Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For the	2022 calen	dar year, or tax year beginning	01/01/2022	and ending	J	12/31/2	022		
В	Check if	applicable:	C Name of organization WATER	WALKERS				D Empl	loyer identification	number
	Address	change	Doing business as						81-1591053	
$\overline{\Box}$	Name ch	nange	Number and street (or P.O. box if	f mail is not delivered to street	address)	Roon	n/suite	E Telep	hone number	
$\overline{\Box}$	Initial ret	•	PO Box 128376		•				940-393-5955	
$\overline{\Box}$		urn/terminated	City or town, state or province, co	ountry, and ZIP or foreign post	al code					
П	Amende		Nashville, TN 37212	,,				G Gross	s receipts \$	216,982
\exists		ion pending	F Name and address of principal off	ficer: Clint Bandy						s V No
Ш	пррпоат	ion ponding	PO Box 128376, Nashville, TN	•					tes included? Ye	=
$\overline{}$	Tax-exe	mpt status:	501(c)(3) 501(c) (7(a)(1) or 52	7	1 ' '		See instructions.	о <u> </u>
<u>.</u>			terwalkerstn.org) (ee.t i.e.) i.e.	. (4)(.) 0 02.	•	H(c) Group ex			
_	•	organization:		ation Other	L Year of for	rmation	1		e of legal domicile:	TN
_	art I			ation Other	L rear or lor	matioi	. 2016	IVI State	or legal dornicile.	IN
	1	Summa	<u>- </u>	ion or most significant s	otivition W-					u. t
a)	'		scribe the organization's miss							
Activities & Governance			as to experience watersports, o		lucational reso	urces	, resulting in	confid	lent and empowe	rea
па			no are ready to walk on the rou					0/ 6:		
ove.	2		s box if the organization d					1	ts net assets.	
Ğ	3		f voting members of the gove	9 9 1	•			3		12
ο 0	4		f independent voting member					4		12
itie	5		ber of individuals employed in	• ,				5		14
ŧ	6		ber of volunteers (estimate if					6		64
Ă	7a		lated business revenue from	, ,,,				7a		0
	b	Net unrela	ted business taxable income	from Form 990-T, Part	, line 11			7b		0
							Prior Year		Current Ye	ar
Φ	8	Contribution	ons and grants (Part VIII, line	11	10,628		216,982			
Revenue	9	Program s	ervice revenue (Part VIII, line	2g)				0		0
	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d) .				0		0
Œ	11	Other reve	enue (Part VIII, column (A), line		9,900		0			
	12		nue-add lines 8 through 11 (n		•		12	20,528		216,982
	13	•	d similar amounts paid (Part I	· · · · · · · · · · · · · · · · · · ·		_		0		0
	14		aid to or for members (Part I)		0		0			
S	15	-	ther compensation, employee	-	76,649		120,188			
Expenses	16a		nal fundraising fees (Part IX, c				0		0	
per	b		raising expenses (Part IX, col		16.766					
Ä	17		enses (Part IX, column (A), lin		10,700		-	73,266		134,894
	18	-	enses. Add lines 13–17 (must		 N line 25)			49,915		255,082
	19		ess expenses. Subtract line 1					29.387		-38,100
_ x		Tieveriue ie	ess expenses. Oubtract line 1	O HOITIME 12			inning of Curre	-,		
Net Assets or Fund Balances	20	Total acco	ts (Part X, line 16)			DOE	-		End of rea	
Asse Bala	21		ities (Part X, line 26)					37,854		49,385
und/	22		s or fund balances. Subtract I					1,256		887
	art II		ire Block	ine 21 nom ine 20 .				36,598		48,498
			y, I declare that I have examined this te. Declaration of preparer (other than						my knowledge and	belief, it is
		1		,	· '					
Sig	nn	Ciamatura of	affinar.				L			
-	_	Signature of					Date			
He	ere		y, Executive Director							
		1	name and title	T						
Pa	id	Print/Type	e preparer's name	Preparer's signature		Date		Check		
	epare	r LeAnn M	Marroy					self-em	P01763	3532
	e Onl	· Eirm's name I CM Associating Collective						EIN		
		Firm's add		· · · · · · · · · · · · · · · · · · ·			Phone	no.	615-335-638	38
Ма	y the IF	RS discuss	this return with the preparer	shown above? See instr	uctions				🗹 Yes	■ No

