Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	e 2014 ca	lendar year, or tax year beginning		, and e				
В		applicable:	C Name of organization LIFETIME	WELLS FOR GHANA, IN	IC	D Emp	loyer identific	ation number	
-	Address		Doing business as						
		-	Number and street (or P.O. box if mail is n	ot delivered to street address)	Room/suite	26-016		**************************************	
닏	Name ch	ange	24321 SHORE HIGHWAY			E Telep	hone number		
	Initial reti		City or town DENTON	State MD	ZIP code 21629	410-47	9-0397		<u></u>
	Final return	n/terminated	Foreign country name Foreign	gn province/state/county	Foreign postal	8			100 111
	Amended	i return				G Gros	s receipts \$		408,414
$\Box$	Annlicatio	on pending	F Name and address of principal officer:			H(a) Is this a group r	eturn for subordir	nates? Yes	X No
. لــــا	· · · · · · · · · · · · · · · · · · ·		KENNY WOOD 24321 SHORE HV	VY, DENTON, MD 21629	)	H(b) Are all subor	dinates include	d? Yes	No
	-			◀ (insert no.) 4947(a)(1	r1	If "No," attac	n a list. (see ins	structions)	
		pt status:	[X] 501(c)(3)[] 501(c) (	4 (moent no.) 4047(a)(1	) 0 0	Ma) Craup ovems	tion number 🌬	>	
<u>J /</u>	<u>Nebsite</u>	<u>e: ▶ na</u>				H(c) Group exemp			
KF	orm of a	rganization:	X Corporation Trust Asso	ciation Other ▶	L Yea	r of formation: 2	007   M Sta	ate of legal domicile	e: MD
F	art I	Su	mmary						
Commence	1	Briefly o	describe the organization's mission of	or most significant activitie	es: <u>Dig v</u>	vells to provide	clean water	r to the	
8		citizens	of Ghana.						
Governance				*********					
Ver	2	Check t	his box ▶ if the organization d	iscontinued its operations	s or disposed	of more than 2	5% of its ne	t assets.	
တ္တိ	3	Number	r of voting members of the governing	body (Part VI, line 1a) .			. 3		6
රේ	4	Number	r of independent voting members of	the governing body (Part	VI, line 1b).		4		0
Activities &	5	Total nu	mber of individuals employed in cale	endar year 2014 (Part V,	line 2a) .   .   .		5		0
₹	6	Total nu	mber of volunteers (estimate if nece	essary)			6		
Ac	7a	Total un	related business revenue from Part	VIII, column (C), line 12.			7a		0
	b	Net unre	elated business taxable income from	n Form 990-T, line 34			7b		0
						Prior Ye		Current Yea	
Ф	8		utions and grants (Part VIII, line 1h)				415,971		408,414
ᇎ	9	Program	n service revenue (Part VIII, line 2g)				0		0
Revenue	10		ent income (Part VIII, column (A), lir				0		0
œ	11		evenue (Part VIII, column (A), lines 5				0	<del>,</del>	0
	12		enue—add lines 8 through 11 (must ec				415,971		408,414
	13	Grants a	and similar amounts paid (Part IX, co	olumn (A), lines 1–3)			0		316,153
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)			0		0 0
es Se	15		, other compensation, employee benefi				0		0
Expenses	16a		ional fundraising fees (Part IX, colun						
ă.	b		ndraising expenses (Part IX, column				421,576		94,820
ш	17	Other ex	xpenses (Part IX, column (A), lines 1	IIA-IIO, III-248)			421,576		410,973
	18	lotal ex	penses. Add lines 13–17 (must equa e less expenses. Subtract line 18 fro	ai Part IA, Column (A), iine	5 20)		-5,605		-2,559
F 60	19	Revenue	e less expenses. Subtract line 10 lic	лишета	· · · · · · · · · · · · · · · · · · ·	Beginning of Cu		End of Yea	
Net Assets or Fund Balances	20	Total ac	sets (Part X, line 16)				113,205		99,142
Asse	21		bilities (Part X, line 26)				169,482	•	157,978
Net	22		ets or fund balances. Subtract line 2				-56,277		-58,836
	rat II	3	nature Block						
Unde	er penalti	es of periun	y, I declare that I have examined this return, inc	duding accompanying schedules	and statements,	and to the best of r	ny knowledge		
and	belief, it i	s true, corre	ect, and complete. Declaration of preparer (other	er than officer) is based on all info	ormation of which	preparer has any k	nowledge.		
Sin	ın								
Sig			Signature of officer			D	ate		
He	re	A							
			Type or print name and title						
,		Print	t/Type preparer's name	Preparer's signature		Date	Check X	T # PTIN	
Pai		Cha	rles E Gibbons CPA	Charles E Gibbons CPA	4	5/11/2015	self-employ	····· )	53
	parer				·		ı ► 41-221		
Use	e Only	·	's name CG ACCOUNTING TAX				440.04		
			's address ► 209 Nicole Court, Millers			Phone no	10.21	. X Yes	<u></u>
MAG	, tha ID	S dienue	e this return with the preparer shows	n anove? (see instruction)	81			. IAIYes	No

Form 9	90 (2014)		FOR GHANA, INC			26	-0162476	Page Z
Pa	rt III	Statement of Prog Check if Schedule	<b>jram Service Acco</b> O contains a respor	<b>mplishments</b> use or note to any	line in this Part III			
1	Briefly	describe the organization	's mission:					
	Dig we	ls to provide water.						
	Did tho	organization undertake a	any significant program	services during the	vear which were not	listed on		
4	the pric	or Form 990 or 990-EZ?	ary digitation program				Yes	X No
		" describe these new sen		7			<b></b>	
3		organization cease cond		cant changes in hov	v it conducts, any pro	gram		
	service	s?					Yes	X No
	If "Yes	" describe these changes	on Schedule O.					
