of organization: X Corpo	ration Trust Association Other ► L Year of Formati	ion: 1990 M s	itate of I	legal domicile: TX	
Pa	ırt I	Summary					
Governance		<u>demonstrate the with the "live deepest thirst</u>	ganization's mission or most significant activities: Living Wa ne love of God by providing desperately n ing water" of the gospel of Jesus Christ, to persons in developing countries.	eeded_clean_ _which_alone	<u>wate</u> e_sat	er, along tisfies th	
οVε	2 0	Check this box ►	if the organization discontinued its operations or disposed of mo	re than 25% of its	assets	· .	
			nbers of the governing body (Part VI, line 1a)		3		12
Activities &	§	•	nt voting members of the governing body (Part VI, line 1b)		4		12
vitie			byees (Part V, line 2a)		5		51
ict.			teers (estimate if necessary)		6		1,000
4			business revenue from Part VIII, line 12, column (C)		7a 7b		<u>0.</u> 0.
	1 0	vet unrelated busines	s taxable income from Form 990-T, line 34		70		
	2000000			Prior Year		Current Ye	
Φ			nts (Part VIII, line 1h)			15,170,	
Revenue			nue (Part VIII, line 2g)				,003.
Je V.			art VIII, column (A), lines 3, 4, and 7d)				,758. ,134.
hara.			III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			15,395,	
	~~~~~~		ines 8 through 11 (must equal Part VIII, column (A), line 12)		30.		
			ounts paid (Part IX, column (A), lines 1-3)			21,	<u>,867.</u>
			members (Part IX, column (A), line 4)			2 426	007
ø	1		nsation, employee benefits (Part IX, column (A), lines 5-10)	1,523,8	5/.	2,436,	,807.
nse	16 a F	Professional fundraisi	ng fees (Part IX, column (A), line 11e)		1-78-244	Samuel and the same of the same	5
Expenses	bΤ	Total fundraising expe	nses (Part IX, column (D), line 25) ►1, 269, 104.		G-1403	1777.227	
LLI			IX, column (A), lines 11a-11d, 11f-24f)	7,622,5	01.	10,671,	,163.
			ines 13-17 (must equal Part IX, column (A), line 25)		58.	13,139,	,837.
			s. Subtract line 18 from line 12		38.	2,255,	,807.
රීම්				Beginning of Y	ear	End of Ye	ar
Not Assets or Fund Balances	20 T	fotal assets (Part X. I	ine 16)	6,445,8		8,675,	
Ass		otal liabilities (Part X		972,6			,542.
Met			ances. Subtract line 21 from line 20	5,473,2	00	7,729,	007
Pa	rt II	Signature Blo		3, 2, 3, 2		.,,,,,,,	
1 4	1 (11			aments, and to the hest o	f my kac	nuledne and helief :	
		true, correct and complete	I declare them have examined this return, including accompanying schedules and state. Declaration of preparer (other than officer) is based on all information of which prepare	rer has any knowledge.	- 11	7 Cage and doner, in	
Sig	in	× 7		6 -	-7-	- 2007	
He		Signature of officer	The state of the s	Date			
		-	EXECUTION	Direc	70	7	
		Type or print name an				Address	
Pai Pre	-	Preparer's signature	Copy Date 6.24.0	Check if self-employed	X	eparer's identifying r ee instructions)	number
par	er's	Firm's name (or Bla	zek & Vetterling				
Üs On			0 Weslayan, Suite 200	EIN - N	/A		
VIII	ıy	final decided and an arrangement	ston, TX 77027-5132		(713	3) 439-573	9
Mav	the IR	<del></del>	with the preparer shown above? (see instructions)	····		X Yes	No

Form	990 (2008) Living Water International	76-0324875	Page 2
Par	t III Statement of Program Service Accomplishments (see instructions)		
1			
	See Schedule 0		
	AND THE COLUMN TWO IN THE COLU		
	THE ARM AND ADDRESS OF		
	the state of the s	na tha ariar	
2	Did the organization undertake any significant program services during the year which were not listed or		X No
	Form 990 or 990-EZ?	Yes	V MO
	If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program s	ervices? Yes	X No
3	If 'Yes,' describe these changes on Schedule O.	0111003:	110
А	Describe the assembly assess applicaments for each of the organization's three largest program service	es by expenses. Section 50	1(c)(3)
4	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and allocations to others, th	e total
	expenses, and revenue, if any, for each program service reported.		
		W. Hannes San San Arthur Control of State at the Control of the Co	
4 a	(Code: (Code: \$\) (Expenses \$\) 11,094,973. including grants of \$\) 31,867.	) (Revenue \$	)
	Water projects - Drilling of new water wells and rehab of existi	<u>ng wells with bro</u>	ken
	pumps.	and with the term and their star time and and their time	
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		went times have which being leads them which about prior them were made	
	THE SEC COS AND THE COS AND TH	while where where from states which while their hand where their hand	
	Simplifies an analysis of the second		000
4 b	(Code: 124,908. including grants of \$	) (Revenue \$ 5]	.,003.)
	Training camps to teach the fundamentals of drilling wells and 1	<u>repairing broken p</u>	umps
	and to teach general health and hygiene practices.		
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		maked States (Marie person service Adjoint service basets Anton yangka Antoni pasasa sakasa	
	THE THE PART AND T	deren bester stener menne menne bester stener stener stener stener stener stener	
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4 c	: (Code:including grants of \$	) (Nevenue $\varphi_{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	,
		and the same that the same tha	
		THE PARTY NAME AND PARTY OFFICE ADDRESS ASSESS ASSE	
		and the thin the the tree was the tree and the tree and	
	AND	THE REAL PROPERTY AND ADDRESS NAME OF STREET O	April Street Square Adda States
	AND SEC. NOT THE TOTAL PART TOTAL	AND	
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue		
<u>4 e</u>	Total program service expenses ► \$ 11,219,881. (Must equal Part IX, Line 25, column	ı (B).)	

Page 2

Page 3

**Checklist of Required Schedules** 

			Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
	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 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Χ	
	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		A
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b	Χ	
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 United States? If 'Yes,' complete Schedule F, Part II	15		Х
	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 United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17	v	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	37	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	X	7.5
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J.	23	Х	
	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,'go to question 25	24a		Х
ŧ	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 :	a 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.	25 a		Х
Manage	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I.	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х

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Part IV Checklist of Required Schedules (continued)

2 %	1611 0110011101011101111011111111111111			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	1		
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively	28a		X
	with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	282		A
	b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	Х	
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is	37		Х

Form **990** (2008) BAA

76-0324875 Form 990 (2008) Living Water International Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 16 1 a 1 b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . . c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X 1 c (gambling) winnings to prize winners?..... 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 51 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... Χ 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Χ this return?.... b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. . . . . 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... 4 a 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 185 Financial Accounts. 360 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5 b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 50 Prohibited Tax Shelter Transaction?.... Χ 6 a 6a Did the organization solicit any contributions that were not tax deductible?..... bilf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6h deductible?.... 7 Organizations that may receive deductible contributions under section 170(c). X a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?...... 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c X Form 8282?..... d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X 7 e benefit contract?.... Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7 f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?.... X 7 a h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?... X 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9 a 9 b b Did the organization make any distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12..... 10 a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.... 10b

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11b

11 Section 501(c)(12) organizations. Enter:

a Gross income from other members or shareholders..... b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).....

