990

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)

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

<u>A</u> _	For the	ne 2023 c <mark>alendar year, or tax year b</mark>	peginning 0	9/01/23 , and endin	g 08/31				
В	Check if	applicable: C Name of organization				1	) Employ	er identification number	
	Address		ater for	Ishmael			l.,		
	Name ch	Doing business as  Number and street (or P.O. box i	f moil in not dollings	of to elegat address.		1 0 / /		5908359	
	Initial ret		II IIIan IS Not Gellver	d to sileet aboress)		Room/suite		ne number - 720 – 8089	
$\vdash$	, Fina!reti	urn/ City or town, state or province, co	ountry, and ZIP or fe	preign postal code					
LJ	l terminate	Toledo		он 43607			Gross re	ceipts 877,759	
	Amende						3 (303310		
	Applicati	on pending Metzger, Jan	elle			H(a) is this a group	return for	subordinates? Yes X No	
		20 Arco Driv				H(b) Are all subor	dinates inc	auded? Yes No	
		Toledo		ОН 43607		lf "No," a	llach a list	. See instructions	
1	Tax-exe	mpt status: X 501(c)(3) 501(c)	) ( ) (ins	ert no.) 4947(a)(1) or	527				
J	Website	*** * * * * * * * * * * * * * * * * * *				H(c) Group exemp	ation numb	er	
K	Form of	organization: X Corporation Trust	Association	Other	L	Year of formation: 20		M State of legal domicile: OH	
	Part I				•				
	1	Briefly describe the organization's mi	ssion or most s	significant activities:					
စ္ပ		To partner with the	local chu	rch to create a	welcomin	g community	for	Toledo	
ä		internationals, to s	hare the	hope and love of	Jesus C	hrist, and	to em	power	
era		internationals with	skills to	become successf	ul.				
Governance	2	Check this box 🔲 if the organization	n discontinued	its operations or disposed of	of more than 25	5% of its net assets.			
প্	3	Number of voting members of the go	verning body (F	Part VI, line 1a)			3	7	
es	4	Number of independent voting memb	ers of the gove					7	
ĭ	5	Total number of individuals employed	f in calendar ye	ar 2023 (Part V, line 2a)		,	5	52	
Activities &	6	Total number of volunteers (estimate						105	
_		Total unrelated business revenue fror	m Part VIII, col	(C) line 40			7a	0	
	b	Net unrelated business taxable incom	ne from Form 9				7b	0	
				Prior Year	000	Current Year			
힐	8	Contributions and grants (Part VIII, lir			,	1,004	7b 0 Current Year 999 690,303 356 169,517		
en e	9	Program service revenue (Part VIII, Iì							
Revenue	10 1	nvestment income (Part VIII, column	(A), lines 3, 4,	and 7d)			,577	642	
_	11 (	Other revenue (Part VIII, column (A),					,439		
	1	Total revenue – add lines 8 through 1			2)	1,130		863,152	
		Grants and similar amounts paid (Par				5	,000	0	
		Зепеfits paid to or for members (Part		0	0				
ès	15	Salaries, other compensation, employ	vee benefits (P	art IX, column (A), lines 5–1	0)	698	906	867,718	
xpenses	16a	Salaries, other compensation, employ Professional fundraising fees (Part IX Fotal fundraising expenses (Part IX, c	, column (A), li	ne 11e)			0	0	
Ď.	b b	Fotal fundraising expenses (Part IX, c	olumn (D), line	25) 49,	072				
ш		Other expenses (Part IX, column (A),				213		163,667	
	ŧ	Fotal expenses. Add lines 13–17 (mu				917		1,031,385	
- W		Revenue less expenses. Subtract line	18 from line 1	<u>2</u>		212		-168,233	
Net Assets or Fund Balances	20.7	Total assets (Part V line 46)				Beginning of Currer		End of Year 1,017,106	
SSE	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		***************************************		516		501,690	
Net Dis	22 1	Net assets or fund balances. Subtract		 		683		515,416	
7.00	art II	Signature Block	time 21 Rotti iii	16 20		000,	040	010,410	
		valties of perjury, I declare that I have example	mined this return	including accompanying scho	dulae and etaton	sente and to the heet	of my kn	and haliaf it is	
		et, and complete. Declaration of preparer					Ol my Kil	owiedge and benef, it is	
					•		T	<del></del>	
Sig	ın	Signature of officer					Date		
Hei		White, Elizabeth		Cha	airman				
		Type or print name and title	······································	WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE					
		Print/Type preparer's name		Preparer's signature		Date	Check	if PTIN	
Paid	d	Thomas D Wesenberg, CPA	17	Thomas D Wesenberg, C	PA	12/20/2	self-em	ployed P00051521	
	parer	Firm's name Mosley (		Brien, Inc.		Firm'	•	26-3710272	
Use	Only	571 Long							
_		Firm's address Maumee,				Phon	e no.	419-861-1120	
May	the IR	S discuss this return with the prepare	******	? See instructions				X Yes No	
		ork Reduction Act Notice, see the sepa	rate instruction	s.				Form <b>990</b> (2023)	
DAA									

