Department of the Treasury Internal Revenue Service

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

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

➤ Go to www.irs.gov/Form990PF for instructions and the latest information

For calendar year 2017 or tax year beginning		_ , an <u>d</u> endi <u>ng</u>				
Name of foundation			A Employer identification	number		
DEEP WATER HEALTHCARE SERV	ICES		20-3995787	<u>, </u>		
·	Number and street (or P O box number if mail is not delivered to street address) Room/suite P O BOX 242428					
P O BOX 242428	334-233-23					
City or town, state or province, country, and ZIP or foreign province MONTGOMERY, AL 36124	C If exemption application is p	ending, check here				
G Check all that apply: X Initial return	X Initial return of a fi	ormer public charity	D 1 Foreign organization	s, check here		
Final return	Amended return		9 6	and the second of		
Address change	Name change		2 Foreign organizations me check here and attach co	omputation		
H Check type of organization X Section 501(c)(3) e			E If private foundation sta	atus was terminated		
Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda		under section 507(b)(1)(A), check here $ ightharpoonup$		
·	ting method: X Cash	Accrual	F If the foundation is in a			
	Other (specify)	<u> </u>	under section 507(b)(1)(B), check here ►∟_		
Part Analysis of Revenue and Expenses				(d) Disbursements		
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
1 Contributions, gifts, grants, etc., received	18,500.		N/A	(_aaa., daard only)		
2 Check It the foundation is not required to attach Sch B						
Interest on savings and temporary cash investments	2,396.	2,396.	1	STATEMENT 1		
4 Dividends and interest from securities			Ţ <u></u>			
5a Gross rents						
b Net rental income or (loss)						
6a Net gain or (loss) from sale of assets not on line 10		-				
Gross sales price for all assets on line 6a				ļ		
Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Natishort form capital gain		0.	 			
o Net Short-territ capital gain			ļ <u>.</u>			
9 Income modification RECEIVED				 		
IU2 and allowances			 	 		
b Less Cost of pools sold MAY 2 1 2018 C Gross profit (pools)			 			
11 Other income						
12 Total Add lines 1 though DEN UT	20,896.	2,396.				
13 Compensation of officers, directors, trustees, etc	0.	0.		0		
14 Other employee salaries and wages						
15 Pension plans, employee benefits						
16a Legal fees						
ម្លី b Accounting fees STMT 2	1,785.	0.	<u> </u>	0		
b Accounting fees STMT 2 c Other professional fees						
17 Interest 18 Taxes			<u> </u>	 		
18 Taxes			 	ļ		
19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings		 _	 	 		
20 Occupancy				 		
			 			
22 Printing and publications 23 Other expenses STMT 3	10,623.	251.	 	9,199		
23 Other expenses STMT 3	10,023.	251.	 	7,177		
expenses. Add lines 13 through 23	12,408.	251.		9,199		
25 Contributions, gifts, grants paid	53,827.		 	53,827		
26 Total expenses and disbursements.			 			
Add lines 24 and 25	66,235.	251.	<u> </u>	63,026		
27 Subtract line 26 from line 12:						
Excess of revenue over expenses and disbursements	<45,339.>					
b Net investment income (if negative, enter -0-)		2,145.				
c. Adjusted net income (diperative enter -0-)	l	1	N/A			

Form **990-PF** (2017)