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

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

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

Se	ction A.	Governing Body and Management			,	
	For each	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, os, or changes in Schedule O. See instructions.	describe the circumstance	s,	Yes	No
1			1a 3	. 2		
		number of voting members that are independent		2		
		officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?See.Schedule.O	lationship with any other	2	X	
3	Did the o	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	nder the direct supervision			Х
A	of officer	s, directors or trustees, or key employees to a management company or other perso organization make any significant changes to its organizational documents	11.5.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4		X
4		prior Form 990 was filed?		-		
5	Did the o	rganization become aware during the year of a material diversion of the organization	n's assets?	. 5		Х
6	Does the	organization have members or stockholders?		. 6		X
7	a Does the	organization have members, stockholders, or other persons who may elect one or ng body?	nore members of the	. 7a		Х
	<b>b</b> Are any	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	. 7b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ving:	rtaken during the year by			
		erning body?				
	<b>b</b> Each cor	nmittee with authority to act on behalf of the governing body?		. 8b	-	
		organization have local chapters, branches, or affiliates?			X	
	and bran	does the organization have written policies and procedures governing the activities of ches to ensure their operations are consistent with those of the organization?	,	. 30	Х	
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990S	? All organizations must ee. Schedule. 0	. 10	X	
duser.	Is there a organizal	any officer, director or trustee, or key employee listed in Part VII, Section A, who car tion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O.</i>	nnot be reached at the	. 11		X
Se	ction B.	Policies			T	
				10-	Yes	No
		organization have a written conflict of interest policy? If 'No,' go to line 13		. 12a	Α_	
	to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?		. 12b	Х	
	c Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po	licy? If 'Yes,' describe in	. 12c	·	
13	Does the	organization have a written whistleblower policy?	,,	. 13	X	
14	Does the	organization have a written document retention and destruction policy?		. 14		2-4-10
15	Did the p persons,	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision:			
	a The orga	nization's CEO, Executive Director, or top management official?		. 15a	1	
		icers of key employees of the organization? . See . Schedule . O		15 b	A Septiment	4420
		the process in Schedule O. (see instructions)				
	entity du	organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?		10 a		X
	status wi	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	to evaluate its participation the organization's exemp	n 16b	incluse at.	
		Disclosures				
		states with which a copy of this Form 990 is required to be filed <u>See Schedul</u>				
18	inspectio	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only)	availab	le for p	public
	1 1	website X Another's website X Upon request	4 20 3 4 4 5	**		
	statemer	in Schedule O whether (and if so, how) the organization makes its governing docun its available to the public. See Schedule O name, physical address, and telephone number of the person who possesses the b				ancial
					* .	

Form 990 (2008)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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• 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 \$100,000 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 compen	sate a	ny (	office	er, c	directo	or, tr			
(A)	(B)	U REAL PROPERTY OF THE PROPERT		(0				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee		al Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Gary L. Evans Executive Direc	45	- Andrewson and the second		Х	Х			154,992.	0.	5,521.
Jerry Wiles	1									and the second s
President	45			Х				50,451.	0.	41,521.
Lewis Hough	1									
Vice President	45			Χ			ALC: NO PERSONAL PROPERTY OF THE PERSONAL PROP	69,052.	0.	5,521.
Sharon Evans										
Secretary	1 45			Χ				52,252.	0.	5,521.
Bruce Whitmire										
Vice President	45			Χ				63,411.	0.	5,521.
Tim Mulville										
Vice President	45			Χ				67,735.	0.	5,521.
Mike Mantel									-	
Sr VP Develpmnt	45			Х			<u> </u>	48,055.	0.	3,018.
Richard Lewis										
Treas/Cntroller	45			Χ				68,914.	0.	5,521.
Brad Saltzman								The second secon		
Vice President	45			X				51,720.	0.	5,521.
Mollie Allen				-						
Director	2	X					ļ	0.	0.	0.
Gary Loveless	_				-		***************************************			•
Board Chair	4	X			_			0.	0.	0.
Richard Bischoff	_									^
Director	2	X					-	0.	0.	0.
Bob Boozer										
Director	2	X		ļ			-	0,	0.	0.
Hollis Bullard	_						-			^
Director	4	X			-			0.	0.	0.
Keith Hatch	4 _							0.	0.	0.
Director	2	X	-	-	-	-	-	<u> </u>	V.	V.
Becky_Morris	4 .	1	-		Sancadary.				0.	0.
Director	2	X		-	-		+	0.	V.	U.
Robert Pettigrew	2	X		TO COMPANY				0.	0.	0.
Director	1 4	1 V				107100		J	L V.I	Form <b>990</b> (2008)

Part VII Section A. Officers, Directors, Trust	tees, Ł	(ey	Em	plo	ye	es,	ano	d Highest Con	pensated Emp	loyees (cont.)
(A)	(B)			((	:)		-	(D)	(E)	(F)
Name and Title	Average hours per week			check Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Roy Rhodes					-					
Director	4	X						0.	0.	0.
Jay Brown Director	2	X						0.	0.	0.
Jeffery Singer Director	2	Х						0.	0.	0.
Mark Stouse	2	X						0.	0.	0.
						-commission commission	de la constanta	and the state of t		
	1	+	$\vdash$	T		$\vdash$				
			-		-		-			
	-	_					_			
	-									
	-					- ALL COLORS AND ACCOUNTS AND A				
	_		-	$\dagger$						
		and the same of th	-	-	-	-	-			
	-			-	_					
	-					A CONTRACTOR OF THE PARTY OF TH				
						Particular de la constante de	C)			Andrews of the second s
							3>	626,582.	0.	83,186.
1 b Total	who re	ceiv	ed n	nore	tha	n \$	100,0	000 in reportable	compensation from	the
organization ► 1				000 page - 100 page -	ezenaz (ö-ni-fil		***************************************			Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of the organization and related organizations greater</li> </ul>	reportat	ole c	omp	ens 7 If '	atio Yes	n ar	nd ot	her compensation te Schedule J for	n from such	3 X
individual										4 X
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete S										5 X
1 Complete this table for your five highest compens compensation from the organization.	ated inc	iepe	nde	nt c	ontr	acto	rs th	nat received more	than \$100,000 of	
(A) Name and business addre	ess							Description	B) of Services	(C) Compensation
LWT -Liberia , Virginia Liberia								Water wel.		984,746.