Other program services (Desci (Expenses \$ Total program service expense	including grants of \$	) (Revenue	\$	)
			4,1,4,4,4,1,4,4,4,4,4,4,4,4,4,4,4,4,4,4	
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·	***************************************	·····		,
(Code: ) (Expenses /A	w , , , , , , , , , , , , , , , , , , ,	any granto or a	···· ) (vescure à ·····	
(Code: \/Evasass	• ¢ indu	ding grants of \$	) (Revenue \$	
	***************************************	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Code: ) (Expenses	i \$include	ding grants of \$	) (Revenue \$	
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• • • • • • • • • • • • • • • • • • • •				
uring the fisca	u year.		,,,,	
		ately 300-400 indi		
		d culture, and oth		
nglish language	instruction for	internationals, he	lp for those :	in the
(Code: ) (Expenses	s \$ 942,711 inclu	ding grants of \$	) (Revenue \$	169,5
me rotal expenses, and reven	ue, ii ariy, ioi each program service	reported.		
	and 501(c)(4) organizations are requ lue, if any, for each program service	ired to report the amount of grants ar	nd allocations to others,	
*		each of its three largest program se		
If "Yes," describe these chang	ges on Schedule O.			
		***************************************		Yes X
	onducting, or make significant chang	es in how it conducts, any program		_
If "Yes," describe these new s				[]
prior Form 990 or 990-EZ?		toling the year which were not listed		Yes X
Did the ergenization undertak	ro any pianificant program conjugat	during the year which were not listed		
nternationals v	with skills to bec	ome successful.		
nternationals,	to share the hope	and love of Jesus		
		to create a welcom	ing community	for Tol
		note to any line in this Fait in		
	ula O containe a rachanca ar	note to any line in this Part III		
Check if Sched				
	Program Service Accomplis	20-5908. hments		P

3000 <b>8</b> 0	dicase Oncomist of Required Ochedules		1	Γ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<del>-</del> -	T	l
-	candidates for public office? If "Yes " complete Schedule C. Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<b>-</b>		
	plaction in offert during the tay year? If "Van " complete Schodule C. Bort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1		
•	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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 funds or accounts? If			1
	"Ves." complete Schedule D. Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	"		
•		7		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<del>  '</del> -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			**
^	complete Schedule D, Part III	8		X
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 negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part V. line 162 If "Van " complete Schodule D. Part IV	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	'''		
•	the organization's liability for uncertain tax positions under FtN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
129	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	40-		х
h		12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	[	į	
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		l	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part fX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		_ <del>_</del>	<del>~~~~~</del>
	If "Yes," complete Schedule G, Part III	19	1	x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zva b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21		400	-+	
<i>a</i> . t	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		x
D.1.1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	
DAA		Enrm	. 4411	/つのつつい

<u> </u>	artive Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			۱,,
	employees? If "Yes," complete Schedule J	23	<del>                                     </del>	X
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	245		x
b	through 24d and complete Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		1
C	Did the organization mivest any proceeds of tax-exempt upitus beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year		ļ	1
·	to defeace any tax-exempt hands?	24c		
d		24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	if "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X	<del> </del>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key		}	
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			x
20	persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
а	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	<b>100.00000000</b>		*********
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	34		х
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		<del>"</del>
.,	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	***		$\overline{}$
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
become on the	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
P	art 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	·····		<del>     </del>
	1. 1.		Yes	No
1a -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 0 1b 0	-		
b		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	X	.0000000000000000000000000000000000000

