

Return of Organization Exempt From Income Tax

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

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

20**17**

Open to Public Inspection

<u>A</u>	For th	e 2017	calendar year, or tax year beginning , 2017, as	nd ending		, 20
			C Name of organization		D Employer ider	ntification number
В	Check if a	applicable	WATERSPRINGS RANCH, INC.			
	Addr		Doing business as		71-0	671027
	7	e change	Number and street (or P O box if mail is not delivered to street address)	oom/suite	E Telephone nur	
\vdash	Initia	l return	7707 SANDERSON LN		(870) 772-7187
\vdash	Final	return/	City or town, state or province, country, and ZIP or foreign postal code		- (0,0	7 7 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2 7 2
\vdash	Ame:	nated nded	TEXARKANA, AR 71854		G Gross receipts	s 1,134,731
-		cation	F Name and address of principal officer		H(a) Is this a grou	
	pend	ing			subordinates?	⁷
_	Toyo	omat st	DAVID WHATLEY; 7715 SANDERSON LANE; TEXARKANA, AR 71854	1 1507	H(b) Are all subordi	L L
÷		cempt sta		527	<u>V.</u>	ach a list (see instructions)
<u></u>			waterspringsranch.org	T	H(c) Group exemp	
K			nization X Corporation Trust Association Other ▶	L Year of to	ormation 1988 M S	State of legal domicile AR
Р	art I		mmary			
	1		describe the organization's mission or most significant activities To prov			
Governance			ough God's love and grace for children who hav	e been	<u>abused, aban</u>	doned or
ā B		negl	Lected.			
Š	2		this box 🕨 🔙 if the organization discontinued its operations or disposer	ECEN	45% of its net assets	;
ŏ	3	Numb	er of voting members of the governing body (Part VI, line 1a)		 မွ္တါ	3 13
Activities &	4		er of independent voting members of the governing body (Part VI, line 💥). 🔒	UG 0 32	n20	4 13
įŧį	5	Total r	number of individuals employed in calendar year 2017 (Part V, line 2a 🛜 🔒 🥻	ing A 95	020:	5 23
Ę	6		number of volunteers (estimate if necessary)		········! ⊈]	6
ď	7a	Total u	unrelated business revenue from Part VIII, column (C), line 12	GDEN,	·UT	7a
	b	Net un	nrelated business taxable income from Form 990-T, line 34			7b
]			<u>_</u>	Prior Year	Current Year
9	8	Contri	butions and grants (Part VIII, line 1h),		1,203,83	32 1,131,627
enc	9	Progra	am service revenue (Part VIII, line 2g)			
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d)			20
	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,50	
	12	Total r	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,214,33	32 1,134,731
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Benefi	its paid to or for members (Part IX, column (A), line 4)			
ģ	15	Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10).	L	419,75	461,176
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)	<u>.</u> [
кре	Ь		fundraising expenses (Part IX, column (D), line 25) ▶			
Ü	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,07	76 491,779
	1		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		879,82	952,955
	19		ue less expenses Subtract line 18 from line 12		334,50	
e s					leginning of Current Yo	
and	20	Total a	assets (Part X, line 16)		4,273,55	4,360,788
Ass	21		rabilities (Part X, line 26)	· · · · · -	475,91	
ž.	20 21 22		sets or fund balances Subtract line 21 from line 20		3,797,63	
Pa	rt II		nature Block			
Uni	der per	nalties of	f perjury, I declare that I have examined this return, including accompanying schedules	and statemer	its, and to the best of	my knowledge and belief, it is
true	e, corre	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has a	ny knowledge	
		(Del Chest		7/29	120
Sig	n] 🕨 3	Signature of officer		Date	
He	re		David Whatlan - President			
		l 🕨 i	Type or print name and title			· · · · · · · · · · · · · · · · · · ·
			Type preparer's name Preparer's signature	Date ,	Check	IF PTIN
Paid	i			4/2/18	self-employe	"
Pre	parer		E PLYLER name ▶ TURNER, RODGERS, MANNING & PLYLER, PLLC		Firm's EIN ▶ 7	101270371
Use	Only	Firm's				870)246-4563
Mar	/ the		address ► P.O. BOX 768, ARKADELPHIA, AR 71923 scuss this return with the preparer shown above? (see instructions)		Phone no (
			Reduction Act Notice, see the separate instructions.	<u>· · · · · · · · · · · · · · · · · · · </u>		X Yes No
COL	- ADDI	WOLK !	SPOIL THE ACT MOTICE SEE THE SECTION OF THE SECTION S			2000 23U (2017)