ICDI PO Box 247 Winona Lake, IN 4	6590							Water well		801,000. 340,408.
LWI - Kenya , Nairobi Kenya								Water well		298,838.
Tommy Head Peru Ministries								Water wel		173,000.
LWI - Rwanda				<del>,</del>						
2 Total number of independent contractors (including	ng those	in '	1) w	ho r	ece	ved	mor	e than \$100,000	in	

TEEA0108L 10/13/08

Par	t VIII   Statement of Revenue	and the same of th		I	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c 1,668,481       d Related organizations     1d       e Government grants (contributions)     1e 27,741       f All other contributions, gifts, grants, and     14,13,474,537				
	similar amounts not included above	15,170,749.			
PROGRAM SERVICE REVENUE	Business Code         2a Training fees       611000         b	51,003.	51,003.		
PROGRAM	e f All other program service revenue	51,003.			14250124 S
PRETERIOR AND PRINCIPALITY OF THE PRINCIPALITY	<ul> <li>Investment income (including dividends, interest and other similar amounts).</li> <li>Income from investment of tax-exempt bond proceeds.</li> <li>Royalties.</li> </ul>	26,964.			26,964
e management of the first of the state of th	(i) Real (ii) Personal  6 a Gross Rents	83,342.			83,342
egygetisten en e	d Net rental income or (loss)				
VENUE	d Net gain or (loss)	794.			794
OTHER REVENUE	b Less: direct expenses	53,100.			53,100
к физирелальный алектовори посменеревы пробего	9 a Gross income from gaming activities. See Part IV, line 19				
o de ser como registro de ser construir de	10a Gross sales of inventory, less returns and allowances 9,692.  b Less: cost of goods sold b  c Net income or (loss) from sales of inventory	9,692.	2,570.		7,122
	Miscellaneous Revenue Business Code  11 a b c	The first of the second of the		State of the State	
	d All other revenue		53,573.		171,322

Part IX Statement of Functional Expenses

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

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

	All other organizations must comp	Diete Column (A) but are			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	31,867.	31,867.	A Commence of the Commence of	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			The state of the s	
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	674,000.	478,540.	67,400.	128,060.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	1,408,273.	599,934.	320,236.	488,103.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9	Other employee benefits	205,754.	104,726.	40,222.	60,806.
10	Payroll taxes	148,780.	74,765.	27,775.	46,240.
	Fees for services (non-employees)				
	Management				
	Legal	20 522		29,533.	
	Accounting	29,533.		27,000,	
	d Lobbying				
1	Prof fundraising svcs. See Part IV, In 17				
į	Investment management fees			00.700	1.05 4.47
	g Other	457,078.	261,005.	30,632.	165,441.
	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
	Occupancy	186,981.	134,264.	17,021.	35,696.
16		1,373,433.	1,158,558.	9,657.	205,218.
17 18	Travel.  Payments of travel or entertainment expenses for any federal, state, or local public officials	1,373,133.			
19	Conferences, conventions, and meetings			20.000	
20	Interest	20,092.		20,092.	
21	Payments to affiliates				0.0.00
22	Depreciation, depletion, and amortization	105,673.	79,104.		26,569.
23					AND STREET STREET STREET STREET STREET
	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.).				
	a Water delivery projects	7,026,958.	7,026,958.		
	b Materials & supplies	616,583.	530,729.	33,623.	52,231.
	c Debt forgiveness	355,326.	355,326.		
		227,400.	195,692.	31,708.	
	d Other Expenses	151,157.	90,544.	15,964.	44,649.
	e Licenses/permits/dues	120,949.	97,869.	6,989.	16,091.
	f All other expenses	13,139,837.	11,219,881.	650,852.	1,269,104.
_25		13,133,037.	11,611,001.	0007002.	and y was he at y who had to y
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2008)
BAA					rorm 990 (2008)

Pa	art X	Balance Sheet			
السينا			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	735,515.	1	975,442.
	2	Savings and temporary cash investments	1,254,427.	2	2,380,930.
	3	Pledges and grants receivable, net	791,604.	3	2,164,371.
	4	Accounts receivable, net	133,821.	4	37,700.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))	MARCH IN	是共動	MEADE TENE
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	The state of the second control of the secon	6	Commence and the second of the
A S	7	Notes and loans receivable, net	336,768.	7	
A S S E T	8	Inventories for sale or use	181,217.	8	163,988.
T S	9	Prepaid expenses and deferred charges	81,378.	9	70,681.
	10 a	Land, buildings, and equipment: cost basis		1.21	
	1	Less: accumulated depreciation. Complete Part VI of		1	
		Schedule D. 10b 379,795.	2,924,936.	10 c	2,874,505.
	11	Investments – publicly-traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	6,140.	15	7,932.
	16	Total assets. Add lines 1 through 15 (must equal line 34).	6,445,806.	16	8,675,549.
	17	Accounts payable and accrued expenses	580,893.	17	607,873.
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B	21	Escrow account liability. Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
ĺ		of Schedule L	201 512	22	220 660
Š	23	Secured mortgages and notes payable to unrelated third parties	391,713.	23	338,669.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	070 000	25	046 540
****	26	Total liabilities. Add lines 17 through 25.	972,606.	26	946,542.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.			
۸	27	Unrestricted net assets	4,010,133.	27	5,736,688.
SSETS	28	Temporarily restricted net assets.	1,463,067.	28	1,992,319.
Ť	29	Permanently restricted net assets		29	
O R	23	Organizations that do not follow SFAS 117, check here ► and complete			
FUXD	20	lines 30 through 34.  Capital stock or trust principal, or current funds		30	
	30	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
ĄN	33	Total net assets or fund balances.	5,473,200.	33	7,729,007.
8年14天0世の	34	Total liabilities and net assets/fund balances	6,445,806.	34	8,675,549.
	rt XI				and the second s
1.0		1 Harrow Caronione and Troposition	***************************************		Yes No
		counting method used to prepare the Form 990: Cash X Accrual re the organization's financial statements compiled or reviewed by an independent	Other accountant?		2a X
		re the organization's financial statements complied of reviewed by an independent accountant?			
	~ If 1	Yes' to 2a or 2h, does the organization have a committee that assumes responsibility	v for oversight of the a	udit.	