Part			art III
1	Briefly describe the organization's mission		·
			rsports, outdoor adventure, and educational
	resources, resulting in confident and emp		
2	Did the organization undertake any signi		
	prior Form 990 or 990-EZ?		· · · · · · · · · · · · Yes 🗹 No
_	If "Yes," describe these new services on		
3	Did the organization cease conducting		
	services?		· · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Sch		
4			three largest program services, as measured by the amount of grants and allocations to others,
	the total expenses, and revenue, if any, f		t the amount of grants and anocations to others,
	1010 0 0 0 0 0 0		
4a	(Code:) (Expenses \$	210,064 including grants of \$	0) (Revenue \$ 216,982)
··u			tutoring, and food/educational resources to 150
			at greatly increase their chances of success. First,
			nture programs allow kids to grow in confidence
			etbacks, and push the boundaries of what they
			ositive adult and peer mentors. Having consistent,
	trusting relationships with mentors who b	elieve in them helps them to start believ	/ing in themselves.
41	(0.1)	·	\ (D
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Scl	nedule O.)	
	(Expenses \$ 0 including gi		\$ 0)
4e	Total program service expenses	210,064	

Forr	n 990 (20	022)							
Pa	art IV	Checklist of	Required Sched	ules					
1	l Is t	the organization	described in section	on 501(c)(3)	or 4947(a)(1)	(other than	a private	foundation)	? If "

			Yes	No
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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		,
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 "Yes," complete Schedule D, Part I			,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		,
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	_	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		,
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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 FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e		\(\tau \)
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		,
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		,
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14b		~
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		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		,
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		,

Part I	V 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		_
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 employees? <i>If "Yes," complete Schedule J.</i>	23		,
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	04-		
L		24a 24b		~
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		-
C	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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			
06	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		~
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		,
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			
	persons? If "Yes," complete Schedule L, Part III	27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		,
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
	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		~
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
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		,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		~
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, 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," 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	330		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	37		~
30	19? Note: All Form 990 filers are required to complete Schedule O	38	_	
Part '	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	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	-		
C	reportable gaming (gambling) with backup withholding rules for reportable payments to vendors and	10		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		'
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
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 goods and services provided to the payor?	70		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract?.	7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:	_		
11 a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources	-		
-	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
C 1/10	Enter the amount of reserves on hand	140		.,
14a b	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	170		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a 12 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 . 1b 12 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 1 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? . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 11a 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. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 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 16a V 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed TN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records. LeAnn Marroy, (615)335-6388

Part VI

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

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 the 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.