Fori	n 99	0-PF(20:7) DEEP WATER HEALTHCARE SE	ERVICES	20-3	39957 <u>8</u> 7 Page 2
D:	art	Balance Sheets Atlached schedules and amounts in the description	Beginning of year	End of	 _
=	a	column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	703,877.	658,538.	658,538.
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
Ì		Less: allowance for doubtful accounts			
١	4	Pledges receivable -			
		Less: allowance for doubtful accounts			
╽	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
1		disqualified persons			
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
ध	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock		<u></u>	
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			_ _
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	[
		instructions. Also, see page 1, item I)	703,877.	658,538.	658,538.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
lab	21	Mortgages and other notes payable	<u> </u>		
	22	Other liabilities (describe)			
				ا م	
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here]		
w	١	and complete lines 24 through 26, and lines 30 and 31.	[
č	24	Unrestricted			
alar	25	Temporarily restricted			
ä	26	Permanently restricted	·		
Š		Foundations that do not follow SFAS 117, check here			
or Fund Balances		and complete lines 27 through 31.	703,877.	658,538.	
	27	Capital stock, trust principal, or current funds	703,077.	0.00,330.	
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.		
۲.	29	Retained earnings, accumulated income, endowment, or other funds	703,877.	658,538.	
Net	30	Total net assets or fund balances	703,077.	030,330.	
	24	Total liabilities and net assets/fund balances	703,877.	658,538.	
=					
LP	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		<u>[1]</u>	703,877.
2	Ente	r amount from Part I, line 27a		2	<45,339.>
3	Othe	er increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	658,538.
		reases not included in line 2 (itemize)			0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		658,538.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

1a Exempt operating foundations discribed in section 4940(b)(2), chick here ▶	Form 99 Part	90-PF (2017) DEEP WATER HEALTHCARE SERVICES 20-39 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - sec			Page 4
Dates of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domeste foundations that meet the section 4940(e) regerements in Part V, check here	1a Ex	empt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
D Domestic foundations that meet the section 4940(e) regerements in Part V, check here					
e All other domestic foundations enter 2% of the 27b. Sempt foreign organizations, enter 4% of Part I, line 12, col. (b). 2					13.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 d 4 3. 4 Subtille A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income Subtact line 4 from line 3. If zero or less, enter -0- 5 Creatis-Rymonts; a 2017 estimated tax payments and 2016 overpayment credited to 2017 6 B 0 0. 6 Exempt foreign organizations: Law withheld at source 6 B 0. 6 B 0. 7 Total credits and payments. Add lines 6s through 6d 8 Enter any penalty for underpayment of estimated tax. Check here □ if Form 2220 is attached 9 1 Tax dee if the total of lines 5 and 8 e more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total or lines 5 and 8, enter the amount overpaid 11 Enter the amount of time 10 to be, Credited to 2018 estimated tax. 12 During the tax year, did the boundation attempt to milluence any national, state, or local legislation or did it participate or intervere in any political campagn? b Did it spend more than 5100 during the year (either directly) or indicately) for political purposes? See the instructions for the definition if the air list beyond the form 10 the 10 to beyond the securities of the company of the changes. c Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year? 1 Exist the foundation ned aany change, not previously been reported to the IRS? If "As a bit the foundation have articled bourses gives in consideration of the changes." 5 O. 2 Has the foundation make any activities that have not previously been reported to the IRS? If "As a bit the foundation have articled bourses gives in consideration and the proviously been reported to the IRS? If "As a bit the foundation have articled bourses gives in consideration for a more during the year? 7 Dut the toundation have writed bourses gives incomes of \$1,000 or					
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Tax pard with application for extension of time to file (Form 8868) d Backup withholding renroeusely withholding Total credits and payments. Add lines 6a through 6d 8. Enter any peaalty for underpayment of estimated tax. Check here	a 20	017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.			İ
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8 Enter any penalty for underpayment of estimated tax. Check here	d Ba	ackup withholding erroneously withheld 6d 0.			
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9 1 43. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount ower paid 10 Tenter the amount of line 10 to be; Credited to 2018 estimated tax ▶ Refunded ▶ 11 Part VIII-A Statements Regarding Activities 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of distributed by the foundation in connection with the activities. c Did the foundation the Form 1120-PDL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If Yes, attach a detailed description of the activities. 3 Has the foundation managers. ▶ \$ 0. 14 Has the foundation managers. ▶ \$ 0. 2 Has the foundation managers. ▶ \$ 0. 3 Has the foundation managers. ▶ \$ 0. 4 Has the foundation managers. ▶ \$ 0. 1 Has the foundation have unrelated business gross income of \$1,000 or more during the year? If Yes, attach a detailed description of the activities. 4 By language in the governing instruments? If Yes, attach a conformed copy of the changes 4 By state legislation that effectively sements the governing instrument so that no manadory directions that conflict with the state law remain in the governing instrument, or \$ 0. 4 By state legislation that effectively sements the governing instrument so that no manadory directions that conflict with the state law remain in the governing instrument, or \$ 0. 5 Az the the requirements of school 508(e) (relating to sections 4941 through 4945) satisfied at ax expendence that governing instrument, or \$ 0. 5 By language in the governing instrument? 7 Did the foundation have all least \$5,000 in assets a	8 Er	nter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
11 Enter the amount of line. 10 to be: Credited to 2018 estimated tax					43.
Part VIII-A Statements Regarding Activities	10 0	verpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
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of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	_		-	[
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year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			- 80	 	—¬
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X			\ 	\vdash	
				 	
