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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990

Α	For the	2016 caleng	dar year, or tax year beginning , and ending				
B	Check if a		C Name of organization	1	D Emplo	yer identification number	
	Address o	-	MAMCON ONE MODE	- 1	26	-1265205	
	Name,cha	-	WATSON ONE MORE		26-1365205		
\vdash	Initial retu		Number and street (or P O box, if mail is not delivered to street address) Room/su 60 E. RIO SALADO PARKWAY #1012	we	•	one number	
Ц		rn/terminated			0-820-2660		
	Amended		City or town, state or province, country, and ZIP or foreign postal code	ł	•	Exemption	
Ц		on pending	TEMPE AZ 85281		Numb		
G		nting Method	X Cash Accrual Other (specify) ►	H Checl		f the organization is not	
ı			•		ch Schedule B		
			heck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	(Form	1 990, 99 C)-EZ, or 990-PF)	
		f organization					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets				
<u> </u>			are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$	146,754	
P	art I		nue, Expenses, and Changes in Net Assets or Fund Balances (see the if the organization used Schedule O to respond to any question in this Part I	nstruct	tions for	Part I)	
	1		gifts, grants, and similar amounts received		T 1 T	146,742	
	2		rvice revenue including government fees and contracts		2	2.0//.22	
	3	•	o dues and assessments		3		
). }	4	Investment			4	12	
)	1 _		unt from sale of assets other than inventory 5a		-		
2	5a b		or other basis and sales expenses 5b		- 1		
7			from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		
7	6 6		d fundraising events		<u> </u>		
_		•	ne from gaming (attach Schedule G if greater than		1		
U (IIII Revenue	a	\$15,000)	6a		1 1		
Ĭ	Ь		ne from fundraising events (not including \$ of contributions		-		
_ §	1		ising events reported on line 1) (attach Schedule G if the		1 1		
			n gross income and contributions exceeds \$15,000)		[[
2067	c		expenses from gaming and fundraising events 6c		- 1		
-1	d		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		-		
		line 6c)	or (1000) from garming and failurationing oromic (add into our and our and our and		6d		
	7a	,	s of inventory, less returns and allowances				
	Ь		of goods sold 7b		7 1		
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8	•	nue (describe in Schedule O)		8		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	.)	9	146,754	
	10		similar amounts paid (list in Schedule O)		10	113,841	
	11		1 7		11		
co.	12	Salaries, oti	her compensation, and employee benefits	19.	12		
Expenses	13		id to or for members her compensation, and employee benefits al fees and other payments to independent contractors , rent, utilities, and maintenance Discretions, postage, and shipping	SS	13	1,050	
per	14		, rent, utilities, and maintenance OGDEN: 117	*== ,	14		
Ä	15		blications, postage, and shipping		15		
	16	_	nses (describe in Schedule O)		16	282	
	17		nses. Add lines 10 through 16		17	115,173	
_	18		deficit) for the year (Subtract line 17 from line 9)		18	31,581	
ets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree with				
Ass)		figure reported on pnor year's return)		19	17,913	
Net Assets	20	•	ges in net assets or fund balances (explain in Schedule O)		20		
Z	21		or fund balances at end of year Combine lines 18 through 20)	21	/ 49,494	
Fo	Paper		tion Act Notice, see the separate instructions.			Form 990-EZ (2016)	

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7	_	_	1	2	_	5	2	n	Б	
_	73	_		. 3	n		•	.,		

