ef	ïle G	RAPHIC p	rint - DO NOT PROCESS	As Filed Data -				DLN:	93492189012390
				Short	Form				OMB No 1545-1150
For		90EZ	Return of Or			rom li	ncome T	ax	
				_	-				2019
			Under section 501(c), 527, or	4947(a)(1) of the In	ternal Revent	le Code (e	except private	roundations	, - • - >
	artment isurv	of the	Do not enter soc	ial security numbers	on this form a	as it may	be made public	.	Open to
Inte	rnal Rev	enue Service	► Go to <u>www.irs.q</u>	ov/Form990EZ for i	nstructions a	and the la	itest informat	ion.	Public Inspection
			endar year, or tax year begin	ning 01-01-2019 , a	nd ending 12	2-31-201	9		
		f applicable s change	C Name of organization WATER WALKERS					D Employe	r identification number
_	Name o	5	Number and street (or P O b	ov if mail is not delivered	to streat addro	cc) Boom/c	uito	81-15910	
_	Initial r		P O BOX 128376	ox, il mail is not delivered		55) ROOM/5	uite	E Telephone	e number
_		turn/terminate ed return	edCity or town, state or provinc	e, country, and ZIP or for	eign postal code				
_		tion pending	NASHVILLE, TN 37212					F Group Exe Number	
GΑ	ccoun	ting Method	☑ Cash □ Accrual Other (s	specify) 🕨					organization is not
								to attach S 90, 990-EZ,	
							Ì	, ,	,
J Ta	ix-exe	mpt status (c	heck only one) - 🗹 501(c)(3) 🗫 🗖 🤅	501(c)() ◀ (Insert no)	□ 4947(a)(1) o	or 🛛 527			
K F	orm of	organization	☑ Corporation ☐ Trust ☐ As	sociation 🛛 Other					
LA	dd line	es 5b, 6c, an	d 7b to line 9 to determine gross	s receipts If gross rec	eipts are \$20	0,000 or n	nore, or if total	assets (Par	t II, column (B) below)
			, file Form 990 instead of Form						
P	art I	Check If	ue, Expenses, and Change the organization used Schedule	O to respond to any c	uestion in thi	s Part I	e the instruction		
	1		ns, gifts, grants, and similar amo						65,200
	2	Program se	rvice revenue including governm	nent fees and contract	s			2	
	3	Membership	o dues and assessments					3	
	4	Investment	income					4	
	5a	Gross amou	unt from sale of assets other tha	n inventory	5a	a			
	b	Less cost o	or other basis and sales expense	s	5b	>			
	с	Gain or (los	s) from sale of assets other that	n inventory (Subtract	line 5b from li	ine 5a) .		5c	
	6	Gaming and	d fundraising events						
nuc	а	Gross incor	ne from gamıng (attach Schedul	e G if greater than \$1	5,000) 6 a	a			
Revenue	b		ne from fundraısıng events (not events reported on lıne 1) (atta		of c	contributio	ns from		
		sum of such	n gross income and contributions	s exceeds \$15,000)	6b	>			
	с	Less direct	expenses from gaming and fun	draising events .	60	:			
	d	Net income	or (loss) from gaming and fund	raising events (add lin	es 6a and 6b	and subtr	act line 6c)	6d	
	7a	Gross sales	of inventory, less returns and a	llowances	7a	1			
	b		5						
	с	-	or (loss) from sales of inventor		-			7c	
	8		nue (describe in Schedule O) .					8	
	9	rotal reve	nue. Add lines 1, 2, 3, 4, 5c, 6d	, /c, and 8				▶ 9	65,200
	10	Grants and	sımılar amounts paid (list in Sch	nedule 0)				10	
	11							11	
<u>م</u>	12	Salarıes, ot	her compensation, and employe	e benefits				12	8,626
Expenses	13	Professiona	I fees and other payments to inc	lependent contractors				13	4,845
xpc	14	Occupancy,	rent, utilities, and maintenance					14	
ш	15	Printing, pu	blications, postage, and shipping	g				15	703
	16	Other expe	nses (describe in Schedule O)					16	50,965
	17	Total expe	nses. Add lines 10 through 16					► 17	65,139
۵	18	Excess or (deficit) for the year (Subtract lin	e 17 from line 9)				18	61
105	19		or fund balances at beginning of		, .	-			
Nut Assets			r figure reported on prior year's					19	100,693
ž	20		ges in net assets or fund balance					20	8
	21		or fund balances at end of year		ough 20			21	100,762
For	Pape	erwork Red	uction Act Notice, see the ser	oarate instructions.		Cat	No 10642I		Form 990-EZ (2019)

