# **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

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

A For the 2021 calendar year, or tax year beginning 01/01/2021 and ending 12/31/2021 **B** Check if applicable: C Name of organization D Employer identification number Address change WATER WALKERS 81-1591053 Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return PO Box 128376 615-956-5460 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code **F** Group Exemption Amended return Nashville, TN 37212 Number ▶ Application pending G Accounting Method: ✓ Cash ☐ Accrual Other (specify) ▶ **H** Check ▶ ☐ if the organization is **not** required to attach Schedule B I Website: ▶ www.waterwalkerstn.org J Tax-exempt status (check only one) — 🗹 501(c)(3) 🗌 501(c) ( (Form 990). ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization: Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets 120.528 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I . . . ~ 1 110,628 2 Program service revenue including government fees and contracts 2 0 3 3 0 4 4 0 5a Gross amount from sale of assets other than inventory 5a 0 Less: cost or other basis and sales expenses . . . . . . . . . . . . b 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . . . С 5c 0 6 Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a 0 Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b 0 c Less: direct expenses from gaming and fundraising events . . . 6c 0 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 0 7a Gross sales of inventory, less returns and allowances . . . . . 7a 0 7b b 0 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) . . С 7c 0 8 Other revenue (describe in Schedule O) . See Schedule .0, Statement 1 . . . 8 9.900 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . . . . . . . . 9 120,528 10 10 0 11 Benefits paid to or for members . . . . . . . 11 0 12 Salaries, other compensation, and employee benefits . . . . . . . . . 12 76.649 13 Professional fees and other payments to independent contractors . . . . . . 13 20,130 14 14 1,144 15 15 2,905 16 Other expenses (describe in Schedule O) .See Schedule O, Statement 2 . . . . . . 16 49,087 17 17 149,915 Excess or (deficit) for the year (subtract line 17 from line 9) . . . . . . . . . . . . . . . 18 18 -29,387 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 115,985 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . 20 0 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . . 21 86,598