<b>₽</b>	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	<u>ued)</u>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	52			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial		=	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 A	Accoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact					X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		1
. 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			.		
. va	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			·   - 0a		<del> </del>
b	gifts were not tax deductible?	115 01		6b		
				.   00		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joous				v
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			. 7b	-	<del>                                     </del>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		_		٠,,
	required to file Form 8282?			7c		X
ď	if "Yes," indicate the number of Forms 8282 filed during the year	7d		_		4,7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		? <sub></sub>		-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			. 7f	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file For			. 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			.   7h	1.0000000000000000000000000000000000000	330.000.00
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			.   8	*********	780-XXXXX
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			. <u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	20000000000	
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		Щ		
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a	·	_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b		_		
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		_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	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	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the constitution control on a consequent for today a tender of colors declare the territorial		,	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			444		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	income	e?	16		X
-	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activity	lies			44440000000	usus coccesions
•	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.		. , , , , , , , , , , , , , , , , , , ,			
				100000000000		***************************************

Form 990 (2023) Water for Ishmael

20-5908359

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O. Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο 10a 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, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed OH 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. Janelle Metzger 20 Arco Drive

Toledo

419-720-8089

OH 43607

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and title				officer and a director/trustee)  compensation from the from relate organization (W-2/ organizations 1099-MISC/ 1099-MISC/				Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1)Metzger, Janelle Exec Director	40.00			х				42,458	0	0	
(2) White, Elizabeth	2.00	77		7,5					_	0	
Chairman (3) Metzger, Michael	2.00	X		Х				0	0	0	
Member (4) Rodriguez, Moses	0.00	х						0	0	0	
Member (5)Doro, Oghenetej:	2.00 0.00	х					_	0	0	0	
Treasurer	2.00	х		x				0	0	0	
(6)Munn, Paul	2.00	v						o	0	0	
(7) Alley, Tim	2.00	Х						- U	0	0	
Vice-chairman (8) Blood, Rev. Wes	0.00	х	_	Х			+	0	0	0	
Secretary (9)	2.00 0.00	х		x			1	0	0	0	
(10)											
(11)											
			1				$\perp$				

Form 990 (2023) Water for Part VII Section A. Officers			s, K	ey E	mp	oyee	es, a	20-590 nd Highest Compensated		Page
(A) Name and title	(B) Average hours per week	bo	x, unli	Po: check ess pe	erson	than o is both or/trust	าลก	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(12)										
(13)										
(14)										
(15)										
(16)										, mandalan
(17)										
(18)										
(19)										
1b Subtotal		,						42,458		
c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII, S						ı	42,458		
Total number of individuals (increportable compensation from	cluding but not li	mite	d to t	hose	e list	ed al	bove	) who received more than	\$100,000 of	
<ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any individual listed on line organization and related organ</li> </ul>	rmer officer, dire complete Sched 1a, is the sum dizations greater	ector, lule of of rep than	<i>for</i> : oorta \$150	s <i>uch</i> ble d 0,000	i <i>indi</i> comp 0? <i>If</i>	ividua pensa "Yes"	al ation s," cc	and other compensation for suc	rom the	Yes No
individual  5 Did any person listed on line 1a for services rendered to the org	a receive or accr ganization? <i>If</i> "Yo	ue c	omp	ensa	tion	from	any	unrelated organization or i		5 X
Complete this table for your five compensation from the organizer.	e highest compe	nsat mpe	ed in	idep	ende	ent co	ontra enda	ar year ending with or withi	nan \$100,000 of n the organization's tax year (B) on of services	(C)
Name and t	ousiness address							Description	on of services	Compensation
									**************************************	Annual Market State Stat
							MT ALVERT			
Total number of independent co	ontractors (includ	dina !	but n	ot lir	nite	d to !	hose	e listed above) who		
received more than \$100,000 o								- · · · <b>,</b> · · · · · ·	0	Form <b>990</b> (202