			_	_	_		_			
				(0	C)					
(A)	(B)	١,,	Position				(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated amount			
	hours					or/trust	tee)	compensation from the	compensation from related	of other
	per week (list any	or o	Ins	Officer	ē.	Hig em	Former	organization (W-2/	organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	icer	Key employee	Highest compensated employee	mer	1099-MISC/	1099-MISC/	organization and
	related organizations	ot all t	iona		βlo	ee cor		1099-NEC)	1099-NEC)	related organizations
	below	rust	tru		yee	npe				
	dotted line)	ee	stee			nsat				
						ed				
Mark Steiner	1.00									
Board Member	0.00	~						0	0	0
Robert Sherrill	1.00									
Board Member	0.00	~						0	0	0
Robert Savage	1.00									
Board Member	0.00	~						0	0	0
Brigitte Tubbs-Jones	1.00									
Board Member	0.00	~						0	0	0
David Edwards	1.00									
Board Member	0.00	~						0	0	0
Shan Foster	1.00									
Board Member	0.00	~						0	0	0
Gerald Jones	1.00									
Board Member	0.00	~						0	0	0
Leslie Beeson-Wall	1.00									
Board Member	0.00	~						0	0	0
Davelle Johnson	1.00									
Board Member	0.00	~						0	0	0
Elizabeth Moss Evans	1.00									
Board Member	0.00	~						0	0	0
Tre Dunn	5.00									
Board Chair	0.00			~				0	0	0
Jessica Koepplin	3.00									
Board Secretary	0.00			~				0	0	0
Clint Bandy	25.00									
Executive Director	0.00				~			0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emį	plo	yee	s, ar	nd F	lighest Compe	nsated Empl	oyees (continued)
					(0	C)					
	(A)	(B)	١,,			ition			(D)	(E)	(F)
	Name and title	Average	٠,				e than is botl		Reportable	Reportable	Estimated amount
		hours	office			compensation	of other				
		per week	9 5	5	Q	<u>~</u>	욕 표	F	from the organization (W-2/	from related organizations (W-2	compensation from the
		(list any hours for	gi di	stitu	Officer	эу е	ghe	Former	1099-MISC/	1099-MISC/	organization and
		related	Individual trustee or director	Institutional trustee	*	Key employee	st c	º	1099-NEC)	1099-NEC)	related organizations
		organizations	۲ -	<u>ล</u>		loye	9				
		below dotted line)	Iste	rus		ď	Den				
			Ф	tee			Highest compensated employee				
							ă				
		ļ									
		 	-								
		 	-								
1b	Subtotal								0		0
С	Total from continuation sheets to Part	VII, Sectio	n A								
d	Total (add lines 1b and 1c)								0		0
2	Total number of individuals (including		limite	ed t	o t	hos	se lis	ted	above) who re	eceived more	than \$100,000 of
	reportable compensation from the organ	ization							Ô		
											Yes No
3	Did the organization list any former	officer dire	octor	tru	cto	ا د	(0)/ 0	mn	lovee or highes	et componente	
3	employee on line 1a? If "Yes," complete							•		si compensate	
	• •										3 🗸
4	For any individual listed on line 1a, is the										
	organization and related organizations	greater th	an \$	150,	UUU)? I	t "Ye	·s, ~	complete Sche	aule J for suc	n
	individual			٠				•			4
5	Did any person listed on line 1a receive of									tion or individu	al
	for services rendered to the organization	? If "Yes," c	compl	ete	Sch	nedu	ule J	for s	such person .		5 1
Secti	on B. Independent Contractors										
1	Complete this table for your five high	nest compe	ensate	ed	inde	epei	ndent	CC	ontractors that r	received more	than \$100,000 of
-	compensation from the organization. Rep										
								<i>,</i> -			•
	(A) Name and business add	lrocc							(B) Description of services	icos	(C) Compensation
	ivalle and pusitess add	11 UJJ							pesonphion of serv	V1003	Compensation
None											
								L			
2	Total number of independent contractor	ors (includir	ng bu	ıt n	ot I	limit	ed to	o th	nose listed abov	e) who	
	received more than \$100,000 of compens								0		

1 01111 550 (E	
Part VII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to an	y line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaig	ns .		1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b	0				
ي ق	С	Fundraising events			1c	0				
Ľs, ∡	d	Related organization			1d	0				
ar lar	e	Government grants			1e	0				
s, (f				16	0				
o S	•		All other contributions, gifts, grants, and similar amounts not included above							
he	-				1f	216,982				
불하	g	Noncash contribution lines 1a–1f			١.					
ou	_				1g					
0 %	h	Total. Add lines 1a-	-1† .		•		216,982			
Δ.						Business Code				
<u>i</u>	2a									
e Z	b									
gram Ser Revenue	С									
an	d									
ρg α	е									
Program Service Revenue	f	All other program se								
	g	Total. Add lines 2a-	-2f .				0			
	3	Investment income								
		other similar amoun	ıts) .							
	4	Income from investr	nent o	of tax-exem	npt bo	nd proceeds				
	5				•					
		•		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)			0	0				
	d	Net rental income o		2)		-				
	7a	Gross amount from	1 (103.	(i) Securit	ies	(ii) Other				
	<i>i</i> a		of assets		(ii) Othor					
		other than inventory	7a							
	h	Less: cost or other basis	/a							
Revenue	b	and sales expenses .								
Ver		•	7b							
Be		Gain or (loss)	7c		0	0				
ē	d	Net gain or (loss)			_					
Other	8a	Gross income from		ndraising						
0		events (not including		0						
		of contributions rep			_					
	_	1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	nts				
	9a	Gross income f								
		activities. See Part I			9a					
		Less: direct expense			9b					
		Net income or (loss)			ctivitie	es				
	10a	Gross sales of ir		ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)			vento	ory				
<u>o</u>						Business Code				
e gon	11a									
scellaneo Revenue	b									
elle ye	C									
Miscellaneous Revenue	d	All other revenue								
Σ		Total. Add lines 11a	a–11c	l			0			
	12	Total revenue. See					216,982	0	0	0