Form 990-PF (2017)	<u> 10 D</u>	IIO ANY DELSONS DECOME SUDSTANTIAL CONTIDUTORS OUTING THE TAX YEAR II "Yes," attach a schedule listing their names and addresses		7-BE	

Page 5

Pa	int vii-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			
14	The books are in care of ► MARK PLATT Telephone no. ► 334-23	3-2	351	
	Located at ▶PO BOX 242428, MONTGOMERY, AL ZIP+4 ▶36	124		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\Box	Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	ł		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1		[[
	(5) Transfer any income or assets to a disqualified person (or make any of either available	J]
	for the benefit or use of a disqualified person)?	1		
	(6) Agree to pay money or property to a government official? (Exception Check "No"	ł		}
	If the foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days.)	ì		
ł	of the any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	!		
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	- - -		
-	defined in section 4942(j)(3) or 4942(j)(5))*	1	1	[[
,	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning]]]]
•	before 2017? Yes X No			
	If "Yes," list the years	1		
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ĺ		
	statement - see instructions.) N/A	2b		┌─┤
	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	<u> </u>		
•	•	1]
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
-		1		1 1
	during the year?			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			[
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
A -	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	7 a		
	had not been removed from jeonardy before the first day of the tax year beginning in 2017?	/Ab		۲₩

Form 990-PF (2017)

Total number of other employees paid over \$50,000

3 Five highest-paid independent contractors for professional services. If none, enter "NON (a) Name and address of each person paid more than \$50,000 NONE	(b) Type of service	T
	(D) TYPE OF SELVICE	I (a) Companeation
110112	X-7 - 3F - 2 2	(c) Compensation
		
		}
		
		1
otal number of others receiving over \$50,000 for professional services		> 0
PartelX:AS Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced, e	formation such as the etc.	Expenses
N/A		
! 		
·		
Parti X:BI Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1	1 and 2.	Amount
N/A		
·		
		
All other program-related investments. See instructions.		
3		

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	dations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	0. 682,470.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	682,470.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	682,470.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	10,237.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	672,233.
6	Minimum investment return Enter 5% of line 5	6	33,612.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	33,612.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	43.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	33,569.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	33,569.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	33,569.
P	art XII Qualifying Distributions (see instructions)		
느			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>	63.006
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	63,026. 0.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	<u> </u>	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	63 026
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4 -	63,026.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
_	income. Enter 1% of Part I, line 27b	5	63,026.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	uannes for t	ne section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				33,569.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:			·	
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from	``			
Part XII, line 4: ►\$ 63 , 0 2 6.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior			•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				33,569.
e Remaining amount distributed out of corpus	29,457.			33,3031
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	29,457.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018			· · · · · · · · · · · · · · · · · · ·	0.
7 Amounts treated as distributions out of	Ì			,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012			,	
not applied on line 5 or line 7	0.	· · · · · · · · · · · · · · · · · · ·		
9 Excess distributions carryover to 2018.	00 455			
Subtract lines 7 and 8 from line 6a	29,457.			
10 Analysis of line 9:				
a Excess from 2013	ľ			
b Excess from 2014	Ì			
c Excess from 2015	ľ			
d Excess from 2016 e Excess from 2017 29, 457.				
e Excess from 2017 29, 457.				