Page 2

1	Part II	Balance Sheets (see the instructions for P	art II)				
		Check if the organization used Schedule O to	respond to any	question in this Part	<u> </u>		<u> </u>
				(A) Be	ginning of year		(B) End of year
22	Cash, savin	ngs, and investments			17,913	22	49,494
23	Land and b	uildings			0	23	
24	Other asset	ts (d'escribe in Schedule O)			0	24	
25	Total asset	ts control of the second of th			17,913	25	49,494
26	Total liabili	ities (describe in Schedule O)			0	26	0
27	Net assets	or fund balances (line 27 of column (B) must agree	ee with line 21)		17,913	27	49,494
ı	Part III	Statement of Program Service Accomp	plishments (se	e the instructions for	Part III)		
		Check if the organization used Schedule O to	respond to any	question in this Part			Expenses
W	hat is the org	anization's primary exempt purpose?			-	(Red	quired for section
:	SEE SCHEDU	TLE O				501	(c)(3) and 501(c)(4)
De	scribe the or	ganization's program service accomplishments for	each of its three lai	rgest program services,		orga	inizations, optional for
as	measured by	y expenses. In a clear and concise manner, describ	e the services prov	vided, the number of		othe	ers)
pe	rsons benefit	ed, and other relevant information for each program	ı tıtle				•
28	SEE SCH	EDULE O				ľ	
	(Grants \$) If this amount includes t	foreign grants, che	ck here	. ▶ □	28a	1,032
29		,					
	(Grants \$) If this amount includes	foreign grants, che	ck here	▶ □	29a	
30	•	The this amount molades	ioreign grants, one	OK HOLO			
JU							
						-	
	(Ot- 0	\ If the a second control of a	f	ale base	. □	20-	
	(Grants \$) If this amount includes	roreign grants, che	ck nere	P 1	30a	
31		ram services (describe in Schedule O)					114 141
	(Grants \$	113,841) If this amount includes		ck here	<u> </u>	31a	114,141 115,173
****		ram service expenses (add lines 28a through 31a)		h ana ayan if nat aamna	negted see the	32	
ı	Part IV	List of Officers, Directors, Trustees, and Key Er Check if the organization used Schedule O to resp	ond to any question	in in this Part IV	nsateu — see tile	HISTIUC	clions for Part IV)
		<u> </u>	(b) Average	(c) Reportable	(d) Health ben	efits,	
		(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to each		(e) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)	deferred comper	sation	
		N WATSON		_			_
	PRESIDEN		2.00	0		0	0
	KIRSTEN						
	VICE PRE	ESIDENT	2.00	0		0	0
	· · ·						
		····					
					1		
_		120 20 20 20 20 20 20 20 20 20 20 20 20 2	 		 		
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_			<u> </u>	L	L		Form 990-EZ (2016)
DA	Α.						horm WHILE # / /2016

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_	n-		- 3	n	 •	u	. 7

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		П
	modestone to 1 art v) enest in the organization about estimated a to respond to any question in this 1 art	<u> </u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	} }		
	change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			}
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		ļ
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			İ
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶ ; section 4912 ▶ , section 4955 ▶	-		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			77
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958 Section 501(a)(2), 501(a)(4), and 501(a)(20) arganizations. Enter amount of tay on line.	-		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
•	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	-		
ę	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed NONE	[406]		
42a		480-82	0-2	660
724	60 E. RIO SALADO PKWY STE 1012		· -	
		85281		
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	1	Yes	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If "Yes," enter the name of the foreign country	1.22		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	_		
	Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
ď	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			1
	explanation in Schedule O	44d		 -
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			1
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		<u>_x</u> _

Form	990-EZ (20	16) WA	TSON	ONE M	ORE			26-13	65205			F	age 4
46					rectly, in politication	al campaign activitie	es on beha	lf of or in oppo	sition	-	46	Yes	No X
Pa	art VI	Section 5 All section 50 and 51.	501(c)(3 501(c)(3) organiza) organiza	ations only tions must an				·	tables for li		J	
47		-				section 501(h) elec	tion in effe	ect dunng the t	ax			Yes	No
48	•	Yes," comple janization a s		-		(1)(A)(ıı)? If "Yes," c	omplete S	chedule E		•	48	ļ. <u>.</u>	X
49a b		-	-		an exempt non- ion 527 organiz	-chantable related or ration?	rganızatıor	ار			49a	+	X
50	Complete	this table fo	r the orga	nızatıon's fiv	e highest comp	pensated employees					وتنا	· · · ·	·——
	employee	es) who each	received	more than \$	100,000 of con	npensation from the					·		
		(a) Name ar	nd title of ea	ach employee		(b) Average hours per week devoted to position	com	Reportable pensation /-2/1099-MISC)	contribution benefit	th benefits, s to employee plans, and ompensation	(e) Estimate other con		
N	ONE												
								·					
										<u>.</u>			
													