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Par	t 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)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		X
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		X
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1 1		
	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,		Ì	
	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,"	1 1	1	
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		į	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	_	Ì	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted		ĺ	.,
	endowments, permanent endowments, 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,"		. l	
h	complete Schedule D, Part VI	11a	X	 -
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		-+	
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		- 1	
	foreign investments valued at \$100,000 or more? 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 other assistance to or		Į	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		1	
	assistance to or for foreign individuals? 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 (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		İ	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 1	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>

Part	V Checklist of Required Schedules (continued)			
•			Yes	No
`20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	1 :		ĺ
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	ł	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Ĭ	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete 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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV.	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	ł	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	I	-	
	sections 301 7701-2 and 301 7701-3? 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, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	T		
	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 11b and		_	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2017)

Form **990** (2017)

Form	990 (2017)		F	Page \$
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		لسان
		1 de 20,245,00	Yes	No
	· · · · · · · · · · · · · · · · · · ·	3		
	Enter the number of Forms VV-20 included in line to Enter-0- in flot applicable	엑종		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1 - 1		
_	reportable gaming (gambling) winnings to prize winners?	1c	X Markini	urana.
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	3		
.	The state of the s	-	X	e i littad.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	irtes askifstete		la hiji
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶		W	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		v
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> X</u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		er al	1835
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	A Sale of		
-	and services provided to the payor?	7a		Х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	The party of		n Falling John Falling John H. F.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>X</u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	,内侧侧	X Ten
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		X
•	sponsoring organization have excess business holdings at any time during the year?		est coques in propagating	
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a	Maria de la composition della	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter	ighted without		
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Sacilago Ma	X blakes
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	Multiplied	r Gellellin
а	Is the organization licensed to issue qualified health plans in more than one state?			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
U	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
 h-	If "You " hope it filed a Form 730 to report those payments? If "No " provide an explanation in Schedule O	14h		

Form	990 (2017)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo	v, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C	See II	nstruc	tions
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	tion A. Governing Body and Management			
	<u>. </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1	3 1163		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	Salar Japin		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision 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 990 was filed?	4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l		l
	stockholders, or persons other than the governing body?	7b	.5a 1 1.3822	X Returne
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		V	iligijai ta-i tij
а	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?			_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	l i	l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	plipe this		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	P.B. B. F. E.	X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?		llp, v dit', lbest Sandwillend	鹅
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	**	_presidences
Secti	on C. Disclosure	1.00		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501/c	2)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply	. 551(6	.,,,,,,,,	2.1137
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest :	policy	, and
	financial statements available to the public during the tax year	•	•	
20	State the name, address, and telephone number of the person who possesses the organization's books and recor	⊲ at		
	DAVID WHATLEY; 7707 SANDERSON LANE; TEXARKANA, AR 71854; (870) 772-7187			

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Orn.	~ 00	の /つ	017)

Page 7

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See 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

