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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

			de Service		
	A F	or the	2010 calendar year, or tax year beginning $OCT\ 1$, 2010 and ending	SEP 30, 2011	
	B Ci	neck if oplicable	C Name of organization	D Employer identific	cation number
	Г	Addres	UNCHARTED WATERS		
	Ē	Name change		84-1	369489
		Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/su	ite E Telephone numbe	r
		Termin		719-	447-0311
		Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,276,909.
		Application	COLORADO DININGO, CO 00304	H(a) Is this a group re	
		pendin	F Name and address of principal officer: TIPI CONKAD	for affiliates?	Yes X No
			2501 WEST COLORADO AVE #204, COLORADO SPRI	NG H(b) Are all affiliates inc	cluded? Yes No
					list. (see instructions)
			e: ► WWW.UNCHARTEDWATERS.ORG	H(c) Group exemptio	
			* · · · · · · · · · · · · · · · · · · ·	ear of formation 1996 N	M State of legal domicile CO
	Pa	rt I	Summary	DE TEADEDCHID	MD 3 TAITAIC C
	e,	1	Briefly describe the organization's mission or most significant activities: TO PROVI	DE LEADERSHIP	,TRAINING, &
	Activities & Governance	•	DIRECTION FOR COMMUNICATION OF THE GOSPEL		
	Je I		Check this box I if the organization discontinued its operations or disposed of m	_	ssets.
~	Ĝ		Number of voting members of the governing body (Part VI, line 1a)	3	8
2012	ණ ග		Number of independent voting members of the governing body (Part VI, line 1b)	5	78
	iţi		Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary)	6	0
2	ţį		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	Ă		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
JAN			The difference of the second s	Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h)	580,634.	636,146.
) Du		Program service revenue (Part VIII, line 2g)	656,262.	635,746.
SCANNED	Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15.	17.
	. [11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	5,000.
Ç		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,236,911.	1,276,909.
y,	ÿ	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	563,459.	554,668.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	Ξxρ		Total fundraising expenses (Part IX, column (D), line 25) 53,925.	663,381.	663,613.
	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,226,840.	1,218,281.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,071.	58,628.
	es.	19	Revenue less expenses. Subtract line 18 from line RECEIVED	Beginning of Current Year	End of Year
	Net Assets or Fund Balances	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) Not assets or fund belonger Subtract line 31 from line 30	82,661.	63,917.
	Ass Bai		Total assets (Part X, line 16) Total liabilities (Part X, line 26) JAN 0 6 2012	118,550.	41,178.
	Net unc		Net assets or fund balances Subtract line 20 from line 20	-35,889.	22,739.
	Pa		Signature Block OGDEN, U		
	Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
			t, and complete Declaration of preparer (other than officer) is based on all information of which prep		
	Sigr	1	Signature of officer	Date	1/2/
	Her	е	TIM CONRAD, CEO	ver-	1/3/20/2-
			Type or print name and title	Date Check	/ / X PTIN
			Print/Type preparer's name Preparer's signature Preparer's signature		 -
	Paid		GREGORY P. PARSONS, CPA FIRM'S name OSBORNE, PARSONS & ROSACKER, LLP		reu
	Prep		Timi 3 maine	Firm's EIN	
	Use	oniy	Firm's address 720 NORTH TEJON STREET COLORADO SPRINGS, CO 80903-1012	Phone no 7	19.636.2321
	Max	the I	RS discuss this return with the preparer shown above? (see instructions)	Filolie IIO /	X Yes No
	IVICIY	uic II	to diodese this retain min the proparet shown above; (see illottuctions)		

	990 (2010) UNCHARTED WATERS 84-136	9489	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission: PROVIDE AN EQUIPPING MINISTRY THAT ENHANCES THE VISION OF THE BY PROVIDING LEADERSHIP, TRAINING, & DIRECTION FOR THE EFFECTIVE COMMUNICATION OF THE GOSPEL.		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	1 040 242	640,7	746
4a			
	PROVIDE AN EQUIPPING MINISTRY THAT ENHANCES THE VISION OF THE	CHURCI	BY
	PROVIDING LEADERSHIP, TRAINING, & DIRECTION FOR THE EFFECTIVE		
	COMMUNICATION OF THE GOSPEL.		
	· · · · -		
	· - · · ·		
	<u> </u>		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		-	
	•		
4d	Other program services. (Describe in Schedule O.)		·
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 1,042,343.		

