TAXABLE YEAR **2024**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name	California corporation number
WATER 4 LIFE GLOBAL, INC.	4230168
Additional information. See instructions.	FEIN
	83-2826655

Street address (suite or room)	PMB no.
PO BOX 1514	

City	State	ZIP code
VENICE	CA	90294

Foreign country name	Foreign province/state/county	Foreign postal code

A First return . . . ☐ Yes ☒ No
B Amended return . . . ● ☒ Yes ☐ No
C IRC Section 4947(a)(1) trust . . . ☐ Yes ☒ No
D Final information return?
● ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date: (mm/dd/yyyy) ● ____ / _____ / _____
E Check accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other
F Federal return filed? (1) ● ☐ 990T (2) ● ☐ 990PF
(3) ● ☐ Sch H (990) (4) ☒ Other 990 series
G Is this a group filing? See instructions. . . . ● ☐ Yes ☒ No
H Is this organization in a group exemption . . . ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. . . . ● ☐ Yes ☒ No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. . . . ● ☐ Yes ☒ No
K Is the organization exempt under R&TC Section 23701g?. . ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources . . $ _____
L Is the organization a limited liability company? . . . ● ☐ Yes ☒ No
M Did the organization file Form 100 or Form 109 to report taxable income? . . . ● ☐ Yes ☒ No
N Is the organization under audit by the IRS or has the IRS audited in a prior year? . . . ● ☐ Yes ☒ No
O Is federal Form 1023/1024 pending? . . . ☐ Yes ☒ No
Date filed with IRS _____

Part I **Complete Part I unless not required to file this form. See General Information B and C.**

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			1	00
	2 Gross dues and assessments from members and affiliates			2	00
	3 Gross contributions, gifts, grants, and similar amounts received			3	139,308 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed.** If the result is less than $50,000, see General Information B			4	139,308 00
	5 Cost of goods sold	5	00		
	6 Cost or other basis, and sales expenses of assets sold	6	00		
	7 Total costs. Add line 5 and line 6.			7	00
	8 Total gross income. Subtract line 7 from line 4			8	139,308 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18			9	126,389 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8			10	12,919 00
Payments	11 Total payments			11	00
	12 Use tax. See General Information K			12	0 00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			14	00
	15 Penalties and interest. See General Information J.			15	00
	16 **Balance due.** Add line 12 and line 15. Then subtract line 11 from the result			16	0 00

Sign Here

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

Signature of officer ▶	Title	Date	● Telephone
	TREASURER		(818)337-8276

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☒	● PTIN
	04-01-2026		P01492601

Firm's name (or yours, if self-employed) and address ▶	● Firm's FEIN
LEE M. FORRESTER - CPA 1515 TZENA WAY ENCINITAS CA 92024	20-5806010 ● Telephone (760)419-1290

May the FTB discuss this return with the preparer shown above? See instructions . . . ● ☒ Yes ☐ No

REV 05/25/25 PRO

Part II **Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.**

Receipts from Other Sources	**1** Gross sales or receipts from all business activities. See instructions	**1**		00
	2 Interest	**2**		00
	3 Dividends	**3**		00
	4 Gross rents	**4**		00
	5 Gross royalties	**5**		00
	6 Gross amount received from sale of assets (See instructions)	**6**		00
	7 Other income. Attach schedule	**7**		00
	8 **Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	**8**		00
Expenses and Disbursements	**9** Contributions, gifts, grants, and similar amounts paid. Attach schedule	**9**		00
	10 Disbursements to or for members	**10**		00
	11 Compensation of officers, directors, and trustees. Attach schedule See Stmt	**11**	0	00
	12 Other salaries and wages	**12**	14,000	00
	13 Interest	**13**		00
	14 Taxes	**14**		00
	15 Rents	**15**		00
	16 Depreciation and depletion (See instructions)	**16**		00
	17 Other expenses and disbursements. Attach schedule See Stmt	**17**	112,389	00
	18 **Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	**18**	126,389	00

Schedule L **Balance Sheet**

Assets	**Beginning of taxable year** (a)	**(b)**	**End of taxable year** (c)	**(d)**
1 Cash		17,433		30,259
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments. Attach schedule				
10 **a** Depreciable assets				
b Less accumulated depreciation				
11 Land				
12 Other assets. Attach schedule SEE STMT		253		285
13 **Total assets**		17,686		30,544
Liabilities and net worth				
14 Accounts payable		61		
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation SEE STMT		17,625		30,544
21 Retained earnings or income fund				
22 **Total liabilities and net worth**		17,686		30,544