											,		
	Total nur	nber of other	employee	es naid over	\$100,000		<u> </u>	.			<u></u>		
51	Complete	this table fo	r the orga	nızatıon's fiv	e highest comp	pensated independe		tors who each	received m	- or e than			
_					ation if there is	s none, enter "None		(b) Tvo	e of service		(c) Comp	ensation	
	DNE												
			<u>.</u>										<u></u>
									-				
d			•			ving over \$100,000	•	ot ottoch e					
52		rganization c ed Schedule A	•	cnedule A	Note: All Secti	on 501(c)(3) organız	ations mu	si allacii a		•	→ X Ye	s 🗍	No
	r penalties	of perjury, I dea	clare that I			luding accompanying s s based on all informati						ief, it is	
			Jesas	1					6/25	/17			
Sigi		Signature of	office JAMIN	WATSO	NT		τ	PRESIDE	ate /	J			
Her	e	Type or print			<u> </u>			RESIDE	<u> </u>				
	Pr	int/Type preparer	's name		F	Preparer's signature			Date	Check	IT PTI	N	
Paid	ı _m	CHAEL L. 1	MCLAREN.	CPA	}		2	_	06/	- 1		004988	15
	parer F	m's name ▶		ALD BI					LLP	Firm's EIN	46-4		
Use	Only	m's address	60 TEM			PARKWAY,	SUITE	E 703		Phone no 4	80-21	4-74	76
May	the IRS d	iscuss this re	tum with t	the preparer	shown above?	See instructions				<u> </u>	► X		No
											Form 9	サリーヒノ	(2016)

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 chantable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

WATSON ONE MORE

Employer identification number 26-1365205

	1011001 0112 11014									
Pa	rt I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.		
The o	orgai	nization is not	a private foundation becaus	e it is (For lines 1 through 12, c	heck only	one box)			
1		A church, cor	nvention of churches, or ass	ociation of churches described i	n section	170(b)(1	I)(A)(i).			
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form	1 990 or 9	90-EZ))				
3	\sqcap			ce organization described in sec			iii).			
4	П	A medical res	search organization operated	d in conjunction with a hospital o	described	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name.		
		city, and state	•	,			, , , , , ,			
5		-		of a college or university owned	or operate	ed by a go	overnmental unit described in			
•		_	b)(1)(A)(iv). (Complete Part	•		, - 3				
6				, overnmental unit described in s e	ection 17	0(b)(1)(A)(v).			
	X	An organizati		substantial part of its support fro						
8	П				11.)					
9	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
		-		of agriculture (see instructions)		-	-	5 -		
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
11		An organizati	on organized and operated	exclusively to test for public safe	ety See s	ection 50	09(a)(4).			
12	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g									
	а		<u>-</u>	erated, supervised, or controlled			•	-		
	_		.,	ver to regularly appoint or elect	•			···•		
				omplete Part IV, Sections A ar						
	b	Type II.	A supporting organization su	pervised or controlled in connec	tion with	ts suppo	rted organization(s), by having			
		control or	management of the suppor	ting organization vested in the s	ame pers	ons that	control or manage the support	ed		
		organizat	ion(s) You must complete	Part IV, Sections A and C.						
	С			upporting organization operated tructions) You must complete				ith,		
	d			I. A supporting organization ope				· •		
				e organization generally must sa	-		•	ess		
	е	Check the	is box if the organization rec	nust complete Part IV, Section eived a written determination fro	m the IR	S that it is				
	f		nber of supported organizati	n-functionally integrated support	ing organ	ization		[
	g		· · · · · · · · · · · · · · · · · · ·	ie supported organization(s)				L		
//				` `	(iv) Is the o	raanization	(v) Amount of monoton	(su) Amount of		
(1)		e of supported janization	(ii) EIN	(iii) Type of organization (described on lines 1~10	listed in you	r governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docui	nent?	instructions)	instructions)		
					Yes	No				
(A)										
(B)					I					
(C)										
(D)										
(E)										
 Fotal								 		