com	pensated employees, and former such persor	าร									
	Check this box if neither the organization no	r any related	l orga	nıza			mpen	sate	ed any current offic	er, director, or trus	stee
		(B)				C)					
	(A) Name and Title		/			sition			(D)	(E)	(F)
			1 '				e than d		Reportable compensation	Reportable compensation from	Estimated amount of
		hours per week (list any	box, unless person is both an officer and a director/trustee)						from	related	other
		hours for		ΤŢ	T 0		<u> </u>	T	the	organizations	compensation
		related organizations below dotted line)	1 14 =	Instrtutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
_(1)	DAVID WHATLEY	40									
	PRESIDENT / EXECUTIVE DIRECTOR		Х	<u></u>	Х	Х			54,250	0	0
(2)	CARLA WHATLEY	40									
	VICE PRESIDENT		X		X	Х			28,473	0	0
(3)	EDDIE DAINES	2]				10
	SECRETARY		Х		X				0	0	0
(4)	JANE DAINES	1									
	DIRECTOR		<u> </u>						0	0	0
(5)	TERRY YOUNGBLOOD	1									
	DIRECTOR		Х			<u> </u>		L	0	0	0
_(6)	KIM YOUNGBLOOD	1									
	DIRECTOR		X.			L.			0	0	0
_(7)	PHILLIP COCKRELL	1									
	DIRECTOR		Х				Ĺ	L_	0	0	0
_(8)	LILA COCKRELL	1									
	DIRECTOR		Х					<u> </u>	0	0	0
_(9)	MICHAEL LEISCHNER	1									
	DIRECTOR		X						0	0	0
(10)	DONNA LEISCHNER	1									
	DIRECTOR		Х						0	0	0
(11)	RICK PUDLO	1				_					
	DIRECTOR		X						0	0	0
(12)	MITZI PUDLO	1									
	DIRECTOR		X			L			0	0	0
(13)	CHARLIS LEBLANC	1							III	-	
	DIRECTOR		Х						0	0	0
(14)	JILL LEBLANC	1									
	DIRECTOR		Х						0	0	0

Part VII Section A. Officers, Directors, T	rustees, Ne	y E m	pio		C)	iiia n	iigr	lest Compensate	u Empio	ees (co	ontinue	<i>a)</i>	_
(A) Name and title	(B) Average hours per week (list any	(B) Position (do not check more box, unless person officer and a direct		Position (D) (do not check more than one box, unless person is both an officer and a director/trustee) (D) Reportable compensation		Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (D) (E) Reportable compensation compensation from related		Reportable Reportable compensation compensation		able tion from	an	(F) stimated nount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	itions	fr org an	pensation the anization direlated anization	n t
(15) BUTCH HARTMAN	1								<u> </u>				
DIRECTOR	 	X				ļ	_	0		0			
(16) JULIANN HARTMAN DIRECTOR	1	Х				ĺ		اه		o			
(17)													
(18)			_										
(19)							-						
20)													
(21)													
22)						_					-		
(23)													
[24]				_							, , ,		
25)											· · · · ·		
1b Sub-total													
c Total from continuation sheets to Part VI	l, Section A						>	82,723 82,723					
Total number of individuals (including but reportable compensation from the organization)	not limited to		e li				who		an \$100,	000 of			
Toportosio compensation nom the organiza		-						·		<u> </u>		Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch	officer, direction	or, or	r tr	uste	e,	key	em	ployee, or highes	t compen	sated	3		X
For any individual listed on line 1a, is the organization and related organizations.	ne sum of re	portal	ole -	com	npe	nsatio	n a	ind other compens	sation fror	n the			Λ
<i>individual</i>Did any person listed on line 1a receive	or accrue co	 mper	 ısatı	on	fror	 n any	 / ur		on or indi	 vidual	4		X
for services rendered to the organization? If											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest of	omnensated	nden	end	ent	con	tracto	nrs :	that received more	than \$10	0.000.0	of.		
compensation from the organization Repo												_	
(A) Name and business a	address							(B) Description of ser	vices	Ú	(C) ompens	ation	
NONE													_
							 						
													_
2 Total number of independent contractor	ors (including	, but	: no	ot !	lımı	ted t	o 1	those listed abov	e) who				تر
received more than \$100,000 of compensa						•	- '	0	,				

Form **990** (2017)