Form 990 (2010) UNCHARTED WA
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		-100	
_	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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 Revenue Procedure 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 where 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			1
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C				37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	,	446		X
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
124	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
.	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	 	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	_X
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	<u> </u>	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	, , , , , , , , , , , , , , , , , , , ,	[
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		<u> </u>
		Ear.	aan.	(2010)

Part IV Checklist of Required Schedules (continued)

.,,,,	o. co. co. co. co. co. co. co. co. co. c		V	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		_	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23		Х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ľ
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
^	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
٠	any tax-exempt bonds?	24c		1
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions):	ĺ		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ĺ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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	l		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L
		Form	990	(2010)

rar	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eport	able gaming			
•	(gambling) winnings to prize winners?			1c	X	
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	78			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X
ь	If "Yes," enter the name of the foreign country.					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Acco	unts.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he or	ganization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions	or gifts			
	were not tax deductible?			6b	ļ	
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 so	ervices	provided to the payor?	_7a	<u> </u>	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas re	quired			
	to file Form 8282?	1	I	7c	ļ	X
d		_7d		┨		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		┼
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f	 	
g	If the organization received a contribution of qualified intellectual property, did the organization file is			7g	├	+
h				7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			8	-	1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	it any t	inte during the year?		·	1
9	Sponsoring organizations maintaining donor advised funds.			9a	1	
a	Did the organization make any taxable distributions under section 4966?			9b	1	1
_	Did the organization make a distribution to a donor, donor advisor, or related person?			35	1	1
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	108	.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	101		1		
11	Section 501(c)(12) organizations. Enter:		<u> </u>	1		
	Gross income from members or shareholders	118	,	1		
_	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them.)	111	,			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	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	131	<u> </u>			
С	Enter the amount of reserves on hand	130	;			
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	<u> </u>	<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedi	ule O		14b		

ι

84-1369489 Page to lines 2 through 7b below, and for a "No" response UNCHARTED WATERS

	Check if Schedule O contains a response to any question in this Part VI						X
ec	tion A. Governing Body and Management						
		1.	ı	O		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	 	9 8			
b	· · · · · · · · · · · · · · · · · · ·	1b	L. <u></u>	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other		_		v
	officer, director, trustee, or key employee?				2		_X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		_		v
	of officers, directors or trustees, or key employees to a management company or other person?				3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form		as filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5_		X
6	Does the organization have members or stockholders?				6		_^
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the		_		١,,
	governing body?				7a	-	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons'	>		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following:						
а	The governing body?				8a	Х	<u> </u>
þ	Each committee with authority to act on behalf of the governing body?				8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the				۱ .
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9_		X
<u>ec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code.)			Г	
						Yes	N
0a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		
	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing tl	ne form?		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould giv	/e rise				
	to conflicts?				12b	X	<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	' describe				}
	in Schedule O how this is done				12c	X	-
13	Does the organization have a written whistleblower policy?				13		X
14	Does the organization have a written document retention and destruction policy?				14	X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approve	/al by I	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					1
a	The organization's CEO, Executive Director, or top management official				15a	X	_
b	Other officers or key employees of the organization				15b	X	ļ
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
I6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		-	1	1
	taxable entity during the year?				16a	ļ	Σ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev	aluate	its participation	n			1
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganıza	tion's				1
	exempt status with respect to such arrangements?				16b	L	
Sec	ction C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed ► NONE						
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	·T (501	(c)(3)s only) a	vailable	for		
	public inspection. Indicate how you make these available. Check all that apply.						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest p	olicy, a	nd fina	ancial	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books	and re	cords of the o	rganıza	tion: 🖡	_	
-0							