	TER HEALTHC.				995787 Page 10
PartiXIV Private Operating F	oundations (see in	structions and Part VI	I-A, question 9)	N/A	
1 a If the foundation has received a ruling o			Ì		
foundation, and the ruling is effective fo	•	=	▶		_
b Check box to indicate whether the found		g foundation described		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2016	Prior 3 years	(4) 2014	/ (a) Takel
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for	ļ				
each year listed		ļ			
b 85% of line 2a	<u> </u>	 	 -		
 Qualifying distributions from Part XII, line 4 for each year listed 			<u> </u>		
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.	ļ	,			
Subtract line 2d from line 2c			<u> </u>		
3 Complete 3a, b, or c for the alternative test relied upon:	}		Ì		1
a "Assets" alternative test ~ enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return			 	 	
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		ļ			ļ
investment income (interest, dividends, rents, payments on		ļ			
securities loans (section		}			1
512(a)(5)), or royalties)	<u> </u>		 	- 	
(2) Support from general public and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)]	J	,		
(3) Largest amount of support from			 		
an exempt organization		}	1	Į	
(4) Cross investment income			<u> </u>	 	
PartiXV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or me	ore in assets
at any time during t	he year-see instr	uctions.)			
1 Information Regarding Foundation		4b 00/ - f 4b - 4-4al		- 6	
a List any managers of the foundation wh year (but only if they have contributed r			tributions received by th	e foundation before the ci	ose of any tax
JOHN MOOREHOUSE	···				
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large port	ion of the ownership of a	partnership or
NONE					
2 Information Regarding Contribute Check here ► X if the foundation of	only makes contributions	to preselected charitable	organizations and does		juests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	ations under other condi	tions, complete items 2a	, b, c, and d.	
a The name, address, and telephone num	ber or email address of th	e person to whom appli	cations should be addre	ssed [.]	
b The form in which applications should be	pe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kinds of institutions, or	other factors:	· · · · · · · · · · · · · · · · · · ·
e . ary room to the minutions of arrange	-, -30 ao o y goograpina		,		
723601 01-03-18					Form 990-PF (2017)

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of contribution Amount Name and address (home or business) recipient a Paid during the year FAMILY TEAMS FOR LIFE PC GENERAL OPERATIONS ASSISTANCE PO BOX 242283 MONTGOMERY, AL 36124-2283 1,500. FIRST UNITED METHODIST CHURCH PC GENERAL OPERATIONS 2416 W. CLOVERDALE PARK ASSISTANCE MONTGOMERY, AL 36106 3,750. MEDICAL AIDS OUTREACH PC GENERAL OPERATIONS 2900 MCGEHEE ROAD ASSISTANCE MONTGOMERY, AL 36111 15,000. UAB SCHOOL OF MEDICINE РC GENERAL OPERATIONS ASSISTANCE 1670 UNIVERSITY BLVD BIRMINGHAM, AL 35233 5,000. RIVER REGIONS UNITED WAY PC GENERAL OPERATIONS ASSISTANCE 3121 ZELDA COURT MONTGOMERY, AL 36106 10,000. SEE CONTINUATION SHEET(S) **≥** 3a 49,081. b Approved for future payment NONE 0. 3b Total