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) Related or exempt function revenue (C) Revenue excluded from tax under Total revenue Unrelated business revenue sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 146,136 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 544,167 and similar amounts not included above .... g Noncash contributions included in 996 lines 1a-1f ..... h Total. Add lines 1a-1f 690,303 Business Code 97,670 97,670 2a Tuition, books, activity fees Program Service Revenue 71,847 71,847 ODJFS childcare reimbursement f All other program service revenue 169,517 g Total. Add lines 2a-2f..... 3 Investment income (including dividends, interest, and 487 487 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties .... (i) Real (ii) Personal 5,750 6a Gross rents 6a 6b b Less: rental expenses 5,750 C Rental inc. or (loss) 6c d Net rental income or (loss) 5,750 5,750 Gross amount from (i) Securities (ii) Other sales of assets 1,162 other than inventory Other Revenue b Less: cost or other 1,007 basis and sales exps. 7b 155 c Gain or (loss) 7c d Net gain or (loss) ..... 155 155 8a Gross income from fundraising events (not including \$ 146,136 of contributions reported on line 1c). See Part IV, line 18 8,976 8a b Less: direct expenses 13,600 8b -4,624 c Net income or (loss) from fundraising events -4,624 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ...... 10a b Less: cost of goods sold \_\_\_\_\_ 10b c Net income or (loss) from sales of inventory **Business Code** 1,564 1,564 11a Vendor rewards programs d All other revenue ..... 1,564 e Total. Add lines 11a-11d 863,152 169,517 Total revenue. See instructions 0 3,332

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 49,842 trustees, and key employees 49,842 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 738,797 679,693 36,940 22,164 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 12,980 11,942 389 649 9 66,099 3,305 Payroll taxes 60,811 1,983 10 Fees for services (nonemployees): Management Legal 3,916 3,456 117 343 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 4,792 15,741 6,742 4,207 (A) amount, list line 11g expenses on Schedule O.) 2,271 2,271 Advertising and promotion 12 14,642 306 14,038 298 13 Office expenses Information technology 1,658 1,492 83 83 14 15 Royalties 51,907 923 46,366 4,618 Occupancy 16 970 970 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 13,991 1,590 318 15,899 20 Payments to affiliates 21 22,884 20,137 2,289 458 Depreciation, depletion, and amortization 22 8,251 6,209 1,303 739 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Staff training/developmen 10,337 10,337 9,977 9,977 Curriculum/testing suppl. 2,820 2,820 Staff/volunteer apprec 2,157 324 216 Telephone & internet 1,617 e All other expenses ..... 237 237 1,031,385 942,711 39,602 49,072 25 Total functional expenses. Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 281,778 30,220 Cash--non-interest-bearing 11,919 103,540 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) ĥ Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 975,130 91,784 906,230 883,346 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 14 15 Other assets. See Part IV, line 11 15 1,199,927 1,017,106 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 198,000 198,000 controlled entity or family member of any of these persons 22 291,589 312,578 Secured mortgages and notes payable to unrelated third parties 23 23 12,101 5,700 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 516,278 501,690 26 Total liabilities. Add lines 17 through 25 ..... Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here X and complete lines 29 through 33. Capital stock or trust principal, or current funds 382,953 214,720 300,696 300,696 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 515,416 683,649 Total net assets or fund balances 32 32 Total liabilities and net assets/fund balances 1,199,927 1,017,106 33

Form **990** (2023)

orr	m 990 (2023) Water for Ishmael 20-5908359			Pa	ge <b>12</b>
Pa	art XI 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	86		152
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,03	1,	385
3	Revenue less expenses. Subtract line 2 from line 1	3	-16	8,	233
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	68	3,	<u>649</u>
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	<u>51</u>	5,	416
Pŧ	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	j			
С	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 on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2023)

### SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization Employer identification number Water for Ishmael 20-5908359 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. đ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported 60 EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Total