Q.	4 _	1	3	6	q	4	R	Q	

UNCHARTED WATERS

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	nor any related	orga	anıza	tion	cor	mper	nsat	ed any current officer, of	director, or trustee	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(c	heck	all	that	арр	ly)	compensation	compensation	amount of
	week	ફ						from	from related	other
	(describe hours for	g	_			gg.		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Sta	Tage		ا ا	beuza		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	al tr	onal t		acold	E 8	ĺ	(,		and related
	in Schedule	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	O)	゠	=	5	Ž	± ₽	3			
TIM CONRAD	1	l	ļ	l				50 416		24 160
PRESIDENT	40.00	X		X	<u></u>	<u> </u>		52,416.	0.	34,160.
DAWNA NELSON	1	١								0
BOARD MEMBER	1.00	X	_		_	_		0.	0.	0.
BANTY HOOVER	1 200		1		1		ĺ			^
BOARD MEMBER	1.00	X	-	_		-		0.	0.	0.
GARY HOAG	2 00	١,,		,,						0
CHAIRMAN OF THE BOARD	2.00	X		X	ļ			0.	0.	0.
NEIL CALLBECK	1 00	J.,						0.	0.	0
BOARD MEMBER	1.00	X	\vdash		ļ	-		U •	0.	0.
ARLYN PEMBER	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	_	┢	-	├	 		0.	0.	
PAUL LYONS	1.00	X		1				0.	0.	0.
BOARD MEMBER	1.00	┼≏	╁			╁		0.		
GREG LINVIILE BOARD MEMBER	1.00	X						0.	0.	0.
DEWAYNE BRYAN	1.00	1		-			-			
BOARD MEMBER	1.00	X						0.	0.	0.
ALAN FEUERHAKEN					_			-		
DIRECTOR OF OPERATIONS	40.00			Х	Ì			42,792.	0.	25,608.
		†						<u> </u>		
				•						
			L	<u></u>	<u>L</u>	<u></u>	L			
		L	L	<u></u>						
		L						<u> </u>		
		<u> </u>	_		<u> </u>					
		4_	1_	<u> </u>	<u> </u>		_			
						1				
		<u> </u>			<u> </u>			<u> </u>		<u></u>

	(A) Name and title	(B) Average			(O Pos	C) Itior	1		(D) Reportable	(E) Reportable	- 1		(F)	
		hours per week (describe hours for related organizations in Schedule O)	ustee or director	finstitutional trustæ	all	Key employee	Highest compensated compensated comployee		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	s	comported for an	ount of the count	tion e ion ed
											•			
							-		_					
									05 200		_		0 7	60
1b c	Sub-total Total from continuation sheets to Part \	/II, Section A					>		95,208. 0.		0.		9,7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but compensation from the organization	not limited to th	nose	e list	ed a	bov	re) w	ho r	95,208. eceived more than \$100),000 in reportab	0 . le	5	9,7	<u>68.</u> 0
3	Did the organization list any former office	r, director or tru	ıstee	e, ke	y er	nplo	yee,	or h	nighest compensated ei	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s and related organizations greater than \$1	sum of reportab	le c						•	the organization		3 4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.	accrue compe	nsat	tion	fron	an	y uni			Idual for services	3	5		x
Sec 1	tion B. Independent Contractors Complete this table for your five highest of							ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
<u> </u>	the organization. NONE (A)								(B)			(0		
	Name and busines	s address							Description of s	services	C	ompe	nsatio	n
														
							····							
2	Total number of independent contractors	_	not i	ımıte	ed to		ose li	sted	d above) who received r	nore than				
	\$100,000 in compensation from the organ	iization -					<u> </u>				<u> </u>	<u> </u>	000	2010