Schedule A (Form 990 or 990-EZ) 2016 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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		16,250	10,309	7,125	146,742	180,426
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		16,250	10,309	7,125	146,742	180,426
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						180,426
Sec	tion B. Total Support			·····			
Caler	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		16,250	10,309	7,125	146,742	180,426
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					12	12
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						180,438
12 13	Gross receipts from related activities, etc First five years. If the Form 990 is for the	organization's firs	t, second, third, fou	rth, or fifth tax yea	r as a section 501	. <u>12 </u> (c)(3)	
	organization, check this box and stop her						<u> </u>
	tion C. Computation of Public Su					ТТ	
14	Public support percentage for 2016 (line 6			ı (f))		14	99.99%
15	Public support percentage from 2015 Sch			0	0.4/00/	15	%_
16a	33 1/3% support test—2016. If the organ				3 1/3% or more, c	neck this	▶ X
	box and stop here. The organization qual		•		E is 22 1/20/ or me	oro obock	A
b	33 1/3% support test—2015. If the organithis box and stop here. The organization				3 15 33 173 76 OF THE	ore, Crieck	▶ □
172	10%-facts-and-circumstances test—20°				a or 16h and line	14 is	
Ira	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
b	organization 10%-facts-and-circumstances test—20°						▶ □
•	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me					blictv	
	supported organization						▶ □
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e e	
	instructions			,		_	▶ □
						Schedule A (Form 99	10 or 990 E7) 2016

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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.

<u> </u>	If the organization fails to	qualify under t	he tests listed b	elow, please c	omplete Part II)		
	tion A. Public Support	(-) 0040	(1) 0040	4.3.0044	(4) 0045	(-) 004		(D. T-4-)
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	Ö	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					}		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities 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			l				
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			L				
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from						-	
500	tion B. Total Support		<u> </u>		L	<u> </u>	L	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 201	6	(f) Total
9	Amounts from line 6	(a) 2012	(0) 20 15	(6) 2014	(4) 2515	(6) 20 1	-	(i) rotar
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
þ	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 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 VI)	: 						
13	Total support. (Add lines 9, 10c, 11,							
	and 12)	L	<u> </u>	L	<u> </u>	<u></u>		
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	st, second, third, fo	urth, or fifth tax ye	ar as a section 50°	1(c)(3)		▶ □
500	tion C. Computation of Public Su		ntage.					
15	Public support percentage for 2016 (line 8			nn (ft)	 -		15	<u></u> %
16	Public support percentage from 2015 Scho		=	III (1 <i>))</i>			16	
	tion D. Computation of Investme						101	
17	Investment income percentage for 2016 (I			column (f))			17	%
18	Investment income percentage from 2015			, sommit (ijj			18	
19a	33 1/3% support tests—2016. If the orga			e 14, and line 15 is	more than 33 1/3	%, and line		
	17 is not more than 33 1/3%, check this be							▶ 🗌
b	33 1/3% support tests—2015. If the orga						and	_
	line 18 is not more than 33 1/3%, check th							▶ 🔲
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruct	ions		▶ [

Schedule A (Form 990 or 990-EZ) 2016 Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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.
- 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- 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)

		Yes	No
	1		
	,		
	2		
	3a		
	3b		
	_		1
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		<u> </u>
	7		
	8		
i	9a		
	9b		
	9c		
	10a		
	10b		
A (Fo	orm 99	0 or 990-	EZ) 2016