Form 990-EZ (2019)						Page 2
Part II Balance Sheets (see the instruct Check if the organization used Scher		uestion in this Pa	art II			🗹
				eginning of year		(B) End of year
22 Cash, savings, and investments		$\cdot \cdot \cdot \cdot \Box$		3,990		32,441
23 Land and buildings		· · · · -		0 101,678	23	0 72,071
25 Total assets				101,678		104,512
26 Total liabilities (describe in Schedule O)		[4,975		3,750
27 Net assets or fund balances (line 27 of cold				100,693	27	100,762
Part JII Statement of Program Servic Check if the organization used Sche	-			tIII) •••⊡	(Re	Expenses equired for section 501(c)
What is the organization's primary exempt purpos	·				(3)	and 501(c)(4) anizations, optional for
YOUTH MENTORSHIP PROGRAM Describe the organization's program service accol measured by expenses. In a clear and concise ma	inner, describe the service					iers)
benefited, and other relevant information for each 28	n program title					
See Additional Data Table						
/						
(Grants \$) If this am 29	ount includes foreign gran	nts, check here	• •	. ► 🗆	28a 29a	
(Grants \$) If this am	ount includes foreign gran	nts, check here		. 🕨 🗆		
30					30a	
				_		
	ount includes foreign gran	-				
31 Other program services (describe in Schedule	,			_		
(Grants \$) If this am 32 Total program service expenses (add lines	ount includes foreign gran 28a through 31a)	nts, спеск nere .		•	31a 32	51,758
Part IV List of Officers, Directors, Truste	es, and Key Employees	(list each one even	If not co	mpensated — see the	Instru	ctions for Part IV)
Check if the organization used Scher	dule O to respond to any q	question in this Pa	art IV.		• •	🗆 👘
(a) Name and title	(b) Average hours per week devoted to position	(c) Reportal compensatio (Forms W-2/1 MISC) (if not p enter -0-	on 099- paid,	(d) Health bene contributions to er benefit plans, deferred compen	nploye and	(e) Estimated amount ee of other compensation
DANIEL EGGENSCHWILER	0 00		0		(0 0
PRESIDENT & EXECUTIVE DIRECTOR						
CLINT BANDY	0 00		0		(0 0
BOARD MEMBER						
JESSICA KOEPPLIN	0 00		0		(0 0
BOARD MEMBER						
SAM WILD	0 00		0		(0 0
BOARD MEMBER						
BRYNN ROE	0 00		0		(0
BOARD MEMBER						
						+
	•					

Form	990-EZ (2019)			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements	s in the	9	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . $$.			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O			
		33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34	Yes	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37Ь		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $$. $$.	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	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		No
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 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			
е 41	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 . List the states with which a copy of this return is filed ▶ TN	40e		No
42a	The organization's books are in care of ▶ DANIEL EGGENSCHWILER Telephone n	o 🕨 <u>(61</u>	.6) 403-2	2081
42d	Located at ► 3609B CALDWELL COURT NASHVILLE, TN ZIP + 4 ►	37204		
		<u></u>		
		[Yes	No
Ь	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)?	42b		No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43 \$	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•		
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43			
			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		No
	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		No
	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning			

Did the organization receive an	y pay	ymen	t from	n or	enga	ge	in ar	iy tra	nsa	CUIC	on w	ith (a co	ntro	lea	er
of section 512(b)(13)? If "Yes,"	Forr	n 990) and	l Sch	edule	R R	may	need	l to	be	com	plet	ted	Inste	ad	of
Form 990-EZ (see instructions)	•	•		•	•	•	•	•	•	•	•	•	•	•	•	•

Form **990-EZ** (2019)

No

45b

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Form	990-EZ	(2019)
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orm	990-EZ (2019)			Page 4	
			Yes	No	
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I				
		46		No	

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.

			Yes	No	
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No	
48	Is the organization a school as described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	48		No	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No	
b	If "Yes," was the related organization a section 527 organization?	49b			

Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) 50 who each received more than \$100,000 of compensation from the organization If there is none, enter "None '

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . -.

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
	(a) Name and business address of each independent contractor	(a) Name and business address of each independent contractor (b) Type of service

d Total number of other independent contractors each receiving over \$100,000. . .