4	Describ	ne the organization's prod	ram service accomplis	hments for each of	its three largest progr	am services, as	measured by	
	expens	es. Section 501(c)(3) and	d 501(c)(4) organizatio	ns are required to re	eport the amount of gr	ants and allocati	ons to others,	
	the tota	l expenses, and revenue	, if any, for each progra	am service reported				
				10 ·	-t	\/Povenue \$	408	414 \
4a	(Code:	) (Exper	nses \$ 410,97	3 including grants	ot a sporovimately	(Kevende a		212.7
	Since 2	2007 Lifetime has drilled a people. Installed appro	approximately 1,300 w	and laid approxima	taly two miles of nine			
	500,00	inds hours of time has be	on denoted to bring fr	and laid approxime	onle of Ghana			
	mouse							
			,					
						and No. 200 April 180 No. 180		
		****			W. W. A. A. W. W. W. M. W. M. W. W. M. W.			
4b	(Code:	) (Exper						
		******						
					****			
						) (D		· · ·
4c	(Code:	) (Exper	ises \$	including grants	or \$	) (Revenue \$		,
		*******						
					******************************			
		~~~~		****				
		***************************************						
				*****				
4d		rogram services. (Describ		: <b>o</b> -	O ) (Payanya ¢		0)	
	(Expens		0 including grants of		0)(Revenue \$		<u> </u>	
<u>4e</u>	rotal pr	ogram service expenses		410,973				

art	☑ Cinecklist of Required Schedules	T	Yes	No
	To use the setting a private foundation of "Ves"			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	х	
	complete Schedule A	2	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	Ť		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
	abortion in effect during the tay year? If "Yes " complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		Х
	mod III	-		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such furids of accounts?	6		Х
	"Voo." complete Schedule D. Part I.			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Tes,	8		Х
	annulate Cohodula D. Part III			<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X: or provide credit counseling, debt management, credit repair, or debt	9		Х
	negotiation services? If "Yes," complete Schedule D, Part IV			<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	Signal ministra		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11a	х	
	Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			1
¢	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11e	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		X
	the organization's separate of combinations under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		X
	Schedule D, Parts XI and XII		T	Π
b	was the organization included in consolidated, independent addited in addited in additional states and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a	Did the organization maintain an office, employees, or agents office that \$10,000 from grantmaking,  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	fundraising, business, investment, and program service activities outside the emitted states, investment, and program service activities outside the emitted states, and IV	14b	X	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15	X	
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	<u> </u>	X
47	Bid the association report a total of more than \$15,000 of expenses for professional fundraising services			
17	on Part IX, column (A), lines 6 and 11e? If "Yes." complete Schedule G, Part I (see instructions).	17	<b> </b>	X
10	Did the experiencies report more than \$15,000 total of fundraising event gross income and contributions on			
18	Bort VIII, lines 1c and 8a2 If "Yes " complete Schedule G. Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Voo." complete Schedule G. Part III	19	<u> </u>	X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		X
ZUd h	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	***************************************	
u			000	

Part	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		Х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		Х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	_==		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23		Х
	employees? If "Yes," complete Schedule J			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary proceed of tax-exempt bonds beyond the tax-exempt bonds beyond the tax-exempt bonds beyond the tax-exempt bonds beyond the tax-exempt beyond the tax-exempt beyond the tax-exempt beyond the tax-exempt bonds beyond the tax-exempt bexempt beyond the tax-exempt beyond the tax-exempt beyond the tax-			
С	the second bondo?	24c		X
	Division and as an "on behalf of" issuer for honds outstanding at any time during the year?	24d		Х
d	On the End (a)(2) End (a)(4) and End (a)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," Complete Schedule L, Fait F.	25a	<u> </u>	X
<b>.</b>	to the aggregation gware that it engaged in an excess benefit transaction with a disqualified person in a		1	
ū	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			l
	oco F70 # "Voo " complete Schedule   Part	25b	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
20	ourrent or former officers, directors, trustees, key employees, nignest compensated employees, or			
	diagnalified persons? If "Ves." complete Schedule L. Part II.	26	┼	X
27	Did the examination provide a grant or other assistance to an officer, director, trustee, key employee,		l	
	substantial contributor or employee thereof, a grant selection committee member, or to a 55% contributor	27		x
	entity or family member of any of these persons? If "Yes." complete Schedule L, Part III.	27		+^-
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Port IV instructions for applicable filing thresholds, conditions, and exceptions).	28a	1000	X
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	200	1	<del>  ^</del>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	28b		Х
	Schedule L, Part IV		†	+
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	280		X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M			
31	Part I	31		<u> </u>
	Did the examination sell, exchange, dispose of or transfer more than 25% of its net assets?			
32	seme the second late Cabadula M. Dort II	32		X
33	as the second to	1		
33	and tong 201 7701-2 and 301 7701-32 If "Yes." complete Schedule K, Part I	33	-	X
34	Wee the ergonization related to any tax-exempt or taxable entity? If "Yes," complete Scriedule N, Fait II,	١		,
•	THE SHIP and Dort V line 4	34	┼	X
35a	Bid the experiencies have a controlled entity within the meaning of section 512(b)(13)?	35a	4	X
b	to the time and did the experienciation receive any navment from or engage in any didisaction with a controlled	251		x
-	antity within the meaning of section 512(h)(13)? If "Yes." complete Schedule R, Part V, Ille 2	35t	<del>'</del>	+^-
36	a star code (2) argonizations. Did the organization make any transfers to all exempt non-characteristics.	36		×
	accomization? If "Vos." complete Schedule R. Part V. line 2	36		+^-
37	Did the examination conduct more than 5% of its activities through an entity that is not a related organization		1	
	and that is treated as a nartnership for federal income tax purposes? If "Yes," complete Schedule R, Fall	37		x
		13,	+	十二
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	X	
	19? Note. All Form 990 filers are required to complete Schedule O.			(2014)
		. ~, :		

. . . . . . .

Form 990 (20	
Part V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V
4- 5-4	set the number reported in Roy 3 of Form 1096. Enter -0- if not applicable

			Yes	No
1a	Enter the number reported in Box 3 of Form 1030. Enter 40 in not approache 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
_	gaming (gambling) winnings to prize winners?			