7	a As	Yes' to 2a or 2b, does the organization have a committee that assumes responsibilitiew, or compilation of its financial statements and selection of an independent accordance aresult of a federal award, was the organization required to undergo an audit or ac	idits as set forth in the	Sinale	
	Auc	dit Act and OMB Circular A-133?			3a X
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b If "	Yes,' did the organization undergo the required audit or audits?			3b
BA	Α				Form <b>990</b> (2008)

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

**Public Charity Status and Public Support** 

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

OMB No. 1545-0047

2000

Open to Public Inspection

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

Employer identification number Name of the organization 76-0324875 Living Water International Part In Reason for Public Charity Status (All organizations must complete this part.) (see instructions) organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III - Functionally integrated d Type III- Other b By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, ŕ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) 11 g (ii) a family member of a person described in (i) above?..... (iii) a 35% controlled entity of a person described in (i) or (ii) above?..... 11 g (iii) Provide the following information about the organizations the organization supports h (iii) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify (vii) Amount of Support (iv) Is the (i) Name of Supported (ii) EIN the organization in col. (i) of your support? organization in col. (i) organized in the U.S.? organization in col. (i) listed in your Organization governing (see instructions)) Yes Yes No No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2008

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you check	ed the box on line	5 7 or 8 of Par	11.)			
Sec	tion A. Public Support					79. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	THE TECHNOLOGICAL CONTROL OF THE TECHNOLOGICA CONTROL
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	3,354,218.	5,936,534.	7,373,891.	11651634.	15180441.	43,496,718.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	3,354,218.	5,936,534.	7,373,891.	11651634.	15180441.	43,496,718.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,485,853.
6	Public support. Subtract line 5 from line 4	1					41,010,865.
Sec	tion B. Total Support		•	Control of the contro	<u> </u>	<b>,</b>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	3,354,218.	5,936,534.	7,373,891.	11651634.	15180441.	43,496,718.
8	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income form similar sources		199.	9,826.	170,420.	164,000.	344,445.
9	Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss form the sale of capital assets (Explain in Part IV.).						0.
11	Total support. Add lines 7 through 10						43,841,163.
12	Gross receipts from related activ	vities, etc. (see in	structions)				0.
	First five years. If the Form 990 organization, check this box and	d stop here		nd, third, fourth,	or fifth tax year a	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support P	Percentage				00 5 %
15	Public support percentage for 20 Public support percentage for 20	007 Schedule A, F	Part IV-A, line 26f.				93.5 % 94.4 %
16 a	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and rganization	the line 14 is 33	-1/3 % or more, c	heck this box
*	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pul	d not check a box blicly supported o	on line 13, or 16arganization	a, and line 15 is 3	3-1/3% or more, o	theck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	mosts the 'facts.:	and-circumstance	s' test, check this	hox and stop nei	re. Explain in Pari	IV now
Ł	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	moote the 'facts-	and-circumstance	s' test, check this	hox and stop her	re. Explain in Part	IV now the
10	Driveta foundation if the organ	ization did not chi	eck a box on line	13 16a 16b 17a	a, or 17b, check th	nis box and see in	structions 🟲 📗

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

	(Complete only if you che	cked the box on li	ne 9 of Part I.)				
Sec	tion A. Public Support				1		
	dar year (or fiscal yr beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Giffs, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	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 1-5						
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
С	Add lines 7a and 7b						
8	Public support (Subtract line					Approximate and a state of the	
	7c from line 6.)					and the second	
Sec	tion B. Total Support				<del>y</del>		
	tion B. Total Support ndar year (or fiscal yr beginning in) >	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Cale		(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9	ndar year (or fiscal yr beginning in) 🟲	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a b	Amounts from line 6	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Caler 9 10 a b c 111	Amounts from line 6		(b) 2005			(e) 2008	(f) Total
Caler 9 10 a b c 11 12 13	Amounts from line 6						
Caler 9 10 a b c 11 12 13	Amounts from line 6						
Caler 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiz	ation's first, seco				
Caler 9 10 a b c 11 12 13 14 Sec	Amounts from line 6	is for the organized stop here	ation's first, seco	nd, third, fourth,	or fifth tax year a	s a section 501(c)	
Caler 9 10 a b c 11 12 13 14 Sec 15	Amounts from line 6	is for the organized stop here	ation's first, seco	and, third, fourth, ine 13, column (f)	or fifth tax year a	s a section 501(c)	(3) ▶ □
Caler 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organized stop hereblic Support F	ation's first, secondary of the secondar	and, third, fourth, ine 13, column (f)	or fifth tax year a	s a section 501(c)	(3) ► [
0 Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organized stop here blic Support F 008 (line 8, colum 2007 Schedule A	ation's first, seconomics of the seconomics of t	and, third, fourth, ine 13, column (f)	or fifth tax year a	s a section 501(c)	(3) ► [
Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organized stop here	ation's first, seconomics firs	and, third, fourth, line 13, column (f) 27g eed by line 13, column	or fifth tax year a	s a section 501(c)	(3)
Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organized stop here	ation's first, seconomics of the secondary of the seconda	ine 13, column (f) 27g ee by line 13, column (f) line 27h	or fifth tax year a	s a section 501(c)	(3)
Caler 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6	is for the organized stop here	ation's first, seconomics of the seconomics of t	ine 13, column (f) 27g eed by line 13, column 27h	or fifth tax year a	s a section 501(c)  15 16  17 18 3%, and line 17 is no organization	(3)

Schedule A (Form 990 or 990-EZ) 2008 Living Water International	76-0324875	Page 4
Part IV Supplemental Information. Complete this part to provide the explanat Part II, line 17a or 17b; or Part III, line 12. Provide any other additional	ion required by Part II, line 1	0;
Part II, line 1/a or 1/b; or Part III, line 12. Provide any other additional	ii information. (see instructio	ns)
	and states where the first trans trans trans trans to the depart where the water trans areas.	
	and place species, proven subject 40000 beings whospy subject between souther subject become species subject to	
	NA MAIN WARE COMP STORY MADE START START MADE AND ADDRESS AFTER START START START START START START START START	
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# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, 990-EZ and 990-PF ► See separate instructions.

OMB No. 1545-0047

2008

Name of the organization		Employer identification number
Living Water International		76-0324875
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(_3_) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treate	ed as a private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
FORM 950-11	4947(a)(1) nonexempt charitable trust treated as	a private foundation
	501(c)(3) taxable private foundation	, a private roundation
Check if your organization is covered by the <b>General I</b> boxes for both the General Rule and a Special	Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), (8), (9), (9), (9), (9), (9), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10), (10)	or (10) organization can check
General Rule —  For organizations filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or m	ore (in money or property) from any one
Special Rules –		
509(a)(1)/170/b)(1)(A)(vi) and received from any	orm 990, or Form 990-EZ, that met the 33-1/3% supp one contributor, during the year, a contribution of the great % of the amount on Form 990-EZ, line 1. Complete F	ter of (1) \$5,000 or (2) 2% of the
angregate contributions or bequests of mor	ation filing Form 990, or Form 990-EZ, that received to than \$1,000 for use <i>exclusively</i> for religious, charital ildren or animals. Complete Parts I, II, and III.	rom any one contributor, during the year, able, scientific, literary, or educational
some contributions for use exclusively for r	ation filing Form 990, or Form 990-EZ, that received the digious, charitable, etc., purposes, but these contributions that were received during the yearts unless the <b>General Rule</b> applies to this organization.	tions did not aggregate to more than ear for an exclusively religious, charitable.