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a

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

Sign	*** Sigr	*** nature of officer			2020-04-27 Date			
Here		NEL EGGENSCHWILER PRESIDENT & E e or print name and title						
Paid	I	Print/Type preparer's name Kippie G Scarborough CPA	Preparer's signature	Date 2020-04-27	Check 🗹 ıf self-employed	PTIN P00497624		
Prepare		Firm's name 🕨 Kippie G Scarborou	Fırm's EIN ► 82-2073418					
Use Only		Firm's address > 902 Peconic Place				Phone no (615) 210-4339		
		Murfreesboro, TN	37130					

Additional Data

Software ID: Software Version: EIN: 81-1591053 Name: WATER WALKERS

Form 990EZ, Part III - Statement of Program Service Accomplishments

services, as measured by e	s program service accomplishments for each of its three largest program xpenses. In a clear and concise manner, describe the services provided, the ed, and other relevant information for each program title.) (c	Expenses juired for section 501)(3) and 501(c)(4) janizations; optional for others.)
28 SEE SCHEDULE O		28a	51,758
(Grants \$ 9,000)	If this amount includes foreign grants, check here $\ . \ . \ ho$ $\ ho$		

efil	e GR/	APHIC pri	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3492189012390
SCI	HED	ULE A		Public (Charity Statu	s and Put	olic Supp	ort	OMB No 1545-0047
	m 990		Con		rganization is a sect 4947(a)(1) nonexe	ion 501(c)(3) d	organization o		2019
9901			•	C	Attach to Form 9	990 or Form 99	0-EZ.		Open to Public
		the Treasury		GO TO <u>WWW.IFS</u>	<u>qov/Form990</u> for ir	istructions and	the latest into	prmation.	Inspection
Nam		ne organiza	tion					Employer identific	ation number
					(• 11			81-1591053	
	rt I Irganiz				us (All organization: e it is (For lines 1 thro			see instructions.	
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))							
3		A hospital o	or a cooperat	ive hospital serv	vice organization descr	ibed in section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nızatıon operato	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operate (iv). (Comple		t of a college or univer	sity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	governmental unit de	scribed in sectic	on 170(b)(1)(A	()(v).	
7	✓			mally receives (vi). (Complete	a substantıal part of ıt: • Part II)	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	ribed in section	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in 170(b)(1) ee instructions Enter f				ege or university or a
10		from activit	ies related to income and	o its exempt fun unrelated busin	(1) more than 331/39 actions—subject to cert ess taxable income (le omplete Part III)	ain exceptions, a	and (2) no more	than 331/3% of its si	
11		An organiza	ation organize	ed and operated	d exclusively to test for	public safety S	ee section 509	(a)(4).	
12		more public	ly supported	organizations of	d exclusively for the be described in section 5 the type of supportin <u>c</u>	09(a)(1) or see	ction 509(a)(2). See section 509(a	
а		organizatio	n(s) the pow		ated, supervised, or co appoint or elect a majo				
Ь		manageme	nt of the sup		ervised or controlled in ation vested in the san and C.				
С					supporting organization ions) You must com				ated with, its
d		Type III n functionally	on-function	ally integrate The organizatio	d. A supporting organi n generally must satisf t IV, Sections A and	zation operated fy a distribution i	in connection wi requirement and	th its supported orgai	.,
е					ved a written determin integrated supporting		RS that it is a Ty	ре I, Туре II, Туре II	I functionally
f	Enter	-		on-runctionally organizations	megrated supporting	organization			
g	Provid	de the follow	ing informati	on about the su	pported organization(s)			
	(i) N	lame of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga in your govern	anızatıon listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
T . *:									
Tota	I								<u> </u>