Part XVI-A	Analysis of Income-Producing Activities
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	Unrelated	business income	Excluded	by section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu- sion	(d)	(e) Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a	-				
b	-		 		
c	-		 		
d	-	 -			
e	- -		+		
· · · · · · · · · · · · · · · · · · ·	- -				
g Fees and contracts from government agencies	 -		+		
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1 1		14	2 206	
investments	 		 	2,396.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	 		+-+		
a Debt-financed property			+		
b Not debt-financed property			+-+		
6 Net rental income or (loss) from personal	1		} }	1	
property			+-+	_ _	
7 Other investment income			+	- 	
8 Gain or (loss) from sales of assets other					
than inventory			+-+		
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory			++		
11 Other revenue:	1		1 1		
a	-		+		
b					
·			+-+		
d	-		+		
e		0	-}	2,396.	
12 Subtotal. Add columns (b), (d), and (e)	L		<u>. </u>		0. 2,396.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,396.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accom	plishment of E	xempt P	urposes	
Line No Explain below how each activity for which inc	come is reported in	column (e) of Part XVI	-A contribute	ed importantly to the accome	alichment of
the foundation's exempt purposes (other tha			A COMMODIA	ed importantly to the accomp	msiment of
The fourth of the first of the		, , , , , , , , , , , , , , , , , , ,			
	·	· · · · · · · · · · · · · · · · · · ·			
					
	-			·	
					
	 				
					
					
					
					
					
					

Form 990-PF (2017) DEEP WATER HEALTHCARE SERVICES 20-3995787 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

		-			g with any other organization	m described in section	on 50 I(C)	<u></u>	3 140
	-	ın section 501(c)(3) organı	•						
а	Transfers	from the reporting founda	tion to a noncharitab	le exempt org	anization of:				
	(1) Cash							1a(1)	X
	(2) Other	r assets						1a(2)	X
b	Other tran	isactions;							
	(1) Sales	s of assets to a noncharitab	ole exempt organizati	on				1b(1)	X
	(2) Purcl	hases of assets from a non	icharitable exempt or	ganization				1b(2)	X
	(3) Renta	al of facilities, equipment, o	or other assets					1b(3)	X
	(4) Reim	bursement arrangements						1b(4)	X
	(5) Loan	s or Ioan guarantees						1b(5)	X
	(6) Perfo	ormance of services or mer	mbership or fundrais	ıng solicitatioi	ns			1b(6)	X
С	Sharing o	of facilities, equipment, mai	ling lists, other asset	ts, or paid em	ployees			1c	X
d	If the answ	wer to any of the above is '	"Yes," complete the f	ollowing sche	dule. Column (b) should alv	ways show the fair m	narket value of the goods, o	ther assets,	
		•		-	d less than fair market valu			-	
		d) the value of the goods, o							
a)∟ı	ne no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Description	of transfers, transactions, and s	naring arrange	ments
				N/A					
									
						- 	· -		
—									
									
				-		+	· 		
									
						 			
	_+-		" "			· 			
						 		-	
									
									
									
									
					 				
						<u> </u>			
2a	Is the fou	indation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described	_	_	
	ın section	n 501(c) (other than section	n 501(c)(3)) or in sec	ction 527?				Yes	X No
b	If "Yes," c	complete the following sche					·		
		(a) Name of org	anization		(b) Type of organization		(c) Description of relations	пр	
		N/A							
_									
					accompanying schedules and at			the IRS discu	sa this
Sig	gn	relief, it is true, correct, and com	plote. Declaration of prep	parer (other than	taxpayor) is based on all informa	tion of which proparer ha	retu	n with the pre	paror
He	re	Mark Plat	-		15/15/18	PRESID		Yes	□ No
	Sig	nature of officer or trustee			Date	Title			
_		Print/Type preparer's na		Preparer's si		Date	Check If PTIN		
		, , po proparor o na	····•		g	1	self- employed		
Pa	id	CHRISTINE	K COOK	CHRTCT	INE K. COOK	05/14/18	· · · I	53769	0
	eparer	Firm's name JAC				<u> </u>	Firm's EIN ► 63-10		
	e Only		VOON IUOKI	11 OTA 00	CO., IC		Lumerin > 02-TC		
J	y	Firm's address ▶ PO	BOY 06				 		
		· ·		AT 26	1 0 1		Dhamas 224 92	1 766	Λ
		MO	NTGOMERY,	МП 30.	TAT		Phone no. 334-83	rm 990-P	
							Fo	rm ツツU-F	T (201/)