2a	Statements, filed for the calendar year ending with or within the year covered by this return	)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>↓</b>	X
b	If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<del> </del>	<del> </del>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	<u> </u>	<b> </b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1		١.,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<del> </del>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?	00		
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<del> </del>	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
	sponsoring organization have excess business holdings at any time during the year?	-		<del> </del> ^
9	Sponsoring organizations maintaining donor advised funds.	9a	1000	Х
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b	<del>                                     </del>	X
b 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:	1		
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	100		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40	-	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	the organization is licensed to issue qualified health plans	1		
C 142	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<del> </del>	<u> </u>
	in 100, mad it mad at only 120 to report areas payments. If 110, provide an appearance		000	

Part VI

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

Sect	ion A. Governing Body and Management			T	г
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u>6</u>		
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	의		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	ship with	2,200		
	any other officer, director, trustee, or key employee?		2	X	
3	Did the organization delegate control over management duties customarily performed by or under	the direct			
_	supervision of officers, directors, or trustees, or key employees to a management company or other	er person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did the organization have members or stockholders?		6	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	l		
٠	one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	i,			
IJ	stockholders, or persons other than the governing body?	· 	7b		Х
	Did the organization contemporaneously document the meetings held or written actions undertake	n durina			
8	the year by the following:	.,			
_	The governing body?		8a	-	Х
a	Each committee with authority to act on behalf of the governing body?		8b		X
b	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be r	eached			
9	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9		X
<u> </u>	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue		. <u>.                                   </u>	<u> </u>
Seci	ion B. Policies (This Section B requests information about policies not required by the	miloman revenue		Yes	No
400	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	rposes?	10b		
44	Has the organization provided a complete copy of this Form 990 to all members of its governing body before	ore filing the form?	11a		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	nive rise to conflicts?	12b		Х
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes."			
С	describe in Schedule O how this was done.		12c		Х
40	Did the organization have a written whistleblower policy?		13		X
13	Did the organization have a written document retention and destruction policy?		14	1	Х
14	Did the process for determining compensation of the following persons include a review and appro	val hv			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			
_	The organization's CEO, Executive Director, or top management official.	and doublen.	15a	(SA) (SA) AND	Х
a	Other officers or key employees of the organization		15b	<del></del>	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
40.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement			
16a	with a taxable entity during the year?	omone	16a	2007/00/2004	Х
	with a taxable entity during the year?	ata ite	100		
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th	ale ilo ruprd			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guaru	16b	10000000	0.6074529
	the organization's exempt status with respect to such arrangements?		1,00	<u></u>	L
	ion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed				
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	0-T (Section 501(c)(	3)s on	v)	
18	available for public inspection. Indicate how you made these available. Check all that apply.	. (020001100110)(	-,- 011	,,	
		plain in Schedule O	)		
40	Own website Another's website X Upon request Other (expension of the properties of the properties). Own website Another's website Own request Other (expension of the properties).			nd	
19	financial statements available to the public during the tax year.	oo. and or mitoroot pr	oj, u		
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records:	▶		
20		(410) 479-039	7		
	KENNY WOOD  24321 SHORE HIGHWAY, DENTON, MD 21629				
	4 104 1 01 (CIN 111 CITY II) Daily City 1110 2 1020				-

				*
P	2	a	A	•

26-0162476

LIFETIME WELLS FOR GHANA, INC

Form 990 (2014)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle: er an	Pos heck ss pe	rson	than or/trusted highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Brian Wood	1.00								:	
board menber	1.00	X	<u> </u>							
(2) James Stark	5.00									*
board member	5.00	X			<u> </u>					
(3) Ken Wood	25.00									
President	25.00			X						
(4) Ben Wood	7.00									
VP	7.00		<u> </u>	X	<u> </u>					
(5)										
(6)										
(7)										
(8)										
(9)										
(10)	***									
(11)										
(12)										
(13)										
(14)										

more than \$100,000 of compensation from the organization

	(A) Name and title	(B) Average hours per	(do r	ot ch	Pos neck as pe	c) ition more rson irecto	than o	one i an ee)	(D) Reportable compensation	(E) Report compens	able sation	(F Estima amoui	ated nt of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rei organiza (W-2/1099	itions	othe compen from organiz and rei organiza	sation the ation lated
(15)													
(16)													
(17)													
(18)													
(19)													
(20)						<b> </b>							
(21)													
(22)													
(23)													
(24)													
(25)													
1b c d	Sub-total  Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A		 	•			▶	0 0		0 0 0		0 0 0
2	Total number of individuals (including but not lir reportable compensation from the organization	mited to those lis	ted a	bov	e) v 0	vho	recei	ved	more than \$100	),000 of			
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," complete Sched	ctor, or trustee,	key e	mpl	oye	e, o	r high	nest	compensated			Ye 3	s No X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable con oter than \$150,00	npens 00? <i>If</i>	atic "Ye	n a s,"	nd o	other oplete	con Sc	npensation from hedule J for suc			4	x
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	ue compensatio	n fror	n ar	ıy u	nrel	ated	org	anization or indiv	/idual		5	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compe compensation from the organization. Report co year.	nsated independ mpensation for t	dent o the ca	cont	ract dar	ors yea	that r r end	ece ing	eived more than the with or within the	\$100,000 e organiza	or ation's t	ax	
	(A) Name and business addi	ress							(B) Description of ser	vices	С	(C) ompensatio	on
													0
											<u> </u>		0
											<b></b>	···	0
													0
	Total number of independent contractors (inclus	ling but not limit	ad to	thos	e li	ster	l aho	vel	who received				

0

Part VI	8680361				
	N 18765	Statemer		}~~~~~~	
305 TA BA A BA YA	2 ESSE	WAL STATISTICS A	32 / 31 27	2 8-4 5.5 6-4 E 1 B 3 8-4	

		Check if Schedule O contains	a response or r	note to any line in	n this Part VIII			<u>, L.J</u>
		Property Company of the Company of t			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	0				100
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		0				
5 5	C	Fundraising events		0				
fs,		Related organizations	<del> </del>	0				
프 프	d	Government grants (contributions		0				
SIT	e			<u> </u>				100
ig ig	T	All other contributions, gifts, gran		400 444				
문항		similar amounts not included abo	S	<u></u>				
no pu	g	Noncash contributions included in li		0	Control of the Contro			
0 8	h	Total. Add lines 1a-1f	<u> </u>		408,414			-
9				Business Code			August 1997	
en.	2a	CONTRIBUTIONS						
367	b				0			
9	C				0			
Ž	d				0			
Š	u		****		0			
ran	e	All the second s			0			
Program Service Revenue	f			L	0			
Δ.	g	Total. Add lines 2a-2f	<del> </del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	3	Investment income (including div						
		other similar amounts)			0	<del>}</del>		
	4	Income from investment of tax-ex	empt bond prod	ceeds 🔊	0			
	5	Royalties		<b>&gt;</b>	0			
		•	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses	######################################				100	1004
		Rental income or (loss)	0	0				
	C	Net rental income or (loss)		<u> </u>	0			
	_d		(i) Securities	(ii) Other	0			
	7a							
		assets other than inventory	0	0				
	b	Less: cost or other basis						
		and sales expenses	0			I-market and the second		
	C	Gain or (loss)	0	0				
1	d	Net gain or (loss)		<i>.</i>	0			
e	8a	Gross income from fundraising						
eu		events (not including \$	0					
6		of contributions reported on line 1	c).					