Schedule A (Form 990) 2023
Part II Support

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	526,811	629,632	627,084	1,004,999	690,303	3,478,829
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	526,811	629,632	627,084	1,004,999	690,303	3,478,829
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						160,757
6	Public support. Subtract line 5 from line 4						3,318,072
	tion B. Total Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	526,811	629,632	627,084	1,004,999	690,303	3,478,829
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41	954	1,585	12,877	6,237	21,694
9	Net income from unrelated business activities, whether or not the business is regularly carried on	3,035	3,337	1,644	5,139	1,564	14,719
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,035	3,337	2,206	3,662	1,564	13,804
11	Total support. Add lines 7 through 10	<u> </u>					3,529,046
12	Gross receipts from related activities, etc.					12	471,686
13	First 5 years. If the Form 990 is for the on	-		-		• •	[]
Sac	organization, check this box and stop here tion C. Computation of Public St		200	<u> </u>	<del>^</del>	+ + + + + + + + + + + + + + + + + + + +	
14			_	·· (D)		14	04.00%
14 15	Public support percentage for 2023 (line 6 Public support percentage from 2022 Sche		. 4.4			l ae l	94.02% 97.09%
	33 1/3% support test — 2023. If the organ			13 and line 14 is			97.0976
iva	box and stop here. The organization quali				•		X
b	33 1/3% support test — 2022. If the organ					ore check	
~	this box and stop here. The organization of						
17a	10%-facts-and-circumstances test — 20						······
	10% or more, and if the organization meet	<del>-</del>					
	Part VI how the organization meets the factorganization	ts-and-circumstan	ces test. The orga	nization qualifies a	s a publicly suppor	ted	
b	10%-facts-and-circumstances test — 20						
	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the t				•	•	
	organization			-	• • •		
18	Private foundation. If the organization did						
	instructions						,,,,,,,

Schedule A (Form 990) 2023
Part III Support Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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 o	complete Part I	1.)	
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")			***************************************	<u></u>		
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		:				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b			!			
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		:		WWW.LAWGALAN.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop here	-		•	as a section 501(c)	• •	
Sec	tion C. Computation of Public Sເ	ıpport Percen	tage				
5	Public support percentage for 2023 (line 8	, column (f), divide	d by line 13, colum	nn (f))		15	%
6	Public support percentage from 2022 School						%
Sec	tion D. Computation of Investme		centage				
7	Investment income percentage for 2023 (li	ne 10c, column (f)	, divided by line 13	, column (f)		17	<del></del>
8 1	Investment income percentage from 2022 S		1. 17 4.79		***************************************	1 40	%
9a	33 1/3% support tests — 2023. If the orga	anization did not c					
	17 is not more than 33 1/3%, check this bo						
b	33 1/3% support tests — 2022. If the orga						
	line 18 is not more than 33 1/3%, check th					_	<del></del>
:0	Private foundation. If the organization did	I not check a box of	on line 14, 19a, or 1	19b, check this box	x and see instructi	ons	

## Part IV Supportin

**Supporting Organizations** 

(Complete only if you checked a box on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, 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 was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - 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.)

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7 8 9a 9b 9c		
7 8 9a 9b 9c		

Sched	ule A (Form 990) 2023 Water for Ishmael	20-5908359	Page <b>5</b>
Pa	rt IV Supporting Organizations (continued)		
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		Yes No
	11c below, the governing body of a supported organization?	11a	
b		11b	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		
Coot	provide detail in Part VI.	11c	
Sect	ion B. Type I Supporting Organizations		
1	Did the governing body, members of the governing body, officers acting in their official capacity, or members more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated	ion's officers, tion(s) one supported	Yes No
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	ar. 1	
Secti	on C. Type II Supporting Organizations		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes No
Secti	on D. All Type III Supporting Organizations	,	
			Yes No
2	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI	ne l	
3	how the organization maintained a close and continuous working relationship with the supported organization. By reason of the relationship described on line 2, above, 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 supported organizations played in this regard.	(s). 2	
Secti	on E. Type III Functionally Integrated Supporting Organizations		
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (sometimes). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental Activities Test. Answer lines 2a and 2b below.	al entity (see instructions).	Yes No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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 purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Tes No
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
	Parent of Supported Organizations. Answer lines 3a and 3b below.		
	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? If "Yes" or "No," provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a	
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	25.	1

Sched	ule A (Form 990) 2023 Water for Ishmael		20-5908	359	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza	ations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v. 20,	1970 (explain in Part VI). S	ee	
	instructions. All other Type III non-functionally integrated supporting organizations must	st com	plete Sections A through E		
Sec	(B) Curre	ent Year			
		·	(A) Prior Year	(optic	inal)
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			
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			
Sect	tion B – Minimum Asset Amount		(A) Prior Year	(B) Curre (optio	
1	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			
	Fair market value of other non-exempt-use assets	1c			
	Total (add fines 1a, 1b, and 1c)	1d			
e	Discount claimed for blockage or other factors				
	(explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3_			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
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			
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре II	I supporting organization		

Schedule A (Form 990) 2023

(see instructions).