Form 990 (2017) Page										
Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O co	ntains a respon	ise or note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations	1b 1c 1d 1d 1nons) 1e 1e 1nants, above 1f	1,131,627 38,622	1,131,67					
Program Service Revenue	2a b c d e f	All other program service reve	nue	Business Code						
	3 4 5		uding dividen	ds, interest, proceeds	20	The second state of the se	promet in colling most is necessarily to a solution of the colling	Sond To State State Street Street		
	6a b c	Gross rents	(i) Real 3,000 3,000		3,000					
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Secunties	(II) Other						
Other Revenue	d 8a	Net gain or (loss)	ne 1c) a							
ō	c 9a	Less direct expenses Net income or (loss) from fundance from gaming a See Part IV, line 19	draising events.							
	b c 10a	Less direct expenses Net income or (loss) from gar Gross sales of inventor	b							
	b c	returns and allowances Less cost of goods sold Net income or (loss) from sale:	a							
	11a b c	Miscellaneous Revenue Miscellaneous		Business Code 900099	84					
	d e 12	All other revenue			84 1,134,731	engere englisheren englisheren en				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column	(A))_
--	-----	----

	not include amounts reported on lines 6b, 7b,		(B) Program service	(C) Management and	(D) Fundraising
_	9b, and 10b of Part VIII.	 	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic			SALE PROPERTY OF THE STREET WAS TO BE AND THE SALE OF	
, -	individuals See Part IV, line 22				
3	Grants and other assistance to foreign			A the first of the control of	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	82,723	82,723		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ı		
_	persons described in section 4958(c)(3)(B)	205 017	0.05 100	60 605	
7	Other salaries and wages	325,817	265,180	60,637	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)		19,032		
9	Other employee benefits	33,604	28,563	5,041	
10	Payroll taxes	33,004	20,363	3,041	 -
11	(p -),]			
	Management		945		
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17.				
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	2,000			
12	Advertising and promotion	27,779	27,779		
13	Office expenses	29,924		29,924	
14	Information technology	ļ			
15	Royalties		0.60 004		
16	Occupancy	268,894	268,894	500	
17	Travel	38,768	38,239	529	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	299	299		
19 20	Conferences, conventions, and meetings	17,542	17,542		
21	Interest	1,7512	17,7512		
22	Depreciation, depletion, and amortization		-		
23	Insurance	42,805	42,805		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule ()				
	Guest Luncheons / Speakers	6,146	6,146		
þ	School Expenses	1,981	1,981		
C	Incidental Expenses for Kids	10,960	10,960		
	Meals/Entertainment for Homes	14,772	14,772		
	All other expenses Miscellaneous	28,964	28,964	96,131	
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	952,955	856,824	70,131	
	organization reported in column (B) joint costs	٠			
	from a combined educational campaign and fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				
ĴSA	52 1 000				Form 990 (2017)

Form 990 (2017)

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this F	Part X		
_			(A)		(B)
		· ·	Beginning of year		End of year
	1	Cash - non-interest-bearing	402,772	1	461,791
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	_
	4	Accounts receivable, net	4,222	4	3,803
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
	_	Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
y,	[organizations (see instructions) Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,984	9	24,824
	10a	Land, buildings, and equipment cost or			
	١.	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a 3,870.370	2 040 572		
		Less accumulated repreciation	3,842,573	100	3,870,370
	11 12	Investments - publicly traded securities		11 12	
	13	Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11		13	
	14			14	<u> </u>
	15	Intangible assets		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	4,360,788
	17	Accounts payable and accrued expenses			44,338
	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,		Š.	
Liabilities		trustees, key employees, highest compensated employees, and	E. D. C.		
iabi		disqualified persons Complete Part II of Schedule L		22	
괻	23	Secured mortgages and notes payable to unrelated third parties	361,049	-	337,039
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
į		parties, and other liabilities not included on lines 17-24) Complete Part X			
	00	of Schedule D	475,916	25 26	381,377
_	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ and		20 (1)	
ွှင့		complete lines 27 through 29, and lines 33 and 34.			
ž	27	Unrestricted net assets	The state of the s	27	Compression and anti-mail insulance religion of the area
ala	28	Temporarily restricted net assets		28	
필	29	Permanently restricted net assets		29	
ᆵ		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	3,97 <u>9</u> ,411
ž	33	Total net assets or fund balances		33	3,979,411
	34	Total liabilities and net assets/fund balances	4,273,551	34	4,360,788