religious, charitable, etc, contributions of \$5	5,000 or more during the year.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
990-PF) but they must answer 'No' on Part IV	the General Rule and/or the Special Rules do not file line 2 of their Form 990, or check the box in the head leet the filing requirements of Schedule B (Form 990,	ding of their Form 990-EZ, or on line 2 of
DAA Fan Drivery Asternal Deservoid Deducti	ar Ant Nation can the Instructions	chadula R (Form 990, 990, F7, or 990, PF) (2008

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

of Part I

Living Water International

76-0324875

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$795,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$304,000.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$1,089,576.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$310,915.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$500,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6		\$ <u>352,085.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Page	2

of Part I

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2008) Name of organization Employer identification number 76-0324875 Living Water International

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ <u>1,500,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
88		\$ <u>1,921,146.</u>	Person X Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Employer Identification number

Name	of the organization			Lisping at teather water	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Tit	ing Water International			76-0324875	
Day	t M Organizations Maintaining Donor	Advised Funds or Other	Similar Funds or	Accounts Complete	; if
Par	the organization answered 'Yes' to	Form 990 Part IV. line	6.	,	
	the organization answered res to	(a) Donor advised fu	inde	(b) Funds and other acc	ounts
				(8) 1 0/100 5/10 0/1/2	
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
		advisors in writing that the	assets held in donor as	dvised —	
5	funds are the organization's property, subject	to the organization's exclusive	icgai control		No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	the neticut of the doubt of doing	21 22 11 21 21 21	Yes	No
Pai	impermissible private benefit??t II Conservation Easements Comple	ete if the organization ans	wered res to ro	III 990, Falt IV, IIIC	<u>/·</u>
1	Purpose(s) of conservation easements held by	y the organization (check all the	at apply).		
	Preservation of land for public use (e.g., i	recreation or pleasure)	Preservation of an h	nistorically important land	area
	Protection of natural habitat	ALBORINA AND AND AND AND AND AND AND AND AND A	Preservation of certi	ified historic structure	
	The self-ref energence				
2	limid a partitude of the second of the secon	a qualified conservation contrib	ution in the form of a	conservation easement of	n the last day
2	of the tax year.				
				Held at the End o	Time Year
	a Total number of conservation easements			2a	
	b Total acreage restricted by conservation ease	ments		2 b	
	c Number of conservation easements on a certi	ified historic structure included	in (a)	2c	
	المسلم والمستار المستار المستر المستار المستار المستار المستار المستار المستار المستار المستار	in (a) acquired after 8/17/06		2 d	
_	<ul> <li>d Number of conservation easements included Number of conservation easements modified,</li> </ul>	transferred released extinguis	shed, or terminated by	the organization during t	he taxable
3		Haristotted, 1919222-7			
	year ►  Number of states where property subject to c	oncervation easement is locate	d <b>►</b>		
4	Number of states where property subject to c	Oliservation casement is reserve			
5	of the concernation easement it	egarding the periodic monitoring holds?	j, inspection, violation	Yes	☐ No
6	or re trade or house doubted to monitorin	a inspecting, and entorcing ea	sements during the ye	CI .	
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing easer	nents during the year	\$ 5	
8	170/13/43/D3/3 and 170/b3/43/R3/03/2				☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote	ts conservation easements in its r to the organization's financial	revenue and expense sta statements that descri	atement, and balance sheet bes the organization's acc	, and counting for
D:	1 III la : Line Braintaining Call	ections of Art, Historical	Treasures, or Oth	er Similar Assets	
	Complete if the organization ans	swered tes to rolling 30	, i diciv, into o.	nd halanca chaet warks a	of art_historical
1	a If the organization elected, as permitted und treasures, or other similar assets held for pu the text of the footnote to its financial staten	nents that describes these items	5.	•	
	b If the organization elected, as permitted und treasures, or other similar assets held for pu amounts relating to these items:	DIIC EXHIBITION, COCCOCION, 4			
		I, line 1			
2	If the organization received or held works of	art, historical treasures, or our states are stated at 116 relating to these items:	5) \$11111ai a330t3 for hi	iditota gan, i pre i e e	DIIOWING
		1			
	<b>a</b> Revenues included in Form 990, Part VIII, III <b>b</b> Assets included in Form 990, Part X			·····	
	E / COULD HEREGOOD NOT DELLE TO THE				

Part III   Organizations Maintai								
3 Using the organization's accessio that apply):	n and other recor	ds, check any of the	follo	wing that are a si	gnificant use of its coll	lection it	ems (ch	eck all
a Public exhibition		d Loan or	r exch	nange programs				
b Scholarly research		e Other						
c Preservation for future genera	ations							
4 Provide a description of the organ Part XIV.						se in		
5 During the year, did the organizar assets to be sold to raise funds r.	ainer inan io de ti	raintaineu as part or	i the t	луанканон э сог	COUOTI	Yes		No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrang an amount on	ements Comple Form 990, Part	te if X, lir	organization and 21.	answered 'Yes' to I	-orm 9	90, Pa 	irt
1a Is the organization an agent, trus included on Form 990, Part X?					er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the followin	ig tab	le:		A		
					1c	Amoun		
c Beginning balance		, , , , , , , , , , , , , , , , , , , ,		,	. 1d		****	
d Additions during the year								-
e Distributions during the year								
f Ending balance		00 D 17 E 013				Yes		No
2a Did the organization include an a		90, Part X, line 217.				□.03	L	٦٠
b If 'Yes,' explain the arrangement	in Part XIV.	inction anomara	d 1V	ac' to Form 90	in Part IV line 10			
Part Vo Endowment Funds Co		11Zation answere	u I	(c) Two years back	(d) Three years back	(e)	Four years	
	(a) Current year	(b) Prior year		(C) (WO years back		(6)		
1 a Beginning of year balance							34518	3 1 1 10
<b>b</b> Contributions						a graduit		
c Investment earnings or losses							6.00	
d Grants or scholarships								
e Other expenditures for facilities and programs		a de la companya de			and the second s			
f Administrative expenses						an Johnson	17	
g End of year balance						33. 3662-008-9	100000000000000000000000000000000000000	SARKET TO SHEET
2 Provide the estimated percentag		balance held as:						
a Board designated or quasi-endov	wment >	-						
b Permanent endowment *	%							
c Term endowment								
3a Are there endowment funds not organization by:	in the possession	of the organization	that a	are held and admi	nistered for the	2 (2)	Yes	No
(i) unrelated organizations		* * * * * * * * * * * * * * * * * * * *				. 3a(i)		<u> </u>
(ii) related organizations	.,				,	3a(ii)		
<b>b</b> If 'Yes' to 3a(ii), are the related	organizations liste	ed as required on Sc	hedul	e R?	, , , , , , , , , , , , , , , , , , , ,	. <u>3b</u>		L
A Doscribe in Part XIV the intende	d uses of the orac	anization's endowme	ent fui	nds.				