Form 990-EZ (2021) Page **2** 

Paı	<b>till</b> Balance Sheets (see the instructions f	or Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part II		<i>v</i>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			89,562	22	75,562
23	Land and buildings				23	0
24	Other assets (describe in Schedule O) See Sche	edule O, Statement 3.		28,923	24	12,292
25	Total assets			118,485	25	87,854
26	Total liabilities (describe in Schedule O) See Sc	hedule O. Statement.	4	2,500		1,256
27	Net assets or fund balances (line 27 of column			115,985	-	86,598
Par	Statement of Program Service Accom	plishments (see th	e instructions for P			
	Check if the organization used Schedule	,		,		Expenses
What	<del>`</del>	Youth Mentorship P	•	. —		uired for section
		·		roarom continos		c)(3) and 501(c)(4) inizations; optional for
	ribe the organization's program service accomplise asured by expenses. In a clear and concise m				othe	
	ons benefited, and other relevant information for ea		s services provided	, the number of		•
	During 2021 we provided 168 hours of adventure pro		of education assists	ance through		
20	tutoring, and food/educational resources to 63 indivi					
		duai youtii. Tilese pr	ogranis and resource	s provided		
	(Continued on Schedule 0, Statement 5) (Grants \$ 0) If this amount	includes foreign gra	nto chook horo		28a	100 100
20	· · · · · · · · · · · · · · · · · · ·				20a	123,183
29						
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 📙	29a	
30						
		includes foreign gra			30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ 0) If this amount	includes foreign gra	nts, check here	▶ □	31a	0
				· · · · ·		_
	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	123,183
32 Pari	Total program service expenses (add lines 28a t  IV List of Officers, Directors, Trustees, and Key	hrough 31a) Employees (list each	one even if not comp	▶ pensated—see the in	32	123,183
	Total program service expenses (add lines 28a t	hrough 31a) Employees (list each	one even if not comp	▶ pensated—see the in	32 nstruc	123,183
	Total program service expenses (add lines 28a t  IV List of Officers, Directors, Trustees, and Key	hrough 31a)  Employees (list each O to respond to ar	one even if not comp ny question in this I (c) Reportable	pensated—see the in	32 nstruc	123,183 etions for Part IV)
	Total program service expenses (add lines 28a to the control of th	hrough 31a)  Employees (list each O to respond to ar  (b) Average	one even if not comp ny question in this I (c) Reportable compensation	▶ pensated—see the in	32 nstruc	123,183 ctions for Part IV)
	Total program service expenses (add lines 28a t  IV List of Officers, Directors, Trustees, and Key	hrough 31a)  Employees (list each O to respond to ar	one even if not comp ny question in this I (c) Reportable	pensated—see the included in the part IV	32 nstruc 	123,183 ctions for Part IV)
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Par	Total program service expenses (add lines 28a to the control of th	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	pensated—see the included in the part IV	32 nstruc 	123,183 ctions for Part IV)
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Dani Exec Gera	Total program service expenses (add lines 28a to 10 List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  el Eggenschwiler  utive Director  Id Brown	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week devoted to position	one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the incommendated and the incom	32 nstruc 	tions for Part IV)
Dani Exec Gera Exec	Total program service expenses (add lines 28a to IV)  List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  el Eggenschwiler  utive Director  Id Brown  utive Director	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week devoted to position  21.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 16,580	pensated—see the incommendated and the incom	32 nstruc 	tions for Part IV)
Dani Exec Gera Exec Clint	Total program service expenses (add lines 28a to the line	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week devoted to position	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-)	pensated—see the incommendated and the incom	32 nstruc 	tions for Part IV)
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Dani Exec Gera Exec Clint Boar Jess	Total program service expenses (add lines 28a to the content of th	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week devoted to position  21.00	n one even if not comp ny question in this I (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 16,580	pensated—see the incommendated and the incom	32 nstruc 	tions for Part IV)
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Dani Exec Gera Exec Clint Boar Jess Boar Sam Boar Bryn	Total program service expenses (add lines 28a to 1V List of Officers, Directors, Trustees, and Key Check if the organization used Schedule  (a) Name and title  el Eggenschwiler utive Director Id Brown utive Director Bandy d President ica Koepplin d Secretary Wild d Member n Roe	hrough 31a)  Employees (list each O to respond to ar  (b) Average hours per week devoted to position  21.00  3.00  3.00	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)  16,580  19,712	pensated—see the incommendated and the incom	32 nstruc	123,183 ctions for Part IV)
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Dani Exec Gera Exec Clint Boar Boar Boar Boar Tre I Boar Mark Boar	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar  (b) Average hours per week devoted to position  21.00  21.00  3.00  1.00  1.00  1.00	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NISC) (if not paid, enter -0-)  16,580  19,712  0  0  0	pensated—see the included in the part IV	32 nstruc	Estimated amount of other compensation  0  0  0  0  0  0
Dani Exec Gera Exec Clint Boar Boar Boar Boar Tre L Boar Mark Boar	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 21.00 3.00 3.00 1.00 1.00 1.00 1.00	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)  16,580  19,712  0  0  0  0	pensated—see the included in the part IV	32	Estimated amount of other compensation  0  0  0  0  0  0  0
Dani Exec Gera Exec Clint Boar Boar Boar Boar Tre L Boar Mark Boar	Total program service expenses (add lines 28a to 10	hrough 31a) Employees (list each O to respond to ar (b) Average hours per week devoted to position 21.00 3.00 3.00 1.00 1.00 1.00 1.00	n one even if not company question in this I  (c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)  16,580  19,712  0  0  0  0	pensated—see the included in the part IV	32	Estimated amount of other compensation  0  0  0  0  0  0  0

Part '	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	motituditions for 1 art v./ officer if the organization assa conteating to to respond to any question in this	J I all	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<i>'</i>
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		,
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		,
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		,
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		,
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		~
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		V
39	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	-		
	section 4911 $\triangleright$ 0; section 4912 $\triangleright$ 0; section 4955 $\triangleright$ 0			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	700		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V
41	List the states with which a copy of this return is filed ► TN			
42a	The organization's books are in care of ▶ LeAnn Marroy Telephone no. ▶	615-95	6-546	0
_	Located at ► P0 Box 128376, Nashville, TN 37212 ZIP + 4 ►	37	212	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		<b>'</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	<b>▶</b> □
			Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<b>V</b>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
	Did the organization receive any payments for indoor tanning services during the year?	44c		~
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45h		~