	Part II Support Schedule for						
	(Complete only if you ch If the organization failed						nder Part III.
_	Section A. Public Support			below, please c	omplete Part III)	
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(1) 2015	(0)2010	(0) 2017	(4) 2010	(0) 2015	(1) 10101
1	membership fees received (Do not		169,000	145,404	34,102	65,200	413,706
	include any "unusual grant ")					,	
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		169,000	145,404	34,102	65,200	413,706
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						20 746
	supported organization) included on						20,746
	line 1 that exceeds 2% of the amount						
~	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						392,960
-	Section B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	(or fiscal year beginning in) ►	(-)			. ,		413,706
7			169,000	145,404	34,102	65,200	413,706
8	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9							
	activities, whether or not the business is regularly carried on						
10							
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through 10						413,706
12	Gross receipts from related activities,	etc (see instructio	ns)			12	
	First five years. If the Form 990 is fo			rd fourth or fifth	tax vear as a sect		nization
	check this box and stop here	-			•		in Lation,
_	Section C. Computation of Public			<u></u>			
	Public support percentage for 2019 (lir		-	olumn (f))		14	
	Public support percentage for 2018 Sc					15	
	a 33 1/3% support test—2019. If the			n line 12 and line	14 is 22 1/20% or		
16					14 15 33 1/3 /0 01	more, check this i	
	and stop here. The organization quali b 33 1/3% support test—2018. If th				nd line 15 is 33 1/	2% or more check	
						570 OF HIORE, CHECK	
	box and stop here. The organization a 10%-facts-and-circumstances test	· ·			13 165 or 166	and line 14	
17	is 10% or more, and if the organizatio						
	in Part VI how the organization meets						
	organization						
	10%-facts-and-circumstances tes	t—2018. If the o	rganization did not	check a box on lin	e 13, 16a, 16b, o	r 17a, and line	
	15 is 10% or more, and if the organiz		-				
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstance	es" test The organ	ization qualifies a	s a publicly	
	supported organization						
18	Private foundation. If the organization	on dıd not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see	
	Instructions						
					Schedule	A (Form 990 or	990-E7) 2019

 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 fails to qualify under the tests listed below, please complete Part II.)

Se	Section A. Public Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) 🕨	(a) 2015	(B) 2010	(C) 2017	(u) 2018	(e) 2019	
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ection B. Total Support						
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in) 🕨	(4) 2013	(8) 2010	(0) 2017	(4) 2010	(0) 2015	(1) 1000
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							
11							
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is fo	r the organization	's first second ti	l ard fourth or fift	h tay year as a se	$t_{100} = 501(c)(3)$ or	
14	-	r the organization	s mst, second, d	ina, ioarcii, or inc	in tax year as a se		
	check this box and stop here ection C. Computation of Public 3	Support Barco	nt 200				
	Public support percentage for 2019 (lir			column (f))		4 - 1	
15						15	
16	Public support percentage from 2018 S					16	
Se	ection D. Computation of Invest						
17							
18	Investment income percentage from 2018 Schedule A, Part III, line 17						
19a	331/3% support tests-2019. If the	organızatıon dıd n	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box and	stop here. The or	ganization qualifi	es as a publicly su	pported organizat	ion	
	33 1/3% support tests-2018. If the	-			•••		3% and line 18 is
5	not more than 33 1/3%, check this box	-					
20		-	-				
	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check		Instructions	

Part IV Supporting Organizations

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

Section 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 **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 2 (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) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below 3a Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied h the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? С If "Yes," explain in Part VI 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 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported h organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections C 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 5a (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (i) the reasons for each such action, (ii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 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. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as 9a 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. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in C which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, answer line 10b below 10a Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether b the organization had excess business holdings) 10b

Schedule A (Form 990 or 990-EZ) 2019

			Yes	No	
11	Has the organization accepted a gift or contribution from any of the following persons?				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the				
	governing body of a supported organization?				
b	A family member of a person described in (a) above?	11b			
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c			

Section B. Type I Supporting Organizations

Part IV Supporting Organizations (continued)

- Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations

			105	110
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		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	1		
2	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)</i>			
	maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
 - a The organization satisfied the Activities Test Complete line 2 below
 - **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
 - c 🔄 The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- 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 organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
 b Did the activities described in (a) 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
- **3** Parent of Supported Organizations **Answer (a) and (b) below.**
 - 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? *Provide details in Part VI.*
 - **b** 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

Yes

Voc No

Yes

No

1

2

No

Schedule A (Form 990 or 990-EZ) 2019

2b

3a

3b

Schedule A (Form 990 or 990-EZ) 2019

1 1 2 3	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization Section A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions			
2	Net short-term capital gain		(A) Prior Year	(B) Current Year
2				(optional)
	Recoveries of prior-year distributions	1		
3	Recoveries of phot-year distributions	2		
	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		
	Section 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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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-in instructions)	tegrate	d Type III supporting or	

Schedule A (Form 990 or 990-EZ) 2019			Page 7
Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (continued	
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	l organizations, in	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval require			
6 Other distributions (describe in Part VI) See instructio	ons		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations to we details in Part VI) See instructions	nich the organization is respon	sive (provide	
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017 e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
 a Applied to underdistributions of prior years 			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions 			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 31 and 4c			
8 Breakdown of line 7			
a Excess from 2015			
b Excess from 2016			
<u>c</u> Excess from 2017			
d Excess from 2018. e Excess from 2019.			
		Schedulo A (E	orm 990 or 990-F7) (2019)