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	. [

	Cricol il Coricadio O containo a response	of floto to arry line	in this rait in .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			-	·
	and domestic governments. See Part IV, line 21 .	0	0		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
•	trustees, and key employees	0	0	0	0
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons (as defined under section 4958(i)(1)) and persons described in section 4958(c)(3)(B)	_	_	_	_
_		0	0	0	0
7 8	Other salaries and wages	110,223	110,223	0	0
O	section 401(k) and 403(b) employer contributions)				•
0		0	0	0	0
9 10	Other employee benefits			0	0
11	Payroll taxes	9,965	9,965	U	0
а	Management	29,998	15,740	0	14,258
a b	Legal	29,990	15,740	0	14,238
C	Accounting	14,531	1,396	13,135	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		Ü	0
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.) .	0	0	0	0
12	Advertising and promotion	8,267	2,615	3,250	2,402
13	Office expenses	10,989	4,095	6,788	106
14	Information technology	3,762	3,762	0	0
15	Royalties	0	0	0	0
16	Occupancy	1,014	1,014	0	0
17	Travel	9,553	4,794	4,759	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	7,172		186	0
20	Interest	17	0	17	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization .	0	0	0	0
23 24	Insurance	10,963	10,846	117	0
24	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.)				
а	Program Expenses	18,235	18,235	0	0
b	Automobile Expanses	8,300	8,300	0	0
c	Boat Expenses	9,674	9,674	0	0
d	In- Kind Expenses	2,419	2,419	0	0
е	All other expenses	,		-	
25	Total functional expenses. Add lines 1 through 24e	255,082	210,064	28,252	16,766
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here [if				
	following SOP 98-2 (ASC 958-720)				
					F 000 (2000)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	75,562	1	27,093
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	10,000
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director			
		trustee, key employee, creator or founder, substantial contributor, or 35%	6		
		controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
şţs	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
⋖	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 98,97			
	b	Less: accumulated depreciation 10b 86,68	, -		12,292
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	87,854		49,385
	17	Accounts payable and accrued expenses	1,256		887
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
ies	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			_
Liabilities			0	22	0
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third	0	24	0
	25	parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,256		887
′0	20	Organizations that follow FASB ASC 958, check here	1,230	20	007
ö		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	86,598	27	48,498
Ва	28	Net assets with donor restrictions	0	28	0
рu		Organizations that do not follow FASB ASC 958, check here			, and the second
Ŀ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	86,598		48,498
ž	33	Total liabilities and net assets/fund balances	87,854		49,385
_					

Part	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)			21	6,982
2	Total expenses (must equal Part IX, column (A), line 25)			25	5,082
3	Revenue less expenses. Subtract line 2 from line 1			-3	8,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4			8	6,598
5	Net unrealized gains (losses) on investments				0
6	Donated services and use of facilities				0
7	Investment expenses				0
8	Prior period adjustments				0
9	Other changes in net assets or fund balances (explain on Schedule O)				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))			4	8,498
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explair Schedule O.	1 011			
•					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled		2a	~	
	reviewed on a separate basis, consolidated basis, or both:	u or			
L	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b		
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited or	· _	20		
	separate basis, consolidated basis, or both:) i a			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	at of			
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	/	
	If the organization changed either its oversight process or selection process during the tax year, explain	_	20		
	Schedule O.				
3a	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		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3	3b		

Form **990** (2022)

SCHEDULE A (Form 990)

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

		WA	LKERS					81-15	
Par	t I		Reason for Public Cha	arity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instructi	ons.
The o	_		ation is not a private found		,	•	•	,	
1			church, convention of church					'0(b)(1)(A)(i).	
2									
3									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
_			organization operated for		a all ago, ar university	ad a		ad by a gayaranaant	al unit described in
5			ction 170(b)(1)(A)(iv). (Con		college or university	owned o	г ореган	ed by a government	ai unii described in
6 7		An	ederal, state, or local gove organization that normally scribed in section 170(b)(1	receives a subs	tantial part of its sup				n the general public
8		A c	community trust described	in section 170(b)	(1)(A)(vi) . (Complete l	Part II.)			
9		or uni	agricultural research organuniversity or a non-land-gr	ant college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or
10		sup	organization that normally seipts from activities related oport from gross investmen quired by the organization	nt income and un	related business taxal	ble incom	ne (less so	ection 511 tax) from	fees, and gross 33 ¹ / ₃ % of its businesses
11			organization organized an	•	,	•		` '` '	
12			organization organized and	•		•			
			e or more publicly supporte						
			box on lines 12a through 1					·	. •
а		Ш	Type I. A supporting orga the supported organization	n(s) the power to	regularly appoint or e	lect a ma	ajority of t		
		\Box	supporting organization.	-	•				(-)
b		Ш	Type II. A supporting orga control or management of organization(s). You must	f the supporting o	rganization vested in	the same			
С			Type III functionally interits supported organization						ally integrated with,
d			Type III non-functionally that is not functionally interequirement (see instructional structions).	egrated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е			Check this box if the orga functionally integrated, or						e II, Type III
f			r the number of supported	-					
g			ide the following information			1		1	
	(i)	Nam	e of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									