DE		See Part IV, line 18		0				200
Other Revenu	b	Less: direct expenses		0				
ŏ	c	Net income or (loss) from fundrais		<b>&gt;</b>	0		- AND THE RESIDENCE AND ADDRESS OF THE PROPERTY ADDRES	AND DESIGNATION OF THE PROPERTY OF THE PROPERT
		Gross income from gaming activit						
	Ja			o				
1		See Part IV, line 19		0			400 0000	
	b	Less: direct expenses		<u> </u>				
I	С	Net income or (loss) from gaming	activities	<u> &gt; </u>	0			
-	10a	Gross sales of inventory, less				4.6		
		returns and allowances	a	0				
1	b	Less: cost of goods sold	b	0		a constant and the constant of		
- 1	С	Net income or (loss) from sales of			0			
f		Miscellaneous Revenue		Business Code				
ŀ	11a				0	- Commence of the Commence of		
l	b				0			
					0			
	C	All other revenue			0			
1	d	All other revenue			0			
	e	Total. Add lines 11a–11d						
- 1	12	Total revenue. See instructions		🕨	408,414	0	0	0

Part IX	Statement	of	<b>Functional</b>	Expenses
開発 共成・ 1 日 も数 F.A. 3000回	CHECHION	$\sim$ .		

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all c	olumns. All other or	ganizations must d	omplete column (A)	·
	Check if Schedule O contains a response or note t	o any line in this Pa	nrt IX		
Do 8b,	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	•			
	domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	316,153	316,153		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
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			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	,			
	Management	ol			
a b	Legal	0			
	Accounting	0	······································		
r. C	Lobbying	0			
d	Professional fundraising services. See Part IV, line 17	0			
e f	Investment management fees	0			
-	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	o			
40	Advertising and promotion	10	10		
12	= '	2,340	2,340		<del></del>
13	Office expenses	0	2,0 10		
14		ol			
15	Royalties	- o			
16	Travel	8,549	8,549		<u> </u>
17	Payments of travel or entertainment expenses	0,0,0	0,0.10		
18	for any federal, state, or local public officials	o			
40	Conferences, conventions, and meetings	0			
19		4,995	4,995		
20	Interest	7,550	1,000		
21	Payments to affiliates	21,482	21,482	0	0
22		21,402	21,102		
23	Insurance	U			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If	100			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	46,142	46,142		
a	Pumps, plastic pipe, fittings and general supplies	40,142	40, 142		
b	to dig a well		5,702		
C	REPAIRS	5,702	5,600		
đ	SHIPPING	5,600	5,600		
е	All other expenses	0	440.070	0	0
25	Total functional expenses. Add lines 1 through 24e .	410,973	410,973	U	U
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs	-			
	from a combined educational campaign and				
	fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)				

Form	n 990 (21	014) LIFETIME WELLS FOR GHANA, IN	С				26-0162476 Page <b>11</b>
NAME OF THE OWNER, OF THE OWNER, OF THE OWNER,	arit X						
		Check if Schedule O contains a response or	r note to any	line in this Part X			<u></u> <b>[</b> ]
					(A) Beginning of year		(B) End of year
***************************************	1	Cash—non-interest-bearing			4,239	1	11,658
	2	Savings and temporary cash investments	,			2	
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from current and f					State of the second
		trustees, key employees, and highest compens	sated employe	es.			
		Complete Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified pers					
		4958(f)(1)), persons described in section 4958(c)(3)(B), a					
10		sponsoring organizations of section 501(c)(9) voluntary organizations (see instructions). Complete Part II of School		6			
Assets	_	Notes and loans receivable, net	edule L		0	7	0
Ass	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	1 1 1				and the second second
	104	other basis. Complete Part VI of Schedule D	10a	240,000			
	Ь	Less: accumulated depreciation	10b	152,516		10c	87,484
	11	Investments—publicly traded securities	. 0	11	0		
	12	Investments—other securities. See Part IV, line	0	12	0		
	13	Investments-program-related. See Part IV, line	0		0		
	14	Intangible assets	0	14	0		
	15	Other assets. See Part IV, line 11	0		0		
	16	Total assets. Add lines 1 through 15 (must equ			113,205		99,142
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20 21	
	21	Escrow or custodial account liability. Complete Loans and other payables to current and forme	r officers dire	nedule D	Service Control		
Liabilities	22	trustees, key employees, highest compensated					
喜		disqualified persons. Complete Part II of Sched	lule I	una .		22	
2	23	Secured mortgages and notes payable to unrel			0	23	0
	24	Unsecured notes and loans payable to unrelate		1	0	24	0
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Con	nplete			
		Part X of Schedule D			169,482	25	157,978
	26	Total liabilities. Add lines 17 through 25	· · · · ·	· · · · · ·	169,482	26	157,978
se		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 at		e ▶ 🗌 and			
and	27	Unrestricted net assets				27	
Bal	28	Temporarily restricted net assets				28	
둳	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC958), complete lines 30 through 34.	, check here	<b>▶</b> X and			
इ	30	Capital stock or trust principal, or current funds		<b>.</b> . <b>.</b>		30	
SSE	31	Paid-in or capital surplus, or land, building, or e				31	
t A	32	Retained earnings, endowment, accumulated in			-56,277	32	-58,836
Ne	33	Total net assets or fund balances			-56,277	33	-58,836
	34	Total liabilities and net assets/fund balances .		ŧ.	113,205	34	99,142

Form 9	990 (2014) LIFETIME WELLS FOR GHANA, INC	2	6-0162476	Paç	ge <b>12</b>
Part	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		408	3,414
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,973
3	Revenue less expenses. Subtract line 2 from line 1	3			2,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u>-56</u>	3,277
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			***************************************
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		-58	3,836
Part	XII Financial Statements and Reporting			ļ	
	Check if Schedule O contains a response or note to any line in this Part XII			.	Ш_
1	Accounting method used to prepare the Form 990: X Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in  Schedule O.			Yes	No
_			2a	Х	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	• •	. 20		
	reviewed on a separate basis, consolidated basis, or both:				
			0.	600	
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				100
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			j	v
	the Single Audit Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3D   Form	000	(0044)
			Form	23U (	∠014)

## **Depreciation and Amortization** (Including Information on Listed Property)

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service

Attach to your tax return. Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Identifying number Business or activity to which this form relates

Name(s) shown on return 26-0162476 LIFETIME WELLS FOR GHANA, INC **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions). 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . . . . 0 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 0 separately, see instructions (c) Elected cost (a) Description of property 6 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . 9 0 10 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . . . 0 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 . . . . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 15 Property subject to section 168(f)(1) election. 16 Other depreciation (including ACRS) . . . . MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 21.482 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property year placed /business/investment use (e) Convention (f) Method (a) Depreciation deduction period only-see instructions) in service 19 a 3-year property 5-year property 7-year property C d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental S/L 27.5 yrs. MM property MM S/L 39 yrs. i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20 a Class life S/L 12 yrs. b 12-year S/L 40 yrs. MM c 40-year Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 21,482 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

23

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

Department of the Treasury

Internal Revenue Service

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name	lame of the organization								
LIFE	IFETIME WELLS FOR GHANA, INC 26-0162476								
ALTO LOS COMOS PARO	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)								
-	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section		•		·			
3	Ц	A hospital or a cooperative ho	•						
4	Ш	A medical research organization hospital's name, city, and state	e:					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
5		An organization operated for the section 170(b)(1)(A)(iv). (Cor		ge or university owned	or operat	ed by a go	overnmental unit des	cribed in	