Form 9	90 (2017)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
<u> </u>	Total revenue (must equal Part VIII, column (A), line 12)	1			134,	731
2	Total expenses (must equal Part IX, column (A), line 25)	2			952,	955
3	Revenue less expenses Subtract line 2 from line 1	3			181,	776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	797 ,	635
5	Net unrealized gains (losses) on investments	5 -				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		l			
_	33, column (B))	10		<u>3, 9</u>	979,	411
Part	·					_
	Check if Schedule O contains a response or note to any line in this Part XII			· · · ·		11
			1	11.0 3	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," e	xplaır	ıın			
	Schedule O					And the
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	LL retortion
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	(4, 5, 8, 1° 41	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	na			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis		1	hideole		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		-		.,	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			2c	X	Long Street
	If the organization changed either its oversight process or selection process during the tax year, e	xplaır	ı ın			
	Schedule O			الماده الأساد		12112
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	ı in			١,,
	the Single 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 und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	000	<u></u>
				⊢orm	コゴリ	(2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No 1545-0047

Nam	lame of the organization Employer Identification number									
WA	TERSPRINGS RANCH, INC	•				71-067	1027			
Pa	rt I Reason for Public Cha	arity Status (All	organizations must o	complet	te this pa	art.) See instructions	3			
The	e organization is not a private fou	indation because i	it is (For lines 1 throu	gh 12, cl	neck only	one box)	\sim			
1	A church, convention of ch	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	A school described in secti	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
3	A hospital or a cooperative	hospital service of	organization described	ın secti c	on 170(b)(1)(A)(iii).	•			
4	A medical research organiz	zation operated in	conjunction with a ho	spital de	scribed i	n section 170(b)(1)(A)(iii). Enter the			
	hospital's name, city, and si					·				
5	An organization operated		a college or universi	ty owne	d or ope	erated by a governme	ental unit described in			
	section 170(b)(1)(A)(iv). (C									
6	A federal, state, or local go	•								
7	X An organization that norm	•	•	apport fr	om a go	overnmental unit or fr	om the general public			
_	described in section 170(b)		•							
8	A community trust describe			-						
9	An agricultural research org	_			-	•	-			
	or university or a non-land-	grant college of a	griculture (see instruc	tions) E	nter the	name, city, and state o	if the college or			
	university					- t - t	L			
10	An organization that norma receipts from activities rela	illy receives (1) m	iore than 331/3 % of its functions - subject to	s suppon certain e	t from co	ontributions, members is, and (2) no more tha	nip rees, and gross an 331/3 % of its			
	support from gross investm	nent income and u	inrelated business tax	able inco	ome (les	s section 511 tax) from	businesses			
4.4	acquired by the organization									
11 12	An organization organized an organization organized and a second a second and a second a second and a second						carn, out the nurnees			
12	of one or more publicly su									
	Check the box in lines 12a t	• •								
_		-	• •			•	•			
а	the supported organization	•	-	-			· · · · - ·			
	supporting organization \				ajority of	the directors of truste	es of the			
b					with its	supported organizati	on(s) by having			
_	control or management of									
	organization(s) You must		=		. С ролос.		.ago cappo.taa			
С	Type III functionally integ	-		ated in c	onnectio	n with, and functiona	lly integrated with,			
	its supported organization						,			
d		• • •	•				ted organization(s)			
	that is not functionally inte									
	requirement (see instructi	ions) You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е	Check this box if the orga	inization received	a written determination	n from t	he IRS tl	hat it is a Type I, Type	II, Type III			
	functionally integrated, or				organizat	tion	<u></u>			
f	Enter the number of supported					• • • • • • • • • •				
g										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
			above (see instructions))		ment?	instructions)	instructions)			
				Yes	No		 			
(A)				ł						
							 			
(B)]						
				 			 			
(C)										
				 	 					