Sched	ule A (Form 990) 2023 Wate:	r for Ishmael		20-59	908	3359 Page :
Pa	rt V Type III Non-Functionally I	ntegrated 509(a)(3)	Supporting Organiza	ations (continued)		
Sec	tion D – Distributions					Current Year
1	Amounts paid to supported organizations to	accomplish exempt purpo	oses		1	
2	Amounts paid to perform activity that directly				Ė	
	organizations, in excess of income from acti	2				
3	Administrative expenses paid to accomplish		onted organizations	<del></del>	3	
4	Amounts paid to acquire exempt-use assets		orted organizations		4	
5	Qualified set-aside amounts (prior IRS appre		tails in Part VA		5	<u> </u>
6	Other distributions (describe in Part VI). See		tano ni i art vij		6	
<del></del>	Total annual distributions, Add lines 1 thro				7	
<del></del> 8	Distributions to attentive supported organiza		ation is responsive		8	
·	(provide details in Part VI). See instructions.		ation is responsive		•	
9	Distributable amount for 2022 from Section 6		***************************************		_	
10		C, IIIIe 0			9	
10	Line 8 amount divided by line 9 amount		73		10	4711
Sect	ion E – Distribution Allocations (see instruc	***************************************	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section (					
2	Underdistributions, if any, for years prior to 2					
	(reasonable cause required-explain in Part	VI). See				
	instructions.		1		******	
3	Excess distributions carryover, if any, to 202	3		***************************************		
	From 2018					
	From 2019					
	From 2020					
	From 2021		<u> </u>			
	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instruc	tions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from	n line 3f.				
4	Distributions for 2023 from					
	Section D, line 7:	\$				
а	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount		The state of the s			
C	Remainder. Subtract lines 4a and 4b from lin	e 4.				
5	Remaining underdistributions for years prior to	to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For	r result				
	greater than zero, explain in Part VI. See inst	tructions.				
6	Remaining underdistributions for 2023. Subtr	act lines 3h				
	and 4b from line 1. For result greater than ze	ro, explain in				
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Ac	ld lines 3i				
	and 4c.	• • • •				
8	Breakdown of line 7:					
***************************************	Excess from 2019			***************************************		
	Excess from 2020	· · · · · · · · · · · · · · · · · · ·				
	Excess from 2021				<b>"</b>	
	Excess from 2022				₩ŀ	
	Excess from 2023	<del>n</del>				***************************************
					×22010	

Schedule A (Fo	Supplemental Int III, line 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	, Section A, lines 1, 2, Part IV, Section C, line /, line 1; Part V, Sectio	e explanations req , 3b, 3c, 4b, 4c, 5a e 1; Part IV, Section on B, line 1e; Part \	uired by Part II, line 10; , 6, 9a, 9b, 9c, 11a, 11b , D, lines 2 and 3; Part I	Part II, line 17a or 17b; Part , and 11c; Part IV, Section V, Section E, lines 1c, 2a, 2b and 8; and Part V, Section E,	),
Part I	I, Line 10 -	Other Income	e Detail			
Other	income		\$	12,240		
Supple	mental Infor	mation				
Other	income inclu	des vendor re	bates and r	ewards.		
			•••••			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Employer Identification number** 

Water for Ishmael 20-5908359 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules |X| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Page 1 of 1

2age 2

Name of organization
Water for Ishmael

Employer identification number 20-5908359

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	OCCRRA 2469 Stelzer Rd Columbus OH 43219	\$ 49,650	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Stranahan Supporting Organization 300 Madison Ave. Toledo OH 43604	s 47,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZiP + 4	Total contributions	Type of contribution			
3	The Chicago Community Foundation 225 N Michigan Ave, Suite 2200 Chicago IL 60601-6014	\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No. 4	Name, address, and ZIP+4  Dollar General Literacy Foundation 100 Mission Ridge  Goodlettsville TN 37072	s 20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	i (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	American Endowment Foundation 1521 Georgetown Road Hudson OH 44236	\$ 73,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Schwab Charitable Foundation 211 Main St San Francisco CA 94105	\$ 47,499	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 20-5908359 Water for Ishmael Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included on line 2a 2c d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	(investment)	(other)	depreciation	
1a Land		145,623		145,623
b Buildings		791,336	80,782	710,554
c Leasehold improvements				
d Equipment		2,420	988	1,432
e Other		35,751	10,014	25,737
otal, Add lines 1a through 1e. (Column (d) m	ust equal Form 990 Part X line	10c column (B))		883.346