		Otatement of fiever	100					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क क	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b		1b					
gel	c	_	10					
i i i	d		1d					
S, G	e							
S.P.	4	All other contributions, gifts, gran	, - -					
돌	•	similar amounts not included abo		636,146.				
들히	_	***************************************		200/2100				
9 2	9	Noncash contributions included in lines Total. Add lines 1a-1f	s ia-ir ⊅		636,146.			
-		Total: Add lines 1a-11		Business Code		.,,, ., .,		
	2 a	CAMPS, CLINICS	AND TOU	900099	635,746.	635,746.		1
Š	2 a b				000,,200	7.200		
Ser	c						·	
E S	d						- •	-
Program Service Revenue						-		
	f	All other program service reve	enue					
	a		5,1,00	•	635,746.			
\neg	3	Investment income (including	dividends, inte	rest. and			<u> </u>	
İ	•	other similar amounts)	,, ,	>	17.			17.
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties	or or or inpressor in	>			-	
		,	(i) Real	(II) Personal				
	6 a	Gross Rents	(7.133	(1/2 21/2 21/2	ţ			
	b							
	-	Rental income or (loss)			1			
		Net rental income or (loss)		•	1			
		Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	W Commen		1			
	b	Less: cost or other basis						
	_	and sales expenses						
	c	Gain or (loss)			1			
	d			•	1			
	8 a		na events (not				-	
Ž	-	including \$	of					
e e		contributions reported on line						
Œ		Part IV, line 18		a				
Other Revenue	ь	Less: direct expenses		.	1			
0		Net income or (loss) from fund	draising events	•	1]
		Gross income from gaming a						
		Part IV, line 19		a				
	ь	Less. direct expenses		.				
		Net income or (loss) from gan	ning activities	•	1			
		Gross sales of inventory, less						
		and allowances		a				
	ь	Less: cost of goods sold		b				
		Net income or (loss) from sale	es of inventory		1			1
1		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS		900099	5,000.	5,000.		
	b							
	c		-					
	4	All other revenue		· · ·	-			
	٠ م	Total. Add lines 11a-11d		<u> </u>	5,000.			
	12	Total revenue. See instructions		•	1,276,909.	640,746.	0.	17.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. nizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comp	nete coluttiit (Ay but are i			
	not include amounts reported on lines 6b, 8b, 9b, 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 governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	154,977.	125,066.	23,247.	6,664.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	344,753.	278,216.	51,713.	14,824.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	45,430.	36,661.	6,815.	1,954.
10	Payroll taxes	9,508.	7,673.	1,426.	409.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	5,220.	1,566.	3,132.	522.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				_
f	Investment management fees				
g	Other				
12	Advertising and promotion	195,620.	183,883.		11,737. 379.
13	Office expenses	3,787.	3,143.	265.	379 <u>.</u>
14	Information technology				
15	Royalties				
16	Occupancy	37,441.	31,076.	2,621.	3,744.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,369.	15,246.	3,123.	
20	Interest	10,301.		10,301.	
21	Payments to affiliates	_			
22	Depreciation, depletion, and amortization	4,328.	1,298.	3,030.	
23	Insurance	9,141.	7,587.	640.	914.
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O)				
а	AIR TRAVEL	107,311.	107,311.		
b	GROUND	97,134.	97,134.		
C	INTERNATIONAL INTERNS	57,432.	57,432.	_	
d	EQUIPMENT	28,209.	28,209.		
е	TELEPHONE	23,145.	19,210.	3,935.	
f	All other expenses	66,175.	41,632.	11,765.	12,778.
25	Total functional expenses. Add lines 1 through 24f	1,218,281.	1,042,343.	122,013.	53,925.
26	Joint costs. Check here 🕨 🔲 ıf following SOP				
	98-2 (ASC 958-720) Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising				

Pai	TX	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	-		62,074.	1	44,876.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			386.	4	
	5	Receivables from current and former officers, di	rectors.	trustees, kev	·····		······································
		employees, and highest compensated employee		- · · · · · · · · · · · · · · · · · · ·			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section	***************************************		in i
		4958(f)(1)), persons described in section 4958(c		1			
		employers and sponsoring organizations of sec		- [
		employees' beneficiary organizations (see instru		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	
ets	7	Notes and loans receivable, net	,			7	
Assets	8	Inventories for sale or use				8	 · · -
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1				
		basis. Complete Part VI of Schedule D	10a	44,649.			
	ь	Less. accumulated depreciation	10b	44,649. 30,608.	15,147.	10c	14,041.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		5,054.	15	5,000.	
	16	Total assets. Add lines 1 through 15 (must equ	ial line 3	4)	82,661.	16	5,000. 63,917.
	17	Accounts payable and accrued expenses			85,800.	17	1,962.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		1		20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, truste	ees, key employees,			
jab		highest compensated employees, and disqualif	ied pers	ons. Complete Part II			
_		of Schedule L				22	15,469.
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			32,750.	25	23,747.
	26	Total liabilities. Add lines 17 through 25			118,550.	26	41,178.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.			25 222		00 700
aŭ	27	Unrestricted net assets			-35,889 .	27	22,739.
Bal	28	Temporarily restricted net assets				28	
P	29	Permanently restricted net assets				29	
Ŧ		Organizations that do not follow SFAS 117, c	heck he	ere 🕨 📖 and			
ŏ		complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	 -
As	31	Paid-in or capital surplus, or land, building, or ed			_	31	_
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, c	or other funds	25 000	32	22 720
~	33	Total net assets or fund balances			-35,889 .	33	22,739.
	34	Total liabilities and net assets/fund balances			82,661.	34	63,917.

63,917. Form **990** (2010)

Form	990 (2010) UNCHARTED WATERS	84-136	59489	Pag	ge 12		
Pa	t XI Reconciliation of Net Assets		_				
	Check if Schedule O contains a response to any question in this Part XI				Ш		
		Í	4 0 5		• •		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,909. 8,281. 8,628. 5,889. 0. 2,739.			
2							
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Other changes in net assets or fund balances (explain in Schedule O)	5					
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	22	2,7	<u> 39.</u>		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				ᆜ		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х			
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the St	ngle Audit					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ııred audıt					
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