Schedu	ule A (Form 990 or 990-EZ) 2016 WATSON ONE MORE	26-1365205		Page 5
_Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>		
	A family member of a person described in (a) above?	111		↓
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 110	:	J
Secti	ion B. Type I Supporting Organizations			т
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	1	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization	2	ــــــــــــــــــــــــــــــــــــــ	Ь
Sect	ion C. Type II Supporting Organizations		T	T
_		<u></u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s)	1	ــــــــــــــــــــــــــــــــــــــ	L
Sect	ion D. All Type III Supporting Organizations		T v	1 11-
_	Did the comment of the control of the comment of the first of the fifth of the	F	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	- 4		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	1	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
•	organization's governing documents in effect on the date of notification, to the extent not previously provided'	? 1	+	-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI he	l	1	1
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2	+	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	į		
	·	3	1	
Sect	supported organizations played in this regard ion E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)		
·a	The organization satisfied the Activities Test. Complete line 2 below	occ mod dodomo,		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government	entity (see instructions)	}	
•	The diguination approved a government of the province of government	only (000 monutono)		
2 /	Activities Test. Answer (a) and (b) 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	_1	_
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	,		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	25]	
3	Parent of Supported Organizations Answer (a) and (b) below.		T	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	ach		
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	2h	. }	1

Schedule A (Form 990 or 990-EZ) 2016 WATSON ONE MORE		26-1365	205 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust	t on Nov. 20, 19	970 (explain in Part VI) S	ee
instructions. All other Type III non-functionally integrated supporting organizatio	ns must compl	ete Sections A through E	<u> </u>
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	_ [
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		<u> </u>	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally inter	grated Type III	supporting organization (see
instructions)	÷ ,,	🗸 🐧	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2017. Add lines 3j

Part VI See instructions

Breakdown of line 7

b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

and 4c

8

Schedule A (Form 990 or 990-EZ) 2016

WATSON ONE MORE

26-1365205

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Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE 0 (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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Open to Public ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

WATSON ONE MORE

Employer identification number

26-1365205

FORM 990-EZ, PART I, LINE 10 - GRANTS/SIMILAR AMTS PAID TO ORGANIZATIONS		
NAME AND ADDRESS CLASS OF ACTIVITY DATE OF GIFT		
	DESC. OF PROPERTY	
	CASH CONTRIB.	NONCASH CONTRIB.
	BOOK VALUE	BV EXPL. FMV EXPL.
INTERNATIONAL JUSTICE MISSION		
PO BOX 96961		
WASHINGTON, DC 20090	\$ 100,000	\$ 0
	\$ 0	r
NEW ORLEANS FAMILY JUSTICE		
CENTER		
PO BOX 50159	\$ 12,500	\$ 0
NEW ORLEANS, LA 70150	\$ 0	
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES		
DESCRIPTION	AMOUNT	
EXPENSES		
MEALS	\$ 67	,
LICENSES	\$ 130	

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

THE ORGANIZATION IS DEDICATED TO IMPACTING LIVES BY SPREADING THE LOVE AND HOPE OF CHRIST TO ONE MORE SOUL BY MEETING REAL NEEDS, PROMOTING EDUCATION

TOTAL \$

85

282

BANK CHARGES

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

WATSON ONE MORE

Employer identification number

26-1365205

AND PROVIDING ENRICHMENT OPPORTUNITIES THROUGH CHARITABLE INITIATIVES AND PARTNERSHIPS.

FORM 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT

THE ORGANIZATION IS DEDICATED TO IMPACTING LIVES BY SPREADING THE LOVE AND HOPE OF CHRIST TO ONE MORE SOUL BY MEETING REAL NEEDS, PROMOTING EDUCATION AND PROVIDING ENRICHMENT OPPORTUNITIES THROUGH CHARITABLE INITIATIVES AND PARTNERSHIPS.

FORM 990-EZ, PART III, LINE 31 - ALL OTHER ACCOMPLISHMENT

THE ORGANIZATION IS DEDICATED TO IMPACTING LIVES BY SPREADING THE LOVE AND
HOPE OF CHRIST TO ONE MORE SOUL BY MEETING REAL NEEDS, PROMOTING EDUCATION
AND PROVIDING ENRICHMENT OPPORTUNITIES THROUGH CHARITABLE INITIATIVES AND
PARTNERSHIPS.