(D)	1		ĺ	1		'	(
(E)				<u>L</u> .						
Tota	11						1			

Part II 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)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,207,592	921,900	988,126	1,203,832	1,131,627	5,453,077		
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	1,207,592	921,900	988,126	1,203,832	1,131,627	5,453,077		
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)						2,848,822		
6	Public support. Subtract line 5 from line 4			the Graph said in the day it		多的特色的	2,604,255		
	tion B. Total Support				F				
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 ·	(d) 2016	(e) 2017	(f) Total		
7 8	Amounts from line 4	23,973	921,900 36,584	32,753	1,203,832		5,453,077 106,914		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						1		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)		First, " in The mobile of Fig. c)	J KAMON JUDAKSAN NI SEBABAN RING	1551%- 00-2023, 00-2129-15 13 3 3316-15 14-1	u icanus Bus Recolled to Marks , is fi			
11	Total support. Add lines 7 through 10						5,559,991		
12	Gross receipts from related activities, etc. (s					12			
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup	<u> </u>							
				11		14	46.8392 %		
14 15	Public support percentage for 2017 (In Public support percentage from 2016	Schedule A, Pa	rt II, line 14			15	97.9700 %		
16a	331/3% support test - 2017. If the org						F1		
	box and stop here. The organization quality and stop here. 2016	· ·	•	_			• • • —		
D	331/3% support test - 2016. If the org this box and stop here. The organization						l I		
172	10%-facts-and-circumstances test - 2	-		=					
1 / a									
b	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization								
	instructions				<u> </u>		▶ □		

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				_ 	- 	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")			}		1	
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		ĺ		l		
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		ĺ		ı		
	organization without charge					/	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3	-				7	
	received from disqualified persons					<u></u>	
Ь	Amounts included on lines 2 and 3			-			
	received from other than disqualified persons that exceed the greater of \$5,000					<u> </u>	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		Carlotte Carlotte		7		की कर 1 की 1 की
	line 6)					and the state of t	6명 35년
Sec	tion B. Total Support		·				
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 201,5	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less			/			
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included 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)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11,						
	and 12)					L	<u> </u>
14	First five years. If the Form 990 is for	, -					
	organization, check this box and stop here.			<u> </u>	<u></u>	<u></u>	▶
	tion C. Computation of Public Sup						
	Public support percentage for 2017 (line, 8,		-				
	Public support percentage from 2016/Sche				<u> </u>	16	
Sect	ion D. Computation of Investmen				····		
17	Investment income percentage for 2017 (lin		-			17	<u> %</u>
	Investment income percentage from 2016					18	
19 a	331/3% support tests - 2017. If the org	ganization did no	ot check the box	on line 14, and	line 15 is more	e than 331/3 %	, and line
	17 is not more than 331/3%, check this						
	331/3% support tests - 2016. If the orga						. [
	line 18 is not more than 331/3 %, check						
	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,			
ISA					S	cnedule A (Forn	n 990 or 990-EZ) 2017

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	Organiz	ations

- 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
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c 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
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c 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 TYes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c 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.
- 10 a 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
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	,			
	below, the governing body of a supported organization?	11a		↓
	A family member of a person described in (a) above?	11b		1
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u></u>
Sect	tion B. Type I Supporting Organizations			T 8 4 -
		-Sales aller	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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	- DEBINGSTORM	
2	Did the organization operate for the benefit of any supported organization other than the supported		EE	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			55
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	L	
Sect	ion C. Type II Supporting Organizations			
		15 are 500	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			
	the supported organization(s)		The state of the s	
Sact	ion D. All Type III Supporting Organizations			l
<u>Ject</u>	Ton D. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		115.4	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		T	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2 35 1 28 mm/2	him issuesta	Haller i Historia
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	2 12 12 12	1 10 11 11 113	
Casti		3		
	ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	-tructio	one)	
1 a	The organization satisfied the Activities Test Complete line 2 below	,u ucuc	ons)	
b	The organization satisfied the Activities rest Complete line 2 below 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	ınstruc	tions)	
			Yes	No
2	Activities Test Answer (a) and (b) below.			群網
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			M.W
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described 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	Landence !		MALE
	activities but for the organization's involvement	2b	Da. Jakiaser si	(1년) 라) 보
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	All March		
	trustees of each of the supported organizations? Provide details in Part VI.	_3a	43300	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	-Faintiillink	millelle fäulif

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ons	
1. Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organizations.	g trus	t on Nov 20, 1970 (explain	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		1
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1.		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		_
c Fair market value of other non-exempt-use assets	1c		1
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	National Spirit		ampha ¹ h phophe, abl ² is high bossessing at the control of the
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	TO PERSONAL SECTION OF THE PROPERTY OF THE PRO	
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	y integ	grated Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2017