UNCHARTED WATERS

Employer identification number

		UNCHART	ED WATERS						04	-1309	407		
Part I	Reason	for Public Chari	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions.					
he orga	nization is not a	private foundation I	because it is: (For lines 1	through 1	1, check o	only one b	ox.)						
1 🗀	A church, co	nvention of churches	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Scl	hedule E.)									
3	ו		tal service organization o		n section	170(b)(1)(A)(iii).						
4	A medical res	search organization o	operated in conjunction	with a hosi	ortal descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter th	ne hospital'	s name	Э,	
	city, and stat												
5	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governr	nental unit	describe	ed in			
		(b)(1)(A)(iv) . (Comple		•	,								
6	1		ent or governmental unit	t described	l in sectio	n 170(b)(1)(A)(v).						
7	1		eives a substantial part o					r from the	general p	ublic desci	ribed ir	ו	
	~	b)(1)(A)(vi). (Comple	•			•			•				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 X													
_	_		nctions - subject to certa										
			axable income (less sect										
		509(a)(2). (Complete	·		, y o			,			-,		
10 🗀	7		perated exclusively to tes	st for publi	c safetv. S	ee sectio	n 509(a)(4	I).					
11	-								out the	ourposes o	f one c	or	
	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that												
	describes the type of supporting organization and complete lines 11e through 11h.												
	a Type I b Type II c Type III · Functionally integrated d Type III · Other												
е 🗀	-		t the organization is not	,,	directly or	r indirectly	by one or	r more disc	ualified p			า	
	-	-	han one or more publicly										
f		•	ten determination from t		•								
		rganization, check th					,,						
g	• • • •	-	organization accepted ar	nv aift or co	ontribution	from any	of the folio	owing pers	ons?				
•	_		irectly controls, either al								Yes	No	
			upported organization?					(-)		11g(i)			
	_		described in (i) above?							11g(ii)			
	• • •	•	person described in (i) o		∍?					11g(iii)			
h		•	about the supported org	• •									
••		onoving intermenen	asset the supported of	g	(0).								
(i) Nac	o of cupported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	notify the	(vi) Is	the	(vii) Am	ount of	 F	
	ne of supported ganization	(11) = 114	organization		sted in your			organizatio		(vii) Amount of support			
ŭ.	gumzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	support?	US	2 (10	000	,		
			(see instructions))	Yes	No	Yes	No	Yes	No				
					ļ				ļ				
					ļ		ļ	<u></u>	<u> </u>				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

Page 2 Schedule A (Form 990 or 990-EZ) 2010 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2008 (d) 2009 (e) 2010 (f) Total Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)

11	Total support. Add lines 7 through 10	Ĺ		
12	Gross receipts from related activities, etc. (see instructions)	12		
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	n 501(c)(3)	
	organization, check this box and stop here			▶
Se	ction C. Computation of Public Support Percentage			
14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14		%
15	Public support percentage from 2009 Schedule A, Part II, line 14	15		
16a	a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, cl	neck this box and	
	stop here. The organization qualifies as a publicly supported organization			
t	33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or mo	re, check this box	
	and stop here. The organization qualifies as a publicly supported organization			
17a	a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, a	ınd line	14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai	rt IV ho	ow the organization	_
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			ightharpoons
b	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 1	7a, an	d line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	ı ın Pa	rt IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	anızatı	on	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	ınd se	e instructions	
			A (Form 990 or 990-E	EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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.)

Sec	ction A. Public Support	elow, please comp	nete i ait ii.j		·	- - · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	1-7		· · · · · · · · · · · · · · · · · · ·			
	membership fees received. (Do not						
	include any "unusual grants.")	546,037.	370,461.	429,858.	580,634.	636,146.	2563136.
2	Gross receipts from admissions,						_
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the	1194330.	625 365	618 671	656,262.	635.746	3730374.
_	organization's tax-exempt purpose	1194330.	023,303.	010,011.	030,202.	0337740.	3/303/41
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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	1740367.	995,826.	1048529.	1236896.	1271892.	6293510.
78	Amounts included on lines 1, 2, and					!	
	3 received from disqualified persons	2,000.				15,000.	17,000.
ŀ	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						0.
	Add lines 7a and 7b	2,000.	1			15,000.	17,000.
	Public support (Subtract line 7c from line 6)						6276510.
	ction B. Total Support					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	1740367.	995,826.	1048529.	1236896.	1271892.	(f) Total 6293510.
	Gross income from interest,	1710307.	333,020.	1010323.	12300301	12,10520	02300101
100	dividends, payments received on						
	securities loans, rents, royalties	140.	17.	18.	15.	17.	207.
	and income from similar sources	140.	1/•	10.	13.	1/•	207.
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	1.40	1.5	10	1.5	1 5	207
	Add lines 10a and 10b	140.	17.	18.	15.	17.	207.
11	Net income from unrelated business						
	activities not included in 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 IV.)					5,000.	5,00 <u>0.</u>
13	Total support (Add lines 9, 10c, 11, and 12)	1740507.	995,843.	1048547.	1236911.	1276909.	6298717.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here	-			•	.,.,	ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (I	ine 8, column (f) d	ivided by line 13, o	olumn (f))	-	15	99.65 %
	Public support percentage from 2009					16	99.71 %
	ction D. Computation of Inves				,		
17				ne 13, column (f))		17	.00 %
18				1,7		18	%
	a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than 3		
	more than 33 1/3%, check this box a						► X
	33 1/3% support tests - 2009. If the	-	•	•			
	line 18 is not more than 33 1/3%, che	_					. —
20	Private foundation. If the organization		•	•	, , , , ,	_	
4 0	rivate iounication. Il the organizatio	in alla not check a	DOX OH III IC 14, 19	a, or ibu, check li	IIO DOV GITO SEE IIIS	, a a c a c a c a c a c a c a c a c a c	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