Part VI Investments—Land, E	Buildings, and	Equipment. See	For	m 990, Part X	, line 10.	T		
Description of investmen	t (a)	Cost or other basis (investment)	(b)	Cost or other pasis (other)	(c) Depreciation	(d)	Book Va	
1a Land				310,000.				,000.
<b>b</b> Buildings				2,401,201.	107,338.	2	<u>, 293,</u>	,863.
c Leasehold improvements	1							
d Equipment	1			431,694.	233,617.	ļ		,077.
e Other				111,405.	38,840.			,565.
Total. Add lines 1a-1e (Column (d) sh	ould equal Form :	990, Part X, column	(B), I	ine 10(c).)		A CONTRACTOR OF THE PARTY OF TH	2,874,	
BAA					Sche	dule <b>D</b> (f	Form 99	0) 2008
mer c as a								

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Part VIII Investments—Other Securities See Fo	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	ation
		Cost of end-or-year ma	iret value
Financial derivatives and other financial products			- Al-
Closely-held equity interests			
Other			
and any and			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See	Form 990, Part X,	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	ation
		Cost or end-or-year ma	irket value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.) ►		The second second second second	
Part IX Other Assets (See Form 990, Part X,	line 15) N/	A	
	escription		(b) Book value
The state of the s	ol (P) line 15)	<b>&gt;</b>	
Total. Column (b) Total (should equal Form 990, Part X, column Total Other Liabilities (See Form 990, Part X)	X line 25)	Control of the Contro	
	(b) Amount	45 - 14 - 15 - 12 - 15 - 15 - 15 - 15 - 15 - 15	
(a) Description of Liability	(b) / tirotain		
Federal Income Taxes			
			and the second
			And the second s
Total Column (h) Total (should equal Form 990, Part X, col. (B) line 25)	>		

Part XI: Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	15,395,644.
2 Total expenses (Form 990, Part IX, column (A), line 25)	13,139,837.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	2,255,807.
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 Total adjustments (net). Add lines 4-8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	2,255,807.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn
1 Total revenue, gains, and other support per audited financial statements	1 15,535,711.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains on investments	
b Donaled services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) See .Part. XIV	
e Add lines 2a through 2d	2e 140,067.
3 Subtract line 2e from line 1	3 15,395,644.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	
c Add lines 4a and 4b	4c
5 Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5 15,395,644.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn
1 Total expenses and losses per audited financial statements	1 13,279,904.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Losses reported on Form 990, Part IX, line 25	
d Other (Describe in Part XIV). See Part XIV. 2d 140,067.	4,60
e Add lines 2a through 2d.	2e 140,067.
3 Subtract line 2e from line 1	3 13,139,837.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV)	J. Gal.
c Add lines 4a and 4b.	4c
5 Total expenses. Add lines 3 and 4c (This should equal Form 990, Part I, line 18.)	5 13,139,837.
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, li line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	

Schedule <b>D</b> (Form 990) 2008	Page 5
Schedule D (Form 990) 2008   Part XIV®   Supplemental Information (continued)	Michael Colonia de Carlos de C
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	na organi dagan basah panah sapita tanah sama ma

108	Schedule D, Part XIV - St	applemental Information	Page 6
	Living Water	International	76-032487
Schedule D. Pa	t XII. Line 2d		
Other Revenue	t XII, Line 2d Included In F/S But Not Included On F	orm 990	
Direct donor Rental expen	benefitsses	\$	86,373. 53,694.
		Total \$	140,067.
Schedule D, Pa	t XIII, Line 2d		
•	And Losses Per Audited F/S		
Direct donor Rental expen	benefitsses	\$	86,373. 53,694.
		Total \$	140,067.

#### Schedule F (Form 990)

## Statement of Activities Outside the United States

► Attach to Form 990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, line 15, or line 16.

OMB No. 1545-0047

Open to Public

75 940

Department of the Treasury Internal Revenue Service Inspection Employer identification number Name of the organization 76-0324875 Living Water International Part 18 General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?... No 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (f) Total (c) Number of (d) Activities conducted in (b) Number of (a) Region employees or region (by type) (i.e., (d) is a program expenditures in offices in the agents in fundraising, program services, grants to recipients service, describe region region specific type of region service(s) in region located in the region) Central America/Caribbean Water delivery projects 0 Program 2,273,189. Water delivery projects 0 0 Program Europe

	1				13,340.
North America	0	0	Program	Water delivery pro	<u>jects</u>
			light and the state of the stat	-	
					401,594.
			Lancopromotion Control		
South America	0	0	Program	Water delivery pro	jects
					394,001.
South Asia	0	0	Program	Water delivery pro	jects
	B.Continues of the Continues of the Cont		CONTRACTOR		381,527.
Sub Saharan Africa	0	0	Program	Water delivery pro	jects
					6,839,323.
	-				

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Schedule F (Form 990) (2008)

10,365,574.

Page 2

 $\times$ 

Partil Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000... Use Schedule F-1 (Form 990) if additional space is needed. Living Water International Schedule F (Form 990) 2008

AND																1 î	Schedule F (Form 990) 2008
assistance assistance										en e	основниция в при		ования при		by the foreign country or for which the grantee or counsel has provided a section 501(c)(3)		
disbursement												independent enter en		eritak jalah menenjah	ee or counsel has		
cash grant					all-foresterminessemplienskim frameworksim/source/mineromannessemplienskim en de									e de la composition della comp	for which the grant		
of grant			Andrew Communication Communica		A CONTRACTOR OF THE CONTRACTOR										reign country or		
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section and EIN (if applicable)															hat are recognized as	ions or entities	
(a) Name of organization	485		1												2 Enter total number of organizations that are recognized as charities equivalency letter.	3 Enter total number of other organizations or entities	BAA

76-0324875

Page 3

Living Water International

Schedule F (Form 990) 2008 Living Water International

| Part. | Form 990) 2008 Living Water International Control States. Complete if the organization answered 'Yes' to Form 990, | Part. | Part. | Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

	(h) Method of valuation (book, FMV, appraisal, other)					Company of the Compan		ngeneura para de Codole men en en en esta anticipado de Codole de Codole de Codole de Codole de Codole de Codo			And person and a contract of the contract of t	mann si distributazioni del seconda se servemente del distributazione della		d philade de la description de la marchine de la description de la		recording to the second			еничности подпоснования у постореней дейска выполнения подпоснования учествення выполнения подпоснования выполнения высти выполнения выстительным выполнения выполнен	Schedule <b>F</b> (Form 990) 2008
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Tiving Water International	76-0324875	Page 4
Schedule F (Form 990) 2008 Living Water International  Part IV  Supplemental Information		
Complete this part to provide the information required in Part I, line 2, and any other ad-	ditional information.	