6		A federal, state, or local gover	nment or governme	ntal unit described in s	ection 17	0(b)(1)(A)	(v).		
7	X	An organization that normally described in section 170(b)(1			om a gove	ernmental	unit or from the gene	eral public	
8	П	A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)				
9		An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt function	ons—subject to certain ted business taxable in	exception	ns, and (2) ss section	) no more than 33 1/ 511 tax) from busine	3% of its	
10	П	An organization organized and							
	님	An organization organized and	•		•			the nurnoses	
11	LJ	of one or more publicly suppor Check the box in lines 11a thro	rted organizations de	escribed in section 50	9(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3).	
а		Type I. A supporting organi the supported organization organization. You must co	(s) the power to regu	ularly appoint or elect a					
b	L	Type II. A supporting organicantrol or management of the organization(s). You must o	he supporting organ	ization vested in the sa					
С		Type III functionally integrits supported organization(s	rated. A supporting of s) (see instructions).	organization operated i	n connect Part IV, Se	tion with, a	and functionally integ D, and E.	grated with,	
đ	L	Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organizat	tion generally must sat	isfy a disti	ribution re	quirement and an at		
е		Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination from	n the IRS	that it is a		e III	
f	-	Enter the number of supported						1	
g		Provide the following information	-	ed organization(s).				<b></b>	
	1 (i)	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				(ace manaciona))	Yes	No		•	
A)								<del></del>	
	ly co	ontributions	26-0162476	1	Х				
B)				,					
C)									
D)									
Ε)									
***************************************				170				·	

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

176	(Complete only if you check Part III. If the organization fa	ed the box on li	ne 5, 7, or 8 of	Part I or if the o	rganization fai	led to qualify und	der
Sec	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	264,879	503,482	440,124	415,971	408,413	2,032,869
	benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4</b> 5	Total. Add lines 1 through 3	264,879	503,482	440,124	415,971	408,413	2,032,869
	included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,032,869
<u>6</u>	Public support. Subtract line 5 from line 4.						
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	264,879	503,482	440,124	415,971	408,413	2,032,869
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the o					12	2,032,869
	organization, check this box and stop here						
	tion C. Computation of Public Su					14	100.00%
	Public support percentage for 2014 (line 6, c Public support percentage from 2013 Sched					15	0.00%
	33 1/3% support test—2014. If the organiz and stop here. The organization qualifies as	ation did not check	the box on line 13,	and line 14 is 33 1/	/3% or more, chec	k this box	<b>▶</b> X
b	33 1/3% support test—2013. If the organiz box and stop here. The organization qualifies	ation did not check	a box on line 13 or	16a, and line 15 is	33 1/3% or more,	check this	▶
17a	10%-facts-and-circumstances test—2014 is 10% or more, and if the organization meet Part VI how the organization meets the "fact organization.	s the "facts-and-cire s-and-circumstance	cumstances" test, o s" test. The organi	check this box and st zation qualifies as a	s <b>top here.</b> Explair i publicly supporte	n in d	▶ 🗌
b	10%-facts-and-circumstances test—2013 15 is 10% or more, and if the organization m Part VI how the organization meets the "facts supported organization"	eets the "facts-and- s-and-circumstance	circumstances" tes s" test. The organia	it, check this box ar zation qualifies as a	nd <b>stop here</b> . Exp publicly	olain in	▶ 🗌
18	<b>Private foundation.</b> If the organization did rinstructions						

Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 👂	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an				,		
•	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on						
	its behalf						0
5	The value of services or facilities						
•	furnished by a governmental unit to the		•				
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3				<u>~</u>		
ı a	received from disqualified persons						0
	Amounts included on lines 2 and 3 received						· · · · · · · · · · · · · · · · · · ·
s.							