UNCHARTED WATERS

Employer identification number 84-1369489

Par	† l	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line		
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate contributions to (during year)		
3		egate grants from (during year)		
4	Agare	egate value at end of year		
5		ne organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
_		e organization's property, subject to the organization's	_	Yes No
6		ne organization inform all grantees, donors, and donor a		used only
•		aritable purposes and not for the benefit of the donor of		
		missible private benefit?	20 20, 0	Yes No
Pai	111	Conservation Easements. Complete if the org	panization answered "Yes" to Form 990.	
1	Purpo	ose(s) of conservation easements held by the organizati		
		Preservation of land for public use (e.g., recreation or e		storically important land area
	一	Protection of natural habitat		rified historic structure
	一	Preservation of open space		
2	Comr	plete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_		of the tax year.	noo oonoon taken oonangalan in are remi	
	uu, u	The tax year.		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b		acreage restricted by conservation easements		2b
		per of conservation easements on a certified historic str	ructure included in (a)	2c
d		per of conservation easements included in (c) acquired	, .	
u		in the National Register	arter of 17700, and not on a historic struct	2d
3		per of conservation easements modified, transferred, re	leased extinguished or terminated by the	
•	vear l	_	leased, extinguished, or terminated by the	e organization during the tax
4	•	per of states where property subject to conservation ea	sement is incated	
5		the organization have a written policy regarding the per	<u></u> -	
5		ions, and enforcement of the conservation easements i		Yes No
6		and volunteer hours devoted to monitoring, inspecting,		
7		and volunteer hours devoted to monitoring, inspecting, and		
8		each conservation easement reported on line 2(d) above		=
Ū		section 170(h)(4)(B)(ii)?	re satisfy the requirements or section 170	Yes No
9		rt XIV, describe how the organization reports conservat	ion escements in its revenue and expense	
•		de, if applicable, the text of the footnote to the organization		
		ervation easements.	tion o interioral otatomore that goodhoo	the organization of accounting to
Pa		Organizations Maintaining Collections o	f Art. Historical Treasures, or O	ther Similar Assets.
		Complete if the organization answered "Yes" to Form		
1a	If the	organization elected, as permitted under SFAS 116 (AS	· · · · · · · · · · · · · · · · · · ·	ment and balance sheet works of art.
		ncal treasures, or other similar assets held for public ext	•	
		ext of the footnote to its financial statements that descri		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b		organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
_		ures, or other similar assets held for public exhibition, e		
		ng to these items:	ducation, or rescaron in fartherance of pe	iblic del vide, provide trie fellowing amount
		levenues included in Form 990, Part VIII, line 1		▶ \$
		ssets included in Form 990, Part X		S
2		organization received or held works of art, historical tre	actures or other similar assets for financia	
~		organization received or neid works or art, historical tre bllowing amounts required to be reported under SFAS 1		gain, provide
_		nues included in Form 990, Part VIII, line 1	To Moo 300) relating to these items.	> \$
a h		ts included in Form 990, Part X		•
U	ಗಾರ್	io moiaucu iii i oiiii oou, Fail A		F ¥