Form 99	0-EZ (20	021)								P	age 4
										Yes	No
46	Did th	ne organization engage, directly or inc	directly, in political ca	ampaign activities	on behalf	of or i	n opposi	tion			
	to car	ndidates for public office? If "Yes," co	omplete Schedule C,	Part I					46		~
Part \	VI	Section 501(c)(3) Organizations	Only								
		All section 501(c)(3) organizations		stions 47–49b ar	nd 52. and	l con	nplete th	e tab	oles fo	or line	es
		50  and  51.	4		,		.,				
		Check if the organization used Sch	adula O ta raspand	to any question i	n thic Dart	1/1					
		Check if the organization used Sch	edule O to respond	to any question i	II IIIIS Fait	VI	· · ·	• •		· ·	
47	D: J A					4				Yes	No
47		ne organization engage in lobbying a If "Yes," complete Schedule C, Part		section 501(n) elec					47		/
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	)? If "Yes." comple	te Schedul	e F			48		~
49a		ne organization make any transfers to		•					49a		~
		s," was the related organization a sec		_					49b		
		blete this table for the organization's f								0 00	4 140
50		by ees) who each received more than									a key
	еттрк	byees) who each received more than	\$100,000 of comper					e, en	tei iv	one.	
			(b) Average	(c) Reportable compensation			enefits, employee	(a) E	stimate	d amau	nt of
	(a)	Name and title of each employee	hours per week	(Forms W-2/1099-MIS			nd deferred		ner com		
			devoted to position	1099-NEC)		mpens					
None											
51	Comp	number of other employees paid ove plete this table for the organization's 000 of compensation from the organ	s five highest compe	ensated independe	ent contrac	tors	who each	n rec	eived	more	thar
	(a)	Name and business address of each independent	ent contractor	<b>(b)</b> Type of	service		(c)	) Comp	oensatio	on	
None											
None											
d	Total	number of other independent contract	ctors each receiving	over \$100,000 .	.▶						
52	Did t	he organization complete Schedul	e A? Note: All se	ction 501(c)(3) or	raanization	s mu	st attacl	n a			
		oleted Schedule A							Yes		lo
l Inder n	enalties	of perjury, I declare that I have examined this re	aturn including accompany	ing schedules and stat	ements and t	o the h				helief	it ic
		d complete. Declaration of preparer (other than						.5,7,100	.go ana	201101,	10
				<u> </u>							
Sign		Signature of officer				Date					
Here						Date					
пеге		Clint Bandy, Executive Director Type or print name and title									
		, ,,,	Preparer's signature		Date				PTIN		
Paid		Print/Type preparer's name	. Toparor a signature		Date		Check 🗹	l if		700-	
Prepa	arer	LeAnn Marroy					self-emplo	yea	P01	76353	2
Use (		Firm's name   LSM Accounting Coll				Firm's	EIN ►				
	•	Firm's address ► 1715 Overcheck Lane				Phone	e no.		5-335-		
May th	ne IRS	discuss this return with the preparer	shown above? See i	nstructions					Yes		lo

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization 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.

Open to Public Inspection

Employer identification number

	WATER WALKERS 81-1591053						
Pai							ons.
The o	organization is not a private founda				•	•	
1	A church, convention of church	•				0(b)(1)(A)(i).	
2	A school described in <b>section</b>						
3	A hospital or a cooperative hos						<b></b>
4	A medical research organizatio	•	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
-	hospital's name, city, and state						
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)			•		ai unit described ii
6	<u> </u>						
7	An organization that normally			port from	a gover	nmental unit or fron	n the general public
_	described in section 170(b)(1)						
8	A community trust described in			•			
9	An agricultural research organi- or university or a non-land-grai- university:	nt college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally r receipts from activities related support from gross investment	eceives (1) more to its exempt fu	than 33½% of its sunctions, subject to ce	pport fro	m contrib eptions; a	outions, membership and (2) no more than	fees, and gross 331/3% of its
	support from gross investment acquired by the organization at	Income and uni	related business taxal 75. See <b>section 509</b> (a	ole incom	16 (less se molete Pa	ection 511 tax) from	businesses
11	An organization organized and		-		•	,	
12	☐ An organization organized and o	•	•	•			out the purposes o
	one or more publicly supported						
	the box on lines 12a through 12	d that describes	the type of supporting	g organiza	ation and	complete lines 12e,	12f, and 12g.
а	_ ,,						
	the supported organization					he directors or trust	ees of the
	supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B	•		
b	_ ;,						
	control or management of to organization(s). You must o				persons	that control or man	age the supported
С		-	•		onnectio	n with, and function	ally integrated with,
	its supported organization(s						, ,
d	☐ Type III non-functionally i	<b>ntegrated.</b> A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s
	that is not functionally integ						d an attentiveness
	requirement (see instruction	ns). <b>You must c</b>	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.	
е							e II, Type III
	functionally integrated, or T	• •	tionally integrated sup	oporting o	organizat	ion.	
f	Enter the number of supported of	•					
g						l	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
				100	110		
(A)							
<b>(D)</b>							
(B)							
(C)							
<del>( )</del>							
(D)							
(E)							
Tota							