Part VII	Investments – Other Securities Complete if the organization answered "Yes" on	Form 990 Part IV li	ne 11h See Form 990 Part X lin	e 12.
	(a) Description of security or category	(b) Book value	(c) Method of valuation:	<u> </u>
	(including name of security)		Cost or end-of-year market value	Э
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(B)				
	,			
(D)	,,			
(E)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(F)				
(G)				
(H)				
***************************************	n (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII	Investments – Program Related	Form 000 Dort IV li	no 11c Soo Form 000 Part Y line	o 13
-	Complete if the organization answered "Yes" on  (a) Description of investment	(b) Book value	(c) Method of valuation:	e 13.
	(a) Description of investment	(b) Book value	Cost or end-of-year market value	<b>;</b>
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes" on	Form 990, Part IV, li	<u>ne 11d. See Form 990, Part X, line</u>	e 15.
	(a) Description		(b) B	ook value
(1)				***************************************
(2)				
(3)	Manager and the second			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must sound Form 000 Part V. line 45, and (Bit)			
Part X	n (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities	***************************************		
IGILA	Complete if the organization answered "Yes" on	Form 990 Part IV lir	ne 11e or 11f See Form 990 Part	Υ
	line 25.	1 01111 000, 1 41114, 111	10 110 01 111. 000 1 0111 000, 1 un	. , ,
1.	(a) Description of liability		(b) Bo	ook value
	ncome taxes			
(2)				www
(3)	///PPH////PP			
(4)				
(5)				
(6)	A Landa Maria Andrea Landa Maria Landa Maria Mar			
(7)				
(8)			_	
(9)				
	(b) must equal Form 990, Part X, line 25, col. (B))			
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's	financial statements that reports the	
organization's l	iability for uncertain tax positions under FASB ASC 740. Chec	k here if the text of the fo	otnote has been provided in Part XIII	

Schedule D (Fe	orm 990) 2023	Water	for	Ishmael		20-590835	,9	Page 5
Schedule D (For Part XIII	Suppleme	ntal Inform	nation (	(continued)	 •			
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#### **SCHEDULE G** (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Internal Revenue Service Employer Identification number Name of the organization 20-5908359 Water for Ishmael Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (I) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of col. (i) contributions? Yes No 2 3 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023 Water for Ishmael 20-5908359 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Fall Fundraiser International d (add col. (a) through None col. (c)) (event type) (event type) (total number) 1 Gross receipts 124,240 30,872 155,112 2 Less: Contributions 124,240 21,896 146,136 3 Gross income (line 1 minus 8,976 8,976 line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 11,077 2,523 13,600 9 Other direct expenses 13,600 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes ..... % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	edule G (Form 990) 2023			20-5908359	Page <b>3</b>
11	Does the organization c	onduct gaming activities w	ith nonmembers?		Yes No
12	Is the organization a gra	antor, beneficiary or trustee	of a trust, or a member of	a partnership or other entity	—
		=		· · · · · · · · · · · · · · · · · · ·	Yes No
3		of gaming activity conduct			
а	· · · · · · · · · · · · · · · · · · ·			1:	3a %
b					3b %
14				aming/special events books and	<u> </u>
	records:			aning opposition of the control of t	
	Name			•••••	
	Address				
5a		ave a contract with a third	party from whom the organ	nization receives gaming	
	revenue?				Yes No
b	If "Yes," enter the amou	nt of gaming revenue rece	ived by the organization	\$ and the	
	• •	nue retained by the third pa	************		
C	If "Yes," enter name and	l address of the third party			
	Name				
	Address				
6	Gaming manager inform	aation:			
	Name				
		ensation \$			
	Description of services p	provided			
	Director/officer	Employee	Independent co	ntractor	
7	Mandatory distributions:				
	•	red under state law to mak	e charitable distributions fr	om the gaming proceeds to	
	-			• • • • • • • • • • • • • • • • • • • •	Yes No
b	Enter the amount of distr	ributions required under sta	ate law to be distributed to	other exempt organizations or	., 🗀 *** 🗀 ***
		's own exempt activities du			
Pai				required by Part I, line 2b, columns (iii) and	(v): and
				licable. Also provide any additional informati	
	See instruct		, 10, and 115, as app	nousie. 7 kgo provide any additional anomiae	1011.
	Oce mando	nons.			
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## **SCHEDULE L**