	from other than disqualified persons that	İ					
	exceed the greater of \$5,000 or 1% of the	1					
	amount on line 13 for the year	ol	0	0	0	0	0
	Add lines 7a and 7b	U	U	0	U	<u> </u>	U
8	Public support (Subtract line 7c from						0
500	line 6.)	<u> </u>	<u> </u>		J		
	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
				O)	O i	01	U
	Gross income from interest, dividends,						
	Gross income from interest, dividends, payments received on securities loans,						0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less						0
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .  Unrelated business taxable income (less section 511 taxes) from businesses						_
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0	0			0
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	_
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0 0
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0 ganization's first, se	O econd, third, fourth,	0 or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0 ganization's first, se	O cond, third, fourth	0 or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
10a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0 ganization's first, se	0 econd, third, fourth	0 or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
10a b c 111 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se	ccond, third, fourth,	O or fifth tax year as	0 s a section 501(c)(3	3)	0 0 0 0 0 
10a b c 111 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percentagorumn (f) divided by le A, Part III, line 15	O econd, third, fourth, 	O or fifth tax year as	0 s a section 501(c)(3	0	0 0 0
10a b c 111 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percenta dumn (f) divided by le A, Part III, line 15 t Income Perce	O econd, third, fourth, 	O or fifth tax year as	0 s a section 501(c)(3	0 3)  15 16	0 0 0 0 0 
10a b c 111 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Perce 10c, column (f) divi	cond, third, fourth, ge line 13, column (f)	O or fifth tax year as	0 s a section 501(c)(3	0 3) 15 16	0 0 0 0 0 0 
10a b c 111 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Percentage 10c, column (f) divinedule A, Part III, linedule A, P	cond, third, fourth, ge line 13, column (f) 5 entage ded by line 13, column (f)	O or fifth tax year as	0 s a section 501(c)(s	15   16   17   18	0 0 0 0 0 
10a b c 111 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Percentage 10c, column (f) divinedule A, Part III, line ation did not check	cond, third, fourth, ge line 13, column (f) 5	or fifth tax year as	0 s a section 501(c)(3	15 16 17 18 Ind line 17 is	0 0 0 0 0 0 0.00% 0.00%
10a b c 111 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percentage lumn (f) divided by le A, Part III, line 15 Income Percentage 10c, column (f) divinedule A, Part III, line ation did not check op here. The organ	cond, third, fourth,	or fifth tax year as	o a section 501(c)(3	15 16 17 18 Ind line 17 is	0 0 0 0 0 0 0.00% 0.00%
10a b c 111 12 13 14 Sec 15 16 Sec 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	ganization's first, se port Percenta, lumn (f) divided by le A, Part III, line 15 Income Percenta, column (f) divinedule A, Part III, line ation did not check op here. The organation did not check	cond, third, fourth,	or fifth tax year as	o a section 501(c)(3	15 16 17 18 19 10 10 10 10 10 10 10 10 10 10 10 10 10	0 0 0 0 0 0 0.00% 0.00%

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete I	art V.)		
Sect	ion A. All Supporting Organizations			
3661	ion A. An oupporting organization		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
<i>-</i>	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below.	3a	en-ostopinovi	20000000000
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
b	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
·	(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	200000000000000000000000000000000000000	
40	Was any supported organization not organized in the United States ("foreign supported organization")? If			
4a	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	654635000004546	PASSO SALGENS
<b>L</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
b	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
_	Did the organization support any foreign supported organization that does not have an IRS determination			
С	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	estissaumi	208000
_	purposes.  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	10		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year : If Tes,			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	5a		100000
	was accomplished (such as by amendment to the organizing document).	Ja		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	5b		6.800.00
	designated in the organization's organizing document?	5c		<del> </del>
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations; or (c) other supporting organizations that also		100	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6	4.2	Section 8
	Part VI.	0		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	7		10000
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which		A NEW YORK	
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit	_	Maria de la composición dela composición de la composición dela composición de la co	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting		No. of the	
	organizations)? If "Yes," answer (b) below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Schedu	le A (Form 990 or 990-EZ) 2014 LIFETIME WELLS FOR GHANA, INC	26-0162476	Р	age 5
Parit	N Supporting Organizations (continued)			r
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			200
	below, the governing body of a supported organization?	<u>11a</u>		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	art VI. 11c		
Secti	on B. Type I Supporting Organizations			
		B TO THE STATE OF	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ie		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised,	or		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	rted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_ 1		0001E-00418E
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Popularity	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		27.5	
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	ors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ol		
	or management of the supporting organization was vested in the same persons that controlled or manage			a de la companya de
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			100
	organization's governing documents in effect on the date of notification, to the extent not previously provide			CANAGA STATE
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ed		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V	<b>√I</b> how		1000
	the organization maintained a close and continuous working relationship with the supported organization(s	s). 2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		and part and	
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	ar ( <b>see instructions</b>	s):	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government	nt entity (see instruc	tions).	
		-	Yes	
2	Activities Test. Answer (a) and (b) below.	TOTAL CONTRACTOR OF THE PARTY O	res	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	, 01		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpose	88,	-	
	how the organization was responsive to those supported organizations, and how the organization determine			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	16		
	reasons for the organization's position that its supported organization(s) would have engaged in these		100000	0.0 (\$ 0.0 m)
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this rega	ru   <b>JU</b>		

Parit V Type III Non-Functionally Integrated 509(a)(3) Supporting (			····
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5	,	,
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			•
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4	o	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by .035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			^
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-inte	grated Type III supporting o	organization (see

Pari	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respo	nsive	
	(provide details in Part VI). See instructions.			***************************************
9	Distributable amount for 2014 from Section C, line 6			0
10	Line 8 amount divided by Line 9 amount			0.000
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d		Assembly the second second		
е	From 2013			
f	Total of lines 3a through e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2014 distributable amount			0
ì	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2014 from Section			
	D, line 7: \$ 0			
а	Applied to underdistributions of prior years	1000 E	0	44.00
b	Applied to 2014 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2014, if	1000000		
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		0	
6	Remaining underdistributions for 2014. Subtract lines 3h	40.00		
	and 4b from line 1 (if amount greater than zero, see		January (Barana)	•
	instructions).			0
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Schedule A (For	m 990 or 990-EZ) 2014	LIFETIME W	ELLS FOR GHAN	IA, INC			26-0162476	Page <b>8</b>
Part VI	Supplemental Info Part III, line 12. Also	rmation. Pr	ovide the expla	nations require	ed by Part II, line mation. (See ins	10; Part II	, line 17a or 1	7b; and
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## **SCHEDULE D** (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

LIFE	TIME WELLS FOR GHANA, INC			26-0162476
Par	Organizations Maintaining Don	or Advised Funds or Othe	er Similar Funds	or Accounts.
	Complete if the organization answ			
		(a) Donor advised funds	3	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year) .			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and do	nor advisors in writing that the	assets held in dono	or advised
	funds are the organization's property, subject	to the organization's exclusive	e legal control?	Yes . No
6	Did the organization inform all grantees, done	ors, and donor advisors in writi	ng that grant funds	can be
	used only for charitable purposes and not for	the benefit of the donor or dor	nor advisor, or for ar	ny other
	purpose conferring impermissible private ber	nefit?		Yes No
Par	Conservation Easements.			
	Complete if the organization answ	vered "Yes" to Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held I	ov the organization (check all t	hat apply).	