18

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 145,404 34,102 65,200 64,795 110,628 420,129 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . 0 0 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . 0 0 0 0 0 0 Total. Add lines 1 through 3. . . . 4 145.404 34,102 65,200 64,795 110,628 420,129 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) . . . . 45,682 **Public support.** Subtract line 5 from line 4 374,447 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 **(b)** 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4 . . . . . . 145,404 34,102 65,200 64,795 110,628 420,129 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . . . . 0 0 0 0 0 Net income from unrelated business 9 activities, whether or not the business is regularly carried on . . . . . . 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . 0 0 4.500 9.900 14,400 0 **Total support.** Add lines 7 through 10 11 434,529 Gross receipts from related activities, etc. (see instructions) . . . . . . . . . . . . . . . . . . 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . . 86.17 % Public support percentage from 2020 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

# Part III 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 falls to qualify	under the te	ists listed bei	ow, piease co	implete rait	II. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
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						
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	<del> </del>		1				
ı a	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						
_	· · · · · · · · · · · · · · ·						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
01:	line 6.)						
	on B. Total Support	/ ) 0047	# N 0040	( ) 0040	/ IN 0000	( ) 0004	(n =
	dar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(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						
С	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						
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	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	·е					🕨 🗆
Secti	on C. Computation of Public Suppor	t Percentag	ie				
15	Public support percentage for 2021 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2021 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	%
19a	331/3% support tests-2021. If the organi					ore than 331/39	
	17 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this box a						
b	331/3% support tests-2020. If the organize	_	_	-		=	
-	line 18 is not more than 33 <sup>1</sup> / <sub>3</sub> %, check this b						
20	Private foundation If the organization did	_	=	*	-		_

# Part IV Supporting Organizations

(Complete only if you checked a box in 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

CU	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
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.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).			
<b>L</b>		5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 <b>Part VI.</b>			
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).	6		
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).	7		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
эа	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

a 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.

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

2b

3a

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
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	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	on 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	<b>Distributable Amount.</b> 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-functional (see instructions).	-	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Sect	ion D-Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish a Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	orted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive		
				8	
10	Distributable amount for 2021 from Section C, line 6  Line 8 amount divided by line 9 amount			9 10	
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
6	Excess from 2021				

Part VI

	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A.	Part II, Line 10 - Covid 19 Funding (EIDL and PPP)
	,

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part

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

# Supplemental Information to Form 990 or 990-EZ

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

20**21** 

OMB No. 1545-0047

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	Employer identification number
WATER WALKERS	81-1591053
	·

Schedule O, Statement 1 WATER WALKERS

Form: **Form 990-EZ (2021)** EIN: **81-1591053** 

Page: 1 Part I, Line 8

Other Revenue Structured Explanation

Description	Amount
PPP Funds	9,900
Total:	9,900

Schedule O, Statement 2 WATER WALKERS

Form: Form 990-EZ (2021)

EIN: 81-1591053

Part I, Line 16

Page: **1** 

#### Other Expenses Structured Explanation

Description	Amount
Automobile Expenses	1,024
Bank Charges	34
Boat Expenses	9,009
Dues	129
Depreciation	16,631
Insurance	11,927
Interest	10
Licenses	702
Meals	1,671
Office Expenses	494
Software and IT	1,480
Training and HR	1,275
Program Expenses	4,701
Total:	49,087

Schedule O, Statement 3 WATER WALKERS

Form: Form 990-EZ (2021) EIN: 81-1591053

Page: 2 Part II, Line 24

Other Assets Structured Explanation

<u> </u>	
Description	EOY Amount
Boats	11,142
Vehicle	628
Computer	522
Total:	12,292

Schedule O, Statement 4 WATER WALKERS
Form: Form 990-EZ (2021) EIN: 81-1591053

Page: 2 Part II, Line 26

 Other Liabilities Structured Explanation

 Description
 EOY Amount

 Line of Credit
 1,256

Total: 1,256

Schedule O, Statement 5 WATER WALKERS

Form: Form 990-EZ (2021) EIN: 81-1591053 Part III, Line 28

Page: 2

### First Program Service Accomplishments Description

kids with two things that greatly increase their chances of success. First, they have opportunities to face and overcome self-doubt. Our education and adventure programs allow kids to grow in confidence through learning to think critically, embrace challenges, persevere in the face of setbacks, and push the boundaries of what they thought they were capable. Second, we give them opportunities to connect with positive adult and peer mentors. Having consistent, trusting relationships with mentors who believe in them helps them to start believing in themselves.

Description