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## SCHEDULE G (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

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ame of the organization					76-032487	5
Living Water Internationa	1		-11	andward Mac' to		
Part I Fundraising Activities.	Complete if t	the orga	nization	answered yes to	ruilli 330, Pail IV,	, IIIIC 17.
1 Indicate whether the organization r  X Mail solicitations Email solicitations Phone solicitations X In-person solicitations	aised funds thr	ough any	of the follo	wing activities. Check  X Solicitation of non- X Solicitation of gover X Special fundraising	all that apply. government grants rnment grants events	
2a Did the organization have written of employees listed in Form 990, Par b If 'Yes,' list the ten highest paid in	t VII) or entity i	in connect	lraicare) ni	ursuant to agreements	under which the fundra	
compensated at least \$5,000 by th	e organization.	Form 990	EZ filers a	are not required to com	piete tino taolo.	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
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Sche	dule <b>G</b> (Form 990 or 990-EZ) 2008 Living W	ater Internat:	ional	76-032	
Par			sowarad 'Vac' to ba	rm 990, Part IV, li	ne 18, or
	reported more than \$15,000 on Fo	rm 990-EZ, III e o	a. LIST EVELITY MILLL	(c) Other Events	(d) Total Events
		(a) Event #1	(b) Event #2 DC Gala	(c) Other Events	(Add col. (a) through
		Houston Gala	(event type)	(total number)	col. (c))
R		(event type)	(even type)		
Ë		1 622 643	175,311.		1,807,954.
REVENUE	1 Gross receipts	1,632,643.	210,022		
U E	2 Less: Charitable contributions	1,536,370.	132,111.		1,668,481.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	96,273.	43,200.		139,473.
	3 (1033) 1070/100 (111)				
:	4 Cash prizes				
D					in control of the con
R	5 Non-cash prizes				
RECT				**************************************	
	6 Rent/facility costs				
EXPENSES	7 Other direct expenses	43,887.	42,486.		86,373.
N N					0.073
ž Š	8 Direct expense summary. Add lines 4- th	rough 7 in column (d)		. , , , , , , , , , , , , , , , , , , ,	86,373.
Ü		1 O in a a lumber (d)			00/
Pa	HIII Caming Complete if the organiza	ition answered 'Ye	es' to Form 990, Pa	nt IV, line 19, or re	ported more man
	\$15,000 on Form 990-EZ, line 6a.		1		(d) Total gaming
R		(a) Bingo	(b) Pull tabs/Instant bingo/progressive	(c) Other gaming	(Add col. (a) through
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I F	3 Non-cash prizes				
E N	5	***			
T	4 Rent/facility costs				
	5 Other direct expenses	manus estados de la companio della c			
	5 Other direct expenses,	Yes %	Yes%	Yes %	
	6 Volunteer labor	No	No	No	
					<b>&gt;</b>
	7 Direct expense summary. Add lines 2 th	rough 5 in column (d).			
		u 1 d 7 in colum	n (d)		<b>&gt;</b>
	8 Net gaming income summary. Combine	lines i and / ili coluit	01 (4)		YES NO
	9 Enter the state(s) in which the organization o	nerates gaming activi	ies:		
	9 Enter the state(s) in which the organization o a Is the organization licensed to operate gamin	g activities in each of	these states?		9a
	b If 'No,' Explain:	<b>3</b> · ·			
	Dir No, Explain		on the chart which there are not the the time time were an		
		man and an analysis and an analysis and an analysis and an		the toy year?	10a
1	Oa Were any of the organization's gaming licens	es revoked, suspende	d or terminated during t	ine tax year:	
	b If 'Yes,' Explain:				
	Does the organization operate gaming activit	ies with nonmembers	?		11
· ·	i de la companya de	of a truct or a	momber of a partnership	o or other entity formed	I to
1	2 Is the organization a grantor, beneficiary or t administer charitable gaming?	iustee of a trust of a	are here were a partition of his		12
	guinnaici charicase yannig	TEF 4 2700	08/15/08	Schedule <b>G</b> (F	orm 990 or 990-EZ) 2008

Schedule <b>G</b> (Form 990 or 990-EZ) 2008 Living Water International	76-0324875	Р	age <b>3</b>
Schedule 4 (Form 750 of 750 EE) 2000 Sale 2003		YES	NO
13 Indicate the percentage of gaming activity operated in: a The organization's facility.  b An outside facility.  13a 13b	0/o 0/o		
14 Provide the name and address of the person who prepares the organization's gaming/special events book			
Name: *		2	
Address: *	Test 22		
15 a Does the organization have a contact with a third party from whom the organization receives gaming reve b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t	he amount	1 分子(2) 注答(2)	
of gaming revenue retained by the third party \$			
c if 'Yes,' enter name and address:			
Name: •			
Address:			
16 Gaming manager information		2	
Name: *			
Gaming manager compensation ► \$			
Description of services provided:			
Director/officer Employee Independent contractor			
17 Mandatory distributions	retain the		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to state gaming license?		a yee	
b Enter the amount of distributions required under state law distributed to other exempt organizations or sponganization's own exempt activities during the tax year: ►\$	Jein in the		
organization's own exempt activities during the tax year.   BAA  TEEA3703L 07/18/08  Sched	dule <b>G</b> (Form 990 or	990-EZ	2008

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
 Attatch to Form 990.

2008

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury			➤ Attatch to Form 990.	Č			Inspection
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Parill General Information on Grants and Assistance	rants and Assista	nce	ALLEN AND THE PROPERTY OF THE			alasta karanta di distributa di Aranta di Aranta di Septingga di Aranta di Aranta di Aranta di Aranta di Aranta	
1 Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance?	ds to substantiate the he grants or assistanc	unt of	the grants or assistance, the grantees' eligibility for the grants or assistance, and	rantees' eligibility for th	he grants or assistanc	:	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s procedures for monit	oring the use of gr	ant funds in the United	States.	See Part IV		A CONTRACTOR OF THE CONTRACTOR
T	nce to Governme by recipient that re	nts and Organi sceived more the	<b>zations in the Unit</b> lan \$5,000. Check t	ed States. Comple this box if no one r	te if the organizat ecipient received	non answered Tree more than \$5,00	30. Use
1 (a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Aid Sudan P.O. Box 770693	76-0653562	501(c)(3)	9,867.	0.			Pump repairs in Sudan
MedMissions 2437 Shetland Dr.	61-1478628	501(c) (3)	22,000.	0.			Medical kits for Central America
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2 Enter total number of section 501(A)(3) and povernment proprietion	(3) and government						2
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2

Schedule I (Form 990) 2008 Living Water International Partills Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(I) Description of non-cost assistance
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	plete this part to	provide the informa	ation required in Part	I, line 2, and	any other additional information.