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version: EIN: 81-1591053

Name: WATER WALKERS

Schedule A (Form 990 or 990-EZ) 2019

Page 8

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

Facts And Circumstances Test

efile GRAPHIC prin	efile GRAPHIC print - DO NOT PROCESS As Filed Data -					
(Form 990 or 990- EZ) Complete to pro Form 990 o		tal Information to Form 990 or 990-E ovide information for responses to specific questions on or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. www.irs.gov/Form990 for the latest information.		Z	OMB No 1545-0047 2019 Open to Public Inspection	
Name Stheohalation WATER WALKERS			Employ 81-159		ification number	

Return Reference	Explanation
Description	DESCRIPTION AMOUNTADVERTISING 456AUTOMOBILE EXPENSES 254BANK CHARGES 944BOAT EXPENSES 8,73
of other	7DUES & SUBSCRIPTIONS 419FOOD & SUPPLIES 1,408OFFICE EXPENSES 1,099PAYROLL TAXES 893PAYROL
expenses	L PROCESSING FEES 2,456SOFTWARE & IT EXPENSES 3,798TAXES & LICENSES 230MISCELLANEOUS 235DE
Part I line 16	PRECIATION 29,615INTEREST 421

Return Reference	Explanation
Other changes in net assets or fund balances Part I line 20	DESCRIPTION AMOUNTPRIOR PERIOD ADJ 8

Return Reference	Explanation
Description of other assets Part II line 24	CATEGORY BEGINNING OF YEAR END OF YEARBOATS 91,598 65,441VEHICLE 10,080 6,630

Return Reference	Explanation
Description of total liabilities Part II line 26	CATEGORY BEGINNING OF YEAR END OF YEARLINE OF CREDIT 4,975 3,750

Return Reference	Explanation
Changes to governing documents Part V line 34	THE CORPORATE BYLAWS WERE AMENDED TO INCLUDE A PROVISION WHEREBY ALL MEMBERS OF THE BOARD ARE REQUIRED TO CONTRIBUTE A MINIMUM OF \$2,500 PER CALENDAR YEAR TO THE ORGANIZATION THE AMOUNT INCLUDES, BUT IS NOT LIMITED TO, PERSONAL FINANCIAL CONTRIBUTIONS, THE VALUE OF PER SONAL SERVICES DONATED, THE VALUE OF DONATIONS, WHETHER SERVICES, ITEMS, OR MONEY, THAT A MEMBER PROCURES THE BOARD RESERVES THE RIGHT TO VOTE TO EXCLUDE CERTAIN MEMBERS FROM THIS CONTRIBUTION REQUIREMENT FOR MEMBERS JOINING THE BOARD IN THE MIDDLE OF A CALENDAR YEAR, THEIR COMMITMENT IS BASED ON THE DATE THEY ARE VOTED TO THE BOARD FOR EXISTING BOARD MEM BERS, THEIR COMMITMENT IS BASED ON THE CALENDAR YEAR

Return Reference	Explanation
,	PART III, LINE 28 - ACCOMPLISHMENTSDURING 2019 WE PROVIDED 1,269 HRS OF EDUCATIONAL SUPPOR T & 564 HRS OF ON-THE-WATER TRAINING SERVING 83 YOUTH THE PROGRAMS PROVIDE YOUTH WITH TWO THINGS THAT GREATLY INCREASE THEIR CHANCES OF SUCCESS FIRST, THEY HAVE OPPORTUNITIES TO FACE & OVERCOME SELF-DOUBT OUR AFTER-SCHOOL PROGRAMS HELP THEM LEARN HOW TO THINK CRITICA LLY, EMBRACE CHALLENGES, & KEEP GOING IN THE FACE OF SETBACKS FOR THOSE SAME KIDS, OUR SU MMER WATER PROGRAM SIMILARLY HELPS THEM PUSH THE BOUNDARIES OF WHAT THEY THOUGHT THEY WERE CAPABLE OF & DISCOVER THEIR STRENGTHS SECOND, WE GIVE THESE YOUTH OPPORTUNITIES TO CONNE CT WITH POSITIVE ADULT & PEER MENTORS HAVING CONSISTENT, TRUSTING RELATIONSHIPS WITH MENT ORS WHO BELIEVE IN THEM HELPS THEM TO START BELIEVING IN THEMSELVES