•	Preservation of land for public use (e.g., recr			nistorically important land area
				certified historic structure
	Protection of natural habitat		r reservation or a c	Settined filstorie structure
•	Preservation of open space			e e e e e e e e e e e e e e e e e e e
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation	on contribution in th	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation ease			2b
C	Number of conservation easements on a cert	tified historic structure included	l in (a)	2c
d	Number of conservation easements included	in (c) acquired after 8/17/06, a	and not on a	
	historic structure listed in the National Regist	er		
3	Number of conservation easements modified	, transferred, released, extingu	iished, or terminated	d by the organization
	during the tax year			
4	Number of states where property subject to c	onservation easement is locat	ed 🟲	
5	Does the organization have a written policy re	egarding the periodic monitoring	ig, inspection, nand	ling of
	violations, and enforcement of the conservati	on easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing of	conservation easem	ents during the year
	<b>•</b>			during the common
7	Amount of expenses incurred in monitoring, i	nspecting, and enforcing conse	ervation easements	during the year
	<b>▶</b> \$			
8	Does each conservation easement reported of	on line 2(d) above satisfy the re	equirements of secti	on
	170(h)(4)(B)(i) and section $170(h)(4)(B)(ii)$ ?			Yes No
9	In Part XIII, describe how the organization rep			
	balance sheet, and include, if applicable, the		nization's financial s	statements that describes
2/24009	the organization's accounting for conservation  Organizations Maintaining Colle	n easements.	Francisco or Otl	hor Similar Accete
Pan	Organizations Maintaining Colle	ections of Art, Historical	ort IV lino 8	ilei Siiliidi Assets.
	Complete if the organization answ			
1a	If the organization elected, as permitted under	r SFAS 116 (ASC 958), not to	report in its revenue	statement and balance sheet
	works of art, historical treasures, or other sim	ilar assets held for public exhit	oition, education, or	research in furtherance
	of public service, provide, in Part XIII, the text	of the footnote to its financial	statements that des	cribes these items.
b	If the organization elected, as permitted under	r SFAS 116 (ASC 958), to repo	ort in its revenue sta	tement and balance sheet
	works of art, historical treasures, or other sim		oition, education, or	research in furtherance
	of public service, provide the following amour	its relating to these items:		
	(i) Revenue included in Form 990, Part VIII, I (ii) Assets included in Form 990, Part X.	ine 1		• \$
	(ii) Assets included in Form 990, Part X			• \$
2	If the organization received or held works of a	irt, historical treasures, or othe	r similar assets for f	inancial gain, provide the
	following amounts required to be reported une	der SFAS 116 (ASC 958) relati	ng to these items:	
а	Revenue included in Form 990, Part VIII, line	1		• \$
b	Assets included in Form 990, Part X		<i></i>	> \$

Conca	Organizations Maintaining Colle	actions of	Art Hist	orical Tr	easures o	r Othe	r Similar Asse	ets (con	tinue	d)
Pari	Using the organization's acquisition, accession	ections of A	records	obook onv	of the follow	ing that	are a significant	100		
3			records, i	check any	of the follow	miy mai	are a significant			
	use of its collection items (check all that appl	iy):	<u>.</u>	١.						
а	Public exhibition		d	Loan	or exchange	progran	ns			
b	Scholarly research		е	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and	explain h	ow they fu	irther the org	janizatio	on's exempt purp	ose in		
5	During the year, did the organization solicit o	r receive dona	ations of a	art, historio	cal treasures	, or othe	er similar			_
	assets to be sold to raise funds rather than to	o be maintain	ed as par	t of the org	ganization's	collectio	n?	Ye	es	No
Dec	***************************************							··		
Pari	Complete if the organization answ	vared "Vas"	to Form	990 Par	t IV line 9	or repo	orted an amou	nt on Fo	orm	
	· · · · · · · · · · · · · · · · · · ·	veleu les	to i oiiii	550, i ai	tiv, mic o,	0, 100	ortoa arramaa.			
	990, Part X, line 21.		. 17				- nia nat			
1a	Is the organization an agent, trustee, custodi	an or other in	termediai	y for conti	nbulions of C	mier as:	sets not	П	se [	No
	included on Form 990, Part X?	and complete	the follow	 vina table				∟ ''		, 140
b	If "Yes," explain the arrangement in Part XIII	and complete	the lollo	wing table	•			Amount		·
						. 10		ranouni		0
C	Beginning balance					10				
d	Additions during the year					-				
е	Distributions during the year					ļ		······································		0
f	Ending balance									3
2a	Did the organization include an amount on F	orm 990, Parl	t X, line 2	1, for escr	ow or custoc	lial acco	ount liability?	Ye	es X	No
b	If "Yes," explain the arrangement in Part XIII.	. Check here i	f the expl	anation ha	as been prov	ided in l	Part XIII		L	]
	// / Company								·····	
Part	Complete if the organization answ	vered "Vec"	to Form	aan Par	t IV line 10	)				
		Current year		or year	(c) Two years	s back	(d) Three years back	(e) Fo	our years	back
		Ourient year	(10) 1 11	0 0		0		0		0
1a	Beginning of year balance	<u> </u>		U				<del></del>		
b	Contributions							<del>                                     </del>		
С	Net investment earnings, gains,					1				
	and losses		-							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs							<del> </del>		
f	Administrative expenses									
g	End of year balance	0		0		<u> </u>		0		0
2	Provide the estimated percentage of the curr	ent year end	balance (	line 1g, co	olumn (a)) he	ld as:				
а	Board designated or quasi-endowment	<b>&gt;</b>	%							
b	Permanent endowment	%								
C	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou	uld equal 1009	%.							
3a	Are there endowment funds not in the posses	ssion of the o	rganizatio	n that are	held and ad	minister	ed for the	,		
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as req	uired on S	Schedule I	R?			3b		<u> </u>
4	Describe in Part XIII the intended uses of the									
Part										
	Complete if the organization answ	vered "Yes"	to Form	990, Par	t IV, line 11	a. See	Form 990, Par	rt X, line	10.	