DEEP WATER HEALTHCARE SERVICES

Supplementary Information Part XV Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation status of recipient Purpose of grant or contribution Amount any foundation manager Name and address (home or business) or substantial contributor KARI PATTERSON NONE I ASSISTANCE WITH HOUSING AND MEDICAL CARE 5,831. KELLY & PERRY VANSANDT NONE ASSISTANCE WITH I HOUSING AND MEDICAL CARE 5,000. NONE ASSISTANCE WITH TONYA MAYNARD Ι HOUSING AND MEDICAL CARE 1,500. TASHONA POWELL NONE ASSISTANCE WITH HOUSING AND MEDICAL 1,500. 13,831. Total from continuation sheets

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2017

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

D:	EEP WATER HEALTHCARE SERVICES	20-3995787					
Organization type (check	one)						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	ı					
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	ns covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See instructions					
General Rule							
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to one contributor. Complete Parts I and II. See instructions for determining a contributor.						
Special Rules							
sections 509(a)(1) any one contribut	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sull) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13 itor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1 Complete Parts I and II.	3, 16a, or 16b, and that received from					
year, total contrib	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
year, contributior is checked, enter purpose. Don't co	non described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ins exclusively for religious, charitable, etc., purposes, but no such contributions total refer the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becauble, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000 If this box eligious, charitable, etc.,					
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or o t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

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

Name of erganization

Employer identification number

DEEP WATER HEALTHCARE SERVICES

20-3995787

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	MATTHEW W. JOHNSON, DMD, PC 5741 CARMICHAEL PARKWAY MONTGOMERY, AL 36117	\$18,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization

Employer identification number

DEEP WATER HEALTHCARE SERVICES

20-3995787

Pärtill	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Employer identification number

DEEP 1	WATER HEALTHCARE SERVICE	is .	20-3995787		
Partill,	→ the year from any one contributor. Complete of the contributor. → The very from any one contributor.	columns (a) through (e) and the follo	IWING line entry. For organizations		
	Use duplicate copies of Part III if additiona		less for the year (chief distino blice)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
				_	
		- , , , , , , , , , , , , , , , , , , ,			
	(e) Transfer of gift				
	Transferee's name, address, ar	tic., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for omplete columns (2) through (e) and the following line entry, sere organizations where the production of the presentations of \$1,000 or less for the year ((inter this into once) ▶ \$			
				_	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(a), a poor of give	(0) 000 01 010			
				_	
				_	
		(e) Transfer of gif	tt		
		(0) 114110101 01 911	•		
	Transferee's name, address, and ZIP + 4 R		Relationship of transferor to transferee		
				_	
				_	
(=\ Ma		 			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
				_	
		-		_	
		(e) Transfer of gif	rt		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
			 		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_ 				_	
				_	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	mansieree's manie, audress, a	T T T T T T T T T T	notationing of transferor to transferee	_	
				_	
				_	

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CA	SH IN	VESTMENTS	STATEMENT 1
SOURCE	(A REVE PER B	NUE N		(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
INTEREST INCOME		2,396.		2,396.	
TOTAL TO PART I, LINE 3	2,396.		2,396.		
FORM 990-PF	ACCOUNTI	NG FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOM	
ACCOUNTING	1,785.		0.		0.
TO FORM 990-PF, PG 1, LN 16B	1,785.	-	0.		0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC			
BANK CHARGES LICENSES MISCELLANEOUS MISSION SUPPORT	251. 1,013. 160. 9,199.		251. 0. 0. 0.		0. 0. 0. 9,199.
TO FORM 990-PF, PG 1, LN 23	10,623.		251.		9,199.