Schedule M-1 **Reconciliation of income per books with income per return**
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books		**7** Income recorded on books this year not included in this return. Attach schedule	
2 Federal income tax		**8** Deductions in this return not charged against book income this year. Attach schedule	
3 Excess of capital losses over capital gains			
4 Income not recorded on books this year. Attach schedule			
5 Expenses recorded on books this year not deducted in this return. Attach schedule		**9** Total. Add line 7 and line 8	
6 Total. Add line 1 through line 5		**10** Net income per return. Subtract line 9 from line 6	

REV 05/25/25 PRO

Form 199
Schedule L

Other Assets

2024

Name as Shown on Return: WATER 4 LIFE GLOBAL, INC.

California Corporation No.: 4230168

Other Investments:	Beginning of Tax Year	End of Tax Year
Totals to Form 199, Schedule L, line 9 ►		

Other Assets:	Beginning of Tax Year	End of Tax Year
SECURITY DEPOSIT	253.	253.
PAYROLL LIABILITIES OVERPAYMENT		32.
Totals to Form 199, Schedule L, line 12 ►	253.	285.

Form 199
Schedule L

Other Liabilities and Equity

2024

Name as Shown on Return
WATER 4 LIFE GLOBAL, INC.

California Corporation No.
4230168

Other Liabilities:	Beginning of Tax Year	End of Tax Year
Totals to Form 199, Schedule L, line 18 ►		

Paid-in or Capital Surplus:	Beginning of tax year	End of tax year
NET ASSETS OR FUND BALANCES	17,625.	30,544.
Totals to Form 199, Schedule L, line 20 . . . . . ►	17,625.	30,544.

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Date Accepted _____ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2024**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exempt Organization name	Identifying number
WATER 4 LIFE GLOBAL, INC.	83-2826655

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	**1**	139,308.
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	**2**	139,308.
3 Refund (Form 109, line 26)	**3**	
4 Balance due or Total amount due (Form 199, line 16 or Form 109, line 29)	**4**	0.

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Direct deposit of refund (Form 109 only.)

6 ☐ Electronic funds withdrawal **6a** Amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2025 (These are **not** installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
7 Amount				
8 Withdrawal Date				

Part IV Banking Information (Have you verified the exempt organization's banking information?)

9 Routing number _____

10 Account number _____ **11** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 5, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a and any estimated payment amounts listed on Part III, line 7 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2024 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here ▶ _____ (Signature of officer) _____ (Date) ▶ TREASURER (Title)

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers**.** I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date 04/01/2026 | Check if also paid preparer ☐ | Check if self-employed ☒ | ERO's PTIN

Firm's name (or yours if self-employed) and address ▶ LEE M. FORRESTER - CPA | Firm's FEIN 20-5806010

1515 TZENA WAY, ENCINITAS, CA | ZIP code 92024

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date 04/01/2026 | Check if self-employed ☒ | Paid preparer's PTIN P01492601

Firm's name (or yours if self-employed) and address ▶ LEE M. FORRESTER | Firm's FEIN 20-5806010

1515 TZENA WAY ENCINITAS, CA | ZIP code 92024

Explanation Statement 2024

Name(s)	Social Security Number
WATER 4 LIFE GLOBAL, INC.	42-3016800

Form/Line: CA Form 199 Line B, Yes box

Explanation of: Amended Return Statement

Wages paid to an employee were inadvertently reported as compensation paid to a board member on line 11 instead of line 12

Additional Information From 2024 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation **Continuation Statement**

Description	Amount
LANA SELBEE	0
NIKKI APPPLETON	0
MATT HENRY	0
JAY MACGILLIVRAY	0
WILL LEITCH	0
PARUL SHARMA	0
Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses **Continuation Statement**

Description	Amount
PROFESSIONAL FEES AND OTHER PAYMENTS TO CONTRACTORS	586
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	1,176
ADMISTRATIVE EXPENSES	13,633
FUND RAISING EXPENSES	17,650
PROGRAM EXPENSES	79,344
Total	112,389

Explanation Statement 2024

Name(s)	Social Security Number
WATER 4 LIFE GLOBAL, INC.	42-3016800

Form/Line: CA Form 199 Line B, Yes box

Explanation of: Amended Return Statement

Wages paid to an employee were inadvertently reported as compensation paid to a board member on line 11 instead of line 12

Lee M. Forrester - Tax Preparer