	Description of property	(a) Cost or oth			st or other		Accumulated		ook valu	e
	pescipacit of property	(investme			s (other)	1	epreciation			
1a	Land		0		0					0
b	Buildings		ō		0		0.	***************************************	.,	0
C	Leasehold improvements		0		0		o			0
	Equipment		0		240,000		152,516		8	37,484
d	. * *		0		2-10,000	<b>†</b>	0	***************************************		0
e Total	Other	gual Form 00		column /F		L	<b>D</b>		Я	7 484

Part VII	Investments—Other Securiti		O Dort IV line 11h Coo For	m 000 Port V line 12
*	Complete if the organization ar			
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1) Financial o	lerivatives	0		
· ·	Id equity interests	0		
(E)				
<u>(H)</u>	oust equal Form 990 Part X col. (B) line 12.)	0		
ENLESS CONTRACTOR CONT	bot oqual ( only over) ( only ) out (e) me			
Part VIII	Investments—Program Relate Complete if the organization are	.eu. newarad "Vas" to Form 99	0 Part IV line 11c See Form	n 990 Part X line 13
			(c) Method of v	
	(a) Description of investment	(b) Book value	Cost or end-of-year	
(1)	:			
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	oust equal Form 990 Part X col. (B) line 13.)	0		-
Part IX	oust equal Form 990, Part X, col. (B) line 13.)  Other Assets.	<u> </u>		
Fairin	Complete if the organization ar	swered "Yes" to Form 99	0 Part IV line 11d See Forr	m 990 Part X line 15
		a) Description	0,10,0,0,0,0,0	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) T-4-1 (0-1)	(h) must say of Farm 000 Port V co	1 (D) line 15 \	<b>&gt;</b>	(
personal property and property	(b) must equal Form 990, Part X, co	I. (B) IIIIe 15.)		
Part X	Other Liabilities.  Complete if the organization an	swered "Yes" to Form 990	) Part IV line 11e or 11f Se	e Form 990 Part X
	line 25.	Sweled 163 to Follifoot	5, 1 dit ( v, iii o 1 1 o 0 1 1 i i o 0	or onn ood, rack,
1.	(a) Description of liability	(b) Book value		
(1) Federal ir		0		
	ENT LOAN	157,978		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	st equal Form 990. Part X. col. (B) line 25.1	157 978		
TOGS, ICOMINISTIS MIS	a rannan r ann 1990. Fan A. Wil IDI lind 23.1	1:37 9708		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

0

0

0

0

0

0

0

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Schedule D (Form 990) 2014	LIFETIME WELLS FOR GHANA, INC		26-0162476	Page 5
Part XIII Supple	emental Information (continued)			
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## Schedule F (Form 990)

# **Statement of Activities Outside the United States**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Employer identification number

Inspection

LIFE	ETIME WELLS FOR GHA	ANA, INC				26-0162476
Par	til General Info	ormation on A		side the United States.	Complete if the organization a	answered
		n 990, Part IV, line				
1	For grantmakers. Doe assistance, the grante the grants or assistance	es' eligibility for t	he grants or ass	ords to substantiate the amou istance, and the selection cri	unt of its grants and other teria used to award	X Yes No
2	For grantmakers. Description assistance outside the U		e organization's	procedures for monitoring th	e use of its grants and other	
3	Activities per Region. (7	he following Par	t I, line 3 table c	an be duplicated if additional	space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Sub-Saharan Africa	1	0	installing well and pumps	installed wells pyumps	389,684
(2)				,		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)				,		
(10)						***************************************
(11)						
(12)						
(13)						
(14)						
15)						
16)						
17)						200.004
b	Sub-total	0	0			389,684
	Totale (add lines 3a and 3h)	<u> </u>	0			389 684

26-0162476

Page 2

Schedule F (Form 990) 2014 LIFETIME WELLS FOR GHANA, INC

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)	***************************************		averanti iz dikratikari katalari katalari katalari katalari katalari katalari katalari katalari katalari katal													
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance									-							
(f) Manner of Cash disbursement																
(e) Amount of cash grant	316,513															
(d) Purpose of grant	INSTALL WELLS															
(c) Region	Sub-Saharan Africa															*
(b) IRS code section and EIN (if applicable)																
(a) Name of organization	(1)	(2)	(6)	(4)	(2)	(9)	<b>(</b>	(8)	(6)	(110)	(11)	(12)	(61)	(14)	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt ~

٨ by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. Enter total number of other organizations or entities က

Schedule F (Form 990) 2014

LIFETIME WELLS FOR GHANA, INC

Part III

Schedule F (Form 990) 2014

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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(a) Type of gra	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)		·					
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)						,	
(18)							
						Sche	Schedule F (Form 990) 2014

Part	Ⅳ Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
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# SCHEDULEI (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Part

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection 201

Employer identification number

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ž Yes 26-0162476 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? LIFETIME WELLS FOR GHANA, INC

Part	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be dualicated if additional space is peopled.	Assistance to	Domestic Organial received more	nizations and Dom	estic Governments	inizations and Domestic Governments. Complete if the organization than \$5,000. Part II can be duplicated if additional space is peeded	janization answered	"Yes" to Form 990,
1 (a) Name	1 (a) Name and address of organization or government	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(2)						( in the state of		
(2)								
(3)								
(4)								
(9)								
(9)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
2 Ente	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and g	overnment organiza	ations listed in the line	1 table.		•	***************************************

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{\rm HTA}$ 

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014)

Page 2 (f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients (a) Type of grant or assistance Part III LO. ဖ

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

## Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

LIFETIME WELLS FOR GHANA, INC	26-0162476
Form 990, Part I, Section 1, Line 1: Since 2007 Lifetime has drilled approximately 1,300 wells	
bringing fresh water to approximately 500,000 people. Installed approximately 1,100 pitcher	
pumps and laid approximately two miles of pipe. Thousands of hours of time has been donated to	
bring fresh water to citizens of Ghana.	
·	
<b>A</b>	

Schedule O (Form 990 or 990-EZ) (2014)	Page	_2
Name of the organization	Employer identification number	
	26-0162476	
LIPETIME WELLS FOR GHANA, INC	10 0 102 17 0	
***************************************		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	
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INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCUNNATI, OH 45201

Date:

JAN 0 8 2008

LIFETIME WELLS FOR GHANA INC 24321 SHORE HWY DENTON, MD 21629

Employer Identification Number: 26-0162476 DLN: 17053169035037 Contact Person: EUGENIA P ASCENCIO-MADRIGAL ID# 95133 Contact Telephone Number: (877) 829-5500 Accounting Period Ending: December 31 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Effective Date of Exemption: April 18, 2007 Contribution Deductibility: Advance Ruling Ending Date: December 31, 2011 Addendum Applies: No

## Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient

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## LIFETIME WELLS FOR GHANA INC

organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address; the purpose of the award; the manner of selection; and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Robert Choi

Director, Exempt Organizations

Rulings and Agreements

Enclosures: Publication 4221-PC

Statute Extension