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Living Water, Inc. (LWI) supports organizati	orts organiza	se	mission and philos	and philosophy closely	and the core can then the case one and then the case the case of t
resemble its own. Grant making is not a focus of LWI, but the organization will	ng is not a f	ocus of LWI, bu	t the organizat	tion_will	
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countries. Depending on the nature of the grant, LWI will expect the grantee to	lature of the	grant, LWI will	expect the gra	antee to	per ear an man dan man one one one one one one one one one on
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#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Open to Public Inspection

Employer identification number

76-0324875

Living Water International Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. See Part III Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain..... Χ 1 b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.... X 2 Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: a Receive a severance payment or change of control payment?..... 4 a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X X c Participate in, or receive payment from, an equity-based compensation arrangement?..... 4 c If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 a Х a The organization?..... Χ 5 b If 'Yes' to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Χ ба a The organization?.... X 6 b b Any related organization?.... If 'Yes' to line 6a or 6b, describe in Part III. For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. 7 X 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III.

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

Schedule J (Form 990) 2008

Living Water International Schedule J (Form 990) 2008

Partill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 76-0324875

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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(A) Name	() Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation			Form 990 or Form 990-EZ
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	(ii)		ANTALES CONTRACTOR CON		онновинального переператория в пределений подать в переператория в переператор	C. HOS	Schodula I (Form 990) 2008
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Schedule J (Form 990) 2008

### SCHEDULE M (Form 990)

Non-Cash Contributions

➤ To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Employer identification number

76-0324875 Living Water International Part I Types of Property (d) (c) (a) (b) Method of determining Number of Revenues reported Check if on Form 990. revenues Contributions applicable Part VIII, line 1g 1 Art-Works of art..... Art-Historical treasures..... 3 Art-Fractional interests..... 4 Books and publications..... Clothing and household goods..... Cars and other vehicles..... 7 Boats and planes..... Intellectual property..... 8 66,259. H/L pub quote 10 Securities-Closely held stock ..... Securities-Partnership, LLC, or trust interests... 11 13 Qualified conservation contribution (historic structures)..... 14 Qualified conservation contribution (other)..... 15 Real estate-Residential..... 16 Real estate—Commercial..... 17 Real estate-Other..... Collectibles.... 18 Food inventory..... 19 Drugs and medical supplies ..... 20 Taxidermy..... 21 22 Historical artifacts..... 23 Scientific specimens..... Archeological artifacts..... 24 41,913. Supplier invce 25 Other ► (Drilling pipe____)... 41,600. Supplier webst 7 Other > (Christian info 1 34.010. Donor info Other > (Med. Equipment____ 27 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt X 30 a purposes for the entire holding period?.... b If 'Yes,' describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?... Χ 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell X 32 a noncash contributions?.... b If 'Yes,' describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

describe in Part II.

Schedule M (Form 990) 2008

on con con living Water International	76-0324	875	Page 2
Schedule M (Form 990) 2008 Living Water International  Part II Supplemental Information. Complete this part to provide the information required and 33. Also complete this part for any additional information.	by Part I,	lines 30b	, 32b,
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#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Employer identification number

Open to Public Inspection

Name of the organization	76-0324875
Living Water International	
Form 990, Part III, Line 1 - Organization Mission	
Living Water International partners with NGO's	in over 26 countries primarily in
Africa and Central America, as well as India,	Peru, Haiti and Brazil to drill water
wells and repair existing wells that have brok	en pumps. We provide clean water to
communities and villages that didn't previousl	y have a local source of clean water.
Form 990, Part VI, Line 2 - Business or Family Relationship	of Officers, Directors, Etc.
Gary Evans, Executive Director, is married to	Sharon Evans Treasurer.
Gary Loveless, Board Chairman, has a business	relationship with Mollie Allen, Board
Member	
Form 990, Part VI, Line 10 - Form 990 Review Process	
The audit review committee is given a draft of	f the 990 to review before it is
finalized and published. The audit review con	mmittee reports to the full board.
Form 990, Part VI, Line 12c - Explanation of Monitoring ar	nd Enforcement of Conflicts
A form is required to be completed and signed	annually acknowledging their awareness
of the policy and compliance thereof.	
Form 990, Part VI, Line 15b - Compensation Review & Appro	oval Process for Officers & Key Employees
The Executive Committee is comprised of sever	al independent members of the board of
directors, the Chairman of the Board of Direc	ctors and the Executive Director, who is
the only compensated employee of LWI on the F	Executive Committee. The Executive
Committee sets the salary of the Executive Di	irector and reviews the salaries & wages
of all other LWI employees on an annual basi:	s. The committee obtains and reviews
comparable data from several sources such as	local and regional salary surveys of
non-profit organizations in the area. As pa	rt of the annual budgetary process,
officers, key employees and staff salaries a	re part of the overall budget and are
reviewed by the Executive Committee or the A	udit Review & Finance Committee prior to
the budget being presented to the full board	for its consideration and approval.

C	Page 2
Schedule O (Form 990) 2008  Name of the organization	Employer identification number 76-0324875
Living Water International	
Form 990, Part VI, Line 17 - List of States which this Return is Filed	
OK NH AR CA CT KY MA NC OH PA SC UT VA IL MD NJ NM TY	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
Audited financial statements and 990s are published on	n our website and other s.
Governing documents and conflict of interest policy a	re provided upon request.
Now have many dated many dated printing many. Now your many many many many many many many many	
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12/31/08

# 2008 Federal Book Summary Depreciation Schedule

Page 1

Living Water International

76-0324875

OK	Description.	Date <u>Acquired</u>	Date Sold	Cost/ Basis	Bus. Pct	Cur 179/ SDA		Prior 179/ SDA/ Depr	<u>Method</u> Li	íe. —	Current Depr.
	990/990-PF										
Auto	) / Transport Equipment										12.001
3	Vehicles	Various		89,705	i -			27,683	S/L	12	13,001
	Total Auto / Transport Equipment			89,70	5		0	27,683			13,001
	ldings  Building	Various		2,401,20	<b>Q</b>			43,636	S/L	38	63,702
	Total Buildings			2,401,20	ì		0	43,636			63,702
	rniture and Fixtures  Furniture/fixtures	Various		111,40	)5			26,208	S/L	7	12,63
4	Total Furniture and Fixtures			111,4	<del>-</del> 05		0	26,208			12,63
La	ind										
	Land	Various		310,0	00 —	And the second second second second				•	
	Total Land			310,0	000		0	0	)		
1	Drilling equipment  Office/Computer equipment	Various Various		225,; 116,				87,113 63,064		7 5	28,5
2	Total Machinery and Equipment			341,	989		0	150,17	7		42,7
	Total Depreciation			3,254	,300		0	247,70	4		132,0
	Grand Total Depreciation			3,254	,300		0	247,70	)4		132,0