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	ted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organ	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2017		77)	
a	网络黑黑龙海峡等美国大学的大学的大学			
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e	3 (055) 31 3 31. (164. a) 166 (165 (164. b) 162. a) - 3. (1 a) . [of period of the control of the cont
<u>g</u>	Applied to underdistributions of prior years		daladarden om enner hend må bidreraderen. Tosk	
<u>h</u>	Applied to 2017 distributable amount			gradientos) i o sei uni un un un seid Kilomat, d'azon mis al
<u> </u>	Carryover from 2012 not applied (see instructions)		THE CONTRACT OF THE PROPERTY O	PART TARING TO STATE OF THE STA
	Remainder Subtract lines 3g, 3h, and 3i from 3f	Educated Life in mode than Expression is a full behavior		
4	Distributions for 2017 from			
	Section D, line 7 \$			
a	Applied to underdistribution's of prior years	The state of the second through the second s	Maria da Carara da Carara da Maria da Maria da Maria da Carara da Carara da Carara da Carara da Carara da Cara	
<u>b</u>	Applied to 2017 distributable amount Remainder Subtract lines 4a and 4b from 4	THE RESIDENCE OF THE PROPERTY OF THE PERSON		
<u> </u>	Remaining underdistributions for years prior to 2017, if			
5	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			11_aubillio Traditio a esciptiva fallible bresittati isti
·	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3j	WERE SHIPPING TO BE SHIP THE THE HEAT HE AS INC. TO		
•	and 4c			
8	Breakdown of line 7		Control of	A STATE OF THE PROPERTY OF THE
a	Excess from 2013		The second secon	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
b	Excess from 2014			
c	Excess from 2015		prints : in hipsen a compared of the compared to the compared	
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Page	8
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SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number WATERSPRINGS RANCH, INC. 71-0671027 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register................ 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X..............

Pa	rt III Organizations Maintaini	ng Collections	of Art, Hist	orical 1	reasu	es, or Ot	her Similar Asse	ts (contin	ued)		
3 .	Using the organization's acquisition	on, accession, and	d other recor	ds, chec	k any c	of the follow	ving that are a sig	nificant use	e of its		
•	collection items (check all that app	oly)		_							
а	Public exhibition		d _	Loan	or exch	ange progra	ms				
b	Scholarly research		e	Other							
C	- C. T. C.										
4	Provide a description of the orga	nization's collectio	ns and expla	ain how	they fu	ther the or	ganization's exemp	t purpose	ın Part		
	XIII			_							
5	During the year, did the organization						_	— r	—		
	assets to be sold to raise funds rati		ntained as pa	rt of the	organiz	ation's colle	ction?	Yes	No		
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21										
1 a	Is the organization an agent, truste	ee, custodian or of	ther intermed	lary for c	ontribu	tions or othe	r assets not				
	included on Form 990, Part X?						[Yes [No		
b	If "Yes," explain the arrangement i	n Part XIII and cor	mplete the fol	lowing tal	ble						
							Amount				
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance					1f					
	Did the organization include an am							Yes _	— No		
	if "Yes," explain the arrangement if V Endowment Funds.	n Part XIII Check	nere if the ex	φianation (nas be	en provided	on Paπ XIII , , ,	<u> </u>			
Par	Complete if the organizat	ion answered "Y	es" on Form	990 P	art IV/I	ine 10					
	Complete it the organizati	(a) Current year	(b) Prio			o years back	(d) Three years back	(e) Four yea	rs back		
	Daniel and American	(a) Current year	(5) 1 110	you,	(0,	o youro buok	(a) Times years back	(6) 1 041 700			
1a	3 3 ,				-						
b	Contributions		 		-						
С	Net investment earnings, gains,				1		ı	ı			
d	and losses		-								
e	Other expenditures for facilities		<u> </u>								
e	and programs										
f	Administrative expenses										
g	End of year balance		T								
2	Provide the estimated percentage		r end balance	e (line 1a.	column	(a)) held as					
a	Board designated or quasi-endown		%	((=),					
b	Permanent endowment ▶	%									
C	Temporarily restricted endowment	▶%	6								
	The percentages on lines 2a, 2b, a	· ·									
3 a	Are there endowment funds not in	the possession of	the organiza	tion that	are hel	d and admir	nistered for the	()			
	organization by							Yes	No No		
	(i) unrelated organizations							3a(i)			
	(ii) related organizations							3a(ii)	+		
_	If "Yes" on line 3a(ii), are the relate					<i>.</i>	• • • • • • • • • •	30	ь		
4 Doc	Describe in Part XIII the intended ut VI Land, Buildings, and Equ		ation's endov	virient jui	ius						
rai	Complete if the organiza	tion answered "Y	es" on Forn	n 990, P	art IV,	line 11a. S	ee Form 990, Par	t X, line 10	D		
	Description of property	(a) Cost	or other basis	(b) Cost o		sis (c) Acc		l) Book value			
1a	Land		079,999			uepi	Coldion	1,079	. 999		
b	Buildings		332,515	 -				1,332			
С	Leasehold improvements								,		
d	Equipment		731,406					731	,406		
е	Other		726,450						,450		
Tota	I. Add lines 1a through 1e (Column	(d) must equal Fo		X, columr	n (B), lin	e 10c)	•	3,870			

rart VII	Complete if the organization answered	"Yes" on Form 990	D. Part IV. line 11b. See Form 9	90. Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year n	luation
(1) Financi	ial derivatives			
	y-held equity interests			
(3) Other_		. 100		
<u>(A)</u>				
(B)				
(C)			<u> </u>	
(D)				
(E) (F)				
(G)				
(H)	· · · · · · · · · · · · · · · · · · ·			
	nn (b) must equal Form 990, Part X, col (B) line 12)			
$\overline{}$	Investments - Program Related.		是是最近的最高的。1.1 的第一年,第一年的,在2018年,2018年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的1918年的19	արմարներ անձնեններ - մոսնելներ Պահամիջան Հոմնենեն "Հոմիանչու
· wit viii	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11c See Form 9	90, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	luation
	· · ·		Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
_(4)				
(5)				
(6)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets.	- 	ASSESSMENT SAMESTING AND THE ASSESSMENT OF THE A	ar is i ili ili oʻz oʻlishi malgiri badil a cizdisi kabarsi isi
Tartix	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d See Form 9	90, Part X, line 15
		scription	<u> </u>	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	umn (b) must equal Form 990, Part X, col (B) lii	no 15)		
Part X	Other Liabilities.	ne 15)	· · · · · · · · · · · · · · · · · · ·	
Tartx	Complete if the organization answered	"Yes" on Form 990). Part IV. line 11e or 11f See F	orm 990. Part X.
	line 25.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
1.	(a) Description of liability	(b) Book valu		e grande producer and produce and the control of th
	ral income taxes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)				
(4)				
(5)				
(3) (4) (5) (6) (7)			en allement de la company de l	
(7)				
(8)				
(9)				
Total. (Colun	mn (b) must equal Form 990, Part X, col (B) line 25)	>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Reture Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.
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	To distribute i
- a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	1) ("hà-k")
d	Other (Describe in Part XIII)	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
	nvestment expenses not included on Form 990, Part VIII, line 7b 4a	
a b	Other (Describe in Part XIII)	
	Add lines 4a and 4b	1 .
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part		
1	Fotal expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
- а	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	Prof. Carlot
d	Other (Describe in Part XIII)	
_	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	17 48 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	nvestment expenses not included on Form 990, Part VIII, line 7b 4a	Here and the second sec
b	Other (Describe in Part XIII)	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
	\dd lines 4a and 4b	4c
5	otal expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part 2	III Supplemental Information.	
2, Part	the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa KI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation
		<u></u>

Schedule D (FC	orm 990) 2017 F	age 5
Part XIII	Supplemental Information (continued)	
• •		
·		
	•	

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

(b)

Number of contributions or

items contributed

OMB No 1545-0047

Open to Public Inspection

(d)

Method of determining

noncash contribution amounts

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

(a)

Check if

applicable

Name of the organization WATERSPRINGS RANCH, INC.

Art - Works of art

Types of Property