Sche	dule D (Form 990) 2010 UNCHART	ED WATERS				8	84-13	69489	Page 2
	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, o	or Othe	er Simila	r Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following tha	t are a si	gnificant u	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organizati	on's exe	mpt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	ollection?				Yes	No
Par	TIV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered	"Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	·						
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contribution	ns or other as	sets not	ıncluded		_	
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
								_Amount	
c	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
b	b If "Yes," explain the arrangement in Part XIV.								
Par	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.								
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years back
1a	Beginning of year balance					************			
b	Contributions			1					
C	Net investment earnings, gains, and losses							[
d	Grants or scholarships			_		,			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses							[
9	End of year balance							<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	as:						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
C	Term endowment	%							
3а	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administe	ered for t	he organiza	ation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the								
Par	t VI Land, Buildings, and Equipm	nent. See Form 990						 	
	Description of investment	(a) Cost or o	1 , ,	t or other		ccumulate	d	(d) Book	value
		basis (investr	ment) basis	(other)	de	preciation			
	Land			·		•••••			
b	Buildings								
C	Leasehold improvements		<u> </u>	14 640		20 66	<u>, </u>		041
	Equipment		′	14,649.		30,60	18 •	14	1,041.
	Other			40411			_	1 /	1.041.
[Atal	Add lines to through to (Column (d) must a	aval Form 000 Dart	Y column (D) line	7/1/61 1				14	

Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12.	<u></u>	1003103 ago 0
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuation	
(1) Financial derivatives				
(2) Closely-held equity interests				<u>-</u>
(3) Other				
(A)				
(B)				
(C)				
(D)		<u> </u>		
(E)				·
(F) (G)				<u> </u>
(H)	•. •			
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)	•			······································
Part VIII Investments - Program Related		ıne 13.		
(a) Description of investment type	(b) Book value	(c)	Method of valuation end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)		-		 ,
(6)		-		
				···
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	>		······································	
Part IX Other Assets. See Form 990, Part X, I				
	(a) Description			(b) Book value
(1) OTHER ASSETS				5,000.
(2)				
(3)				
(4)				
(5)				· · -
(6)				
(8)				
(9)			-	
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)			•	5,000.
Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability	X, line ≥5.	(b) Amount		
(1) Federal income taxes		(b) Amount		
(2) CAMP DEPOSITS		21,000.		
(3) NOTE PAYABLE		2,747.		
(4)		-		
(5)				
(6)				
(8)				
(9)				
(10)				
(11)		00.545		
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	line 25.)	23,747.	n's liability for uncertain	tax positions under

	dule D (Form 990) 2010 UNCHARTED WATERS						1369489	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audit	ed Fin	ancial S	Statem	ent	S	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				
4	Net unrealized gains (losses) on investments			4	<u> </u>			
5	Donated services and use of facilities			5_				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8_				
9	Total adjustments (net). Add lines 4 through 8			9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and TXII Reconciliation of Revenue per Audited Financial Statemen		ith Da	10	or Pot			
		ILS VV	illi ne	venue p		-		
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:	اما						
a	Net unrealized gains on investments Donated services and use of facilities	2a						
b		2b						
c C	Recoveries of prior year grants	2c 2d						
d	Other (Describe in Part XIV.)	_ 20			,	0-		
e	Add lines 2a through 2d Subtract line 2e from line 1					2e 3		
3					ļ	-		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-						
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a 4b		·				
b	Add lines 4a and 4b	40			- ,	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5		
	* XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith E	xpenses				
1	Total expenses and losses per audited financial statements			.,рошоо		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					-		
-	Donated services and use of facilities	2a						
ь	Prior year adjustments	2b						
c	Other losses	2c				1		
d	Other (Describe in Part XIV)	2d						
е	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:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_				
þ	Other (Describe in Part XIV.)	4b						
c	Add lines 4a and 4b				4	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5		
Pa	rt XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple							
				_				
								
	-						<u>-</u> _	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010 Qpen To Public