(Form 990)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organ								· ·	-		ion nun	nber		
Part I	Water for Ishmael								9083				•	
Parti	Excess Benefit Transaction Complete if the organization answere													
1	(a) Name of disqualified person	(b) Relation	onship between disq organizatio		ed per	son and	(c)	Description of tra	insactio	ก		(d) Yes	Correc	cted?
(1)			organization									<del>                                     </del>		
(2)												<b>†</b>	$\top$	
(3)														
(4)						·····							$\top$	
(5)	The state of the s											<u> </u>		
(6)							***************************************							
under se 3 Enter the	e amount of tax incurred by the organiz ection 4958 e amount of tax, if any, on line 2, above	, reimbursed l	by the organiza						\$	S				
Part II	Loans to and/or From Intere Complete if the organization answere	d "Yes" on Fo	rm 990-EZ, Pa			38a, or Form	90, Pa	art IV, line 26;	or if t	the				
	organization reported an amount on F  (a) Name of interested person	orm 990, Par (b) Relationship	t X, line 5, 6, or (c) Purpose of	_	Loan	(e) Original	1 (	f) Balance due	(a) In	default?	(h) Ap	poroved	m W	/ritten
	(-)	with organization		to o	r from org.?	principal amour		,, ====================================		i	by bo	ard or nittee?	agree	ement?
	• • • • • • • • • • • • • • • • • • • •			To	Fron	¥		***************************************	Yes	No	Yes	No	Yes	No
Loan pay	able-Equity Trust Company Purchase proper	Board memi		x		157,0	00	157,000		х	х		х	_
	able-Equity Trust Company	Executive	l	l						l				ĺ
(2)	Purchase proper	ty-program	services	X	<del> </del>	41,0	00	41,000		X	X	$\vdash$	X	
(3)				ļ										
(4)														
(5)														
(6)														
(7)														
(8)														
(9)		:												
0)							Ш			*********				
otal Part III	Grants or Assistance Benefit Complete if the organization answered					<u></u>		198,000				<u> </u>		
	(a) Name of interested person	(b) Relations	ship between interes	ited		(c) Amount of assistance	(d) Ty	pe of assistance		(e) F	urpose	of assi	stance	
(1)					<del> </del>									
(2)		1												
(3)									1					
[4]														************
[5]														
6)			*******											
7)														
8)														
91														

Schedule L (F	Form 990) 2023 <b>Water</b>	for Ishmael		20-5908359	Page 2
Part IV	Business Transactions Invo				
	Complete if the organization answere		8a, 28b, or 28c.	*******	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?
(1)	·				res No
(2)					
(3)					
(4)					
(5)					
(6)	MMM.				
(7)	· · · · · · · · · · · · · · · · · · ·				
(8) (9)					
0)					
Part V	Supplemental Information				
	Provide additional information for rest	ponses to questions on Schedule L.	See instructions.		
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# SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Onen to Public

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization Water for Ishmael

Employer identification number 20-5908359

Form 990, Part VI, Line 2	2 - Related Party Information Among Officers
Michael Metzger	Janelle Metzger
Board member	Exec Dir
Family relationship	
Form 990, Part VI, Line 1	11b - Organization's Process to Review Form 990
A copy of the completed S	990 is provided electronically for review prior to
efiling.	
Form 990, Part VI, Line 1	2c - Enforcement of Conflicts Policy
Each year board members f	fill out a schedule of conflicts or a statement
that there are none.	
Form 990, Part VI, Line 1	.9 - Governing Documents Disclosure Explanation
Copies of governing docum	ments are provided upon request to our office.
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