Schedule A (Form 990) 2022 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Part II

(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) 2018 **(b)** 2019 (c) 2020 (d) 2021 **(e)** 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 34,102 65,200 64,795 110,628 214,563 489,288 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 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 **Total.** Add lines 1 through 3 4 34.102 65,200 64,795 110,628 214,563 489,288 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) **Public support.** Subtract line 5 from line 4 489.288 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 34,102 65,200 64,795 110,628 214,563 489,288 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 0 0 0 0 9 Net income from unrelated business 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 2,419 16,819 **Total support.** Add lines 7 through 10 11 506,107 Gross receipts from related activities, etc. (see instructions) 12 0 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) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 96.68 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this ~ 331/3% support test - 2021. 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 - 2022. 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 - 2021. 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 18

Schedule A (Form 990) 2022 Page **3**

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.)

Secti	on A. Public Support			- , -		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						
3	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 8	Add lines 7a and 7b						
U	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(0, 2010	(0, 2010	(0, 2020	(0, 202)	(0, _ 0 = 0	(1)
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.)						
12	Total support. (Add lines 9, 10c, 11,						
13	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	L s first second	L third fourth	or fifth tax ve	l Par as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•			-		. , . ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line						%
16	Public support percentage from 2021 Sch	nedule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment In	come Perce	ntage				·
17	Investment income percentage for 2022 (-			%
18	Investment income percentage from 2021						%
19a	331/3% support tests-2022. If the organ						
	17 is not more than 331/3%, check this box		_	-		_	_
b	33 ¹ / ₃ % support tests—2021. If the organiz						
	line 18 is not more than 331/3%, check this	_	=	=	-		_
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions .

Schedule A (Form 990) 2022 Page 4

Supporting Organizations Part IV

(Complete only if you checked a box on line 12 of 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.)

Se

Jeen	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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	103	No
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).	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 Part VI 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 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 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 Part VI 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 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		
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).	5a		
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		
С	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? <i>If "Yes," provide detail in Part VI.</i>			
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).	7		
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).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	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 Part VI .	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 Part VI .	9c		
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.	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

Schedule A (Form 990) 2022 Page 5 Part IV **Supporting Organizations** (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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. 2 Section C. Type II Supporting Organizations Yes No 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 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 how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 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.* С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). 2 Activities Test. Answer lines 2a and 2b below. Yes No 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 b 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. 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. 3a

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.

3b

Schedule A (Form 990) 2022

	Tune III Non Functionally Integrated 500(a)(2) Supporting Ora		-ations	rage C
Part				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
Sect	instructions. All other Type III non-functionally integrated supporting organion A—Adjusted Net Income	IIZal	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(Optional)
_ <u>.</u>	Recoveries of prior-year distributions	2		
_ _ _	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
<u>.</u>	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	ion 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	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 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-functional (see instructions)	ally i	ntegrated Type III suppor	rting organization

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E—Distribution Allocations (see instructions) **Underdistributions Distributable Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 **e** From 2021 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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 - In-Kind Income

SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number **WATER WALKERS** 81-1591053 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. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year 5 Did the organization inform all donors and 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? ☐ Yes ☐ No 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 ☐ Yes ☐ No 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 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: \$ 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:

	e D (Form 990) 2022	Callagtians of	Aut Llia	torical T	<u></u>	Ot	bar Cimilar /	\	- (00*		ge 2
Part 3	Organizations Maintaining Using the organization's acquisition,										
3	collection items (check all that apply):			ŕ	j		J	Sigili	licant	use o	1 113
a	Public exhibition		d Loan or exchange program								
b	Scholarly research		e								
_	Preservation for future generations										
4	Provide a description of the organization XIII.	tion's collections	and expla	ain how th	ney further	the org	ganization's ex	empt	purpos	se in F	ar
5	During the year, did the organization assets to be sold to raise funds rather								☐ Yes	. 🗆	No
Part	V Escrow and Custodial Arra	angements.									
	Complete if the organization 990, Part X, line 21.						•		nt on	Form	
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	☐ Yes	;	No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	ollowing ta	ıble:						
								Amou	ınt		
С	Beginning balance					10	:				
d	Additions during the year					10	ı				
е	Distributions during the year					1e	•				
f	Ending balance					1f	:				
2a	Did the organization include an amoun	nt on Form 990, P	art X, line	21, for e	scrow or c	ustodia	l account liabili	ty? [Yes	; 🔲	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanatior	n has been	provide	ed on Part XIII				
Par	V Endowment Funds.										
	Complete if the organization	answered "Yes	" on For	m 990, F	art IV, line	e 10.					
	·	(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years ba	ack (e) Four y	ears ba	ıck
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
e	Other expenditures for facilities and										
·	programs										
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of t	ha aurrant vaar ar	d balanc	o (lino 1a	oolumn (a)) bold	00:				
	Board designated or quasi-endowmer		%	e (iiile 19	, coluitiii (a	i)) Held	as.				
a			70								
b	Permanent endowment	%									
С	Term endowment %	0	000/								
20	The percentages on lines 2a, 2b, and Are there endowment funds not in the			zation the	t are held	and ad	ministered for	tho.			
3a	organization by:	e possession or tr	ie organi	zation tha	it are neid	and ad	ministered for	trie	<u></u>	/ N	
	=							Г		es l	ol
	(i) Unrelated organizations							- +	3a(i)	_	
_	`,							.	3a(ii)		
b	If "Yes" on line 3a(ii), are the related o	•	•					. [3b		
4	Describe in Part XIII the intended uses		on's endo	owment fu	ınds.						
Part				000 =			.				
	Complete if the organization	answered "Yes	" on For	m 990, F	art IV, lin	e 11a.	See Form 990	J, Pa	rt X, liı	ne 10	
	Description of property	(a) Cost or of		1 ' '	r other basis		Accumulated	(0	d) Book	value	
		(investm	ient)	(01	ther)	de	epreciation				
1a	Land		0		0						0
b	Buildings		0		0		0				0
С	Leasehold improvements		0		0		0				0
d	Equipment		0		550		550				0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

98,424

e Other

12,292

86,132

Part VII	Investments – Other Securities.	V 5 11- C E		Dowl V. line 10
	Complete if the organization answered "Yes" on Form 990, Part I (a) Description of security or category	(b) Book value		, Part X, line 12. lethod of valuation:
	(including name of security)	(b) Book value		nd-of-year market value
(1) Financial				
	eld equity interests			
(3) Other				
(B)				
(D)				
(E) (F)				
(G)				
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	!		
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11c. See F	orm 990,	, Part X, line 13.
	(a) Description of investment	(b) Book value		lethod of valuation:
			Cost or er	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	man /h) must acusel Form 000 Port V and /P) line 12)			
Part IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
raitix	Complete if the organization answered "Yes" on Form 990, Part I	V line 11d See F	orm 990	Part X line 15
	(a) Description	v, iiiio 11a. 0001	01111 000	(b) Book value
(1)	(-)			(0) = 0000 10000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.	V 15	0 5	000 D+V
	Complete if the organization answered "Yes" on Form 990, Part I	v, line i le or i it.	See For	m 990, Part X,
1.	line 25. (a) Description of liability			(h) Dook value
(1) Federal in				(b) Book value
	icome taxes			
(2)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u>.</u>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organ			
organization'	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	of the footnote has b	een provid	ded in Part XIII .

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	1
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		1
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>		5
	XII Reconciliation of Expenses per Audited Financial Statem		
	Complete if the organization answered "Yes" on Form 990, F		
1			1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•
- а	Donated services and use of facilities	2a	
b	Prior year adjustments		-
c	Other losses		-
d	Other (Describe in Part XIII.)		-
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		-
		1.0	-
	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
с 5	Add lines 4a and 4b		
c 5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.)	5
5 Part	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information.	e 18.)	5 b; Part V, line 4; Part X, line
5 Part Provice: Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	d 4; Part IV, lines 1b and 2b to provide any additional in	5; Part V, line 4; Part X, line information.
c 5 Part Provice 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 b; Part V, line 4; Part X, line information.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
c 5 Part Provic 2; Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	e 18.)	5 p; Part V, line 4; Part X, line offormation.
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SCHEDULE 0 (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. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

WATER WALKERS	81-1591053
Form 990, Part VI, Section B, Line 11b - Form 990 sent to Board Chair and Board Treasurer for review prio	r to filing.
Form 990, Part VI, Section C, Line 19 - Annual report which gives financial details is available to the public	··
To the basic rate vi, decensor o, Enterto - Annual report which gives manious details is available to the pastic	<u>'-</u>