Name of the organization

Department of the Treasury

Internal Revenue Service

Employer identification number

Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Description of transaction (c) Correcte-Yes No. Yes No. 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of disqualified person during the year under section 4958 Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of disqualified person (b) Loan to or from 1900, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (d) Name of disqualified person (e) In by board or communities armount default? (f) Approved by board or communities armount armount of 15, 469 - X X X X X X X X X X X X X X X X X X		<u>HARTED</u>	WATER	.S			8	4-13	<u> 6948</u>	<u>9</u>			
(a) Name of disqualified person (b) Description of transaction (c) Correcte Yes No. (d) Name of disqualified person 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (a) Name of interested Persons. Complete if the organization answered Yes' on Form 990, Part IV, line 26, or Form 990-EZ. Part V, line 38a. (a) Name of interested person and purpose the organization? (b) Loan to or from the organization? (c) Onginal principal amount (d) Balance due default? (e) In default? (f) Approved by board or committee? (g) Writer agreement (g) Name of interested (g) Writer agreement (g) Name of interested (g) Writer agreement (g) Name of interested Persons. (g) Name of interested Persons. (g) Relationship between interested person and (g) Amount and type of	Part I Excess Benefit	Transacti	ons (section	on 501(c)(3) and section	n 501(c)(4) organization	ns only).							
(a) Name of disqualified person (b) Description of transaction Yes No. Yes No	Complete if the organ	nization ansv	wered "Yes"	on Form 990, Part IV,	line 25a or 25b, or For	m 990-E	Z, Part	V, line 40	lb.				
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? To From (e) Original principal amount (d) Balance due (e) In default? To From 15, 469 X X X X X X X X X X X X X X X X X X X	1 (a) Name of diag	undefined norm			(h) Description (of transa	otion			(c) Corrected			
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X	(a) Name of disc	qualified pers			(b) Description (Yes	No		
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X													
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X		-											
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X	<u> </u>												
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X									_				
Section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From (c) Original principal amount (d) Balance due (e) In default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD — X 0 15,469 X X X X X X X X X X X X X X X X X X X													
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From To Timothy Conrad - X	section 4958					year un	der						
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (a) Name of interested person and purpose (b) Loan to or from the organization? To From To Timothy Conrad - X	Part II Loans to and/or	From Int	erested I	Persons.									
(a) Name of interested person and purpose (b) Loan to or from the organization? To From TIMOTHY CONRAD - X O. 15,469. X X X (c) Original principal amount (d) Balance due default? Yes No Yes No Yes No Yes No TIMOTHY CONRAD - X O. 15,469. Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Loan to or from the organization and type of					line 26, or Form 990-E	Z. Part \	/. line 38	За.					
TIMOTHY CONRAD — X	(a) Name of interested	(b) Loan	to or from	(c) Original principal		(e)	ln	(f) Approved by board or		n (f) Approved by board or		(g) Written	
TIMOTHY CONRAD - X	, , ,	To	From	1		-	Γ	1		Yes	No		
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of	TIMOTHY CONRAD -		110111	0.	15,469.			Х					
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of				<u> </u>			_						
Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of								<u> </u>			<u> </u>		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of									_	ļ <u>-</u>			
Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of			<u> </u>				-	 	ļ				
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of	- 	<u> </u>	<u> </u>	-				 -			-		
Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of				-									
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Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of				• •	15.469.		<u> </u>		L		L		
Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of		tance Be	nefiting li			h				ł	***,******		
(a) Name of interested person (b) Relationship between interested person and (c) Amount and type of	Complete if the orga	nization ans	wered "Yes"	on Form 990, Part IV,	line 27								
				(b) Relationship betw	een interested person	and					f		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2010

SEE PART V FOR CONTINUATIONS

•	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	zatio
	F • • • • • • • • • • • • • • • • • • •			Yes	N
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ert V Supplemental Information					
Complete this part to provide additional	al information for responses to question	s on Schedule L (see	e instructions).		
HEDULE L, PART II, LOANS	TO AND FROM INTERE	STED PERSON	NS:		
) NAME OF PERSON: TIMOTH	IY CONRAD		·	_	
) PURPOSE OF LOAN: OPERA	TONS				
) PURPOSE OF LOAN: OPERA	TIONS			_	
		 			

, SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 84-1369489

UNCHARTED WATERS 64-1309409
FORM 990, PART VI, SECTION A, LINE 8B: THE GOVERNING BODY DOES NOT
AUTHORIZE COMMITTEES TO ACT ON THEIR BEHALF
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE BOARD OF
DIRECTORS REVIEWS THE FORM 990 ALONG WITH THE COMPILATION OF THE FINANCIAL
STATEMENTS.
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A SMALL
NUMBER OF LONG-STANDING MEMBERS OF THE BOARD OF DIRECTORS AND CONSEQUENTLY
PROCEDURES FOR MONITORING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY
ARE INFORMAL.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DEVELOPED A
TIERED COMPENSATION SCALE BASED ON COMPARABLE DATA. THE COMPENSATION SCALE
COVERS ALL EMPLOYEES AND ALL EMPLOYEE COMPENSATION AND SUBSEQUENT CHANGES
MUST BE APPROVED BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
DOCUMENTS REQUIRED TO BE AVAILABLE FOR PUBLIC INSPECTION AVAILABLE UPON
REQUEST. ORGANIZATION FORMS 990 ARE AVAILABLE ON THE GUIDE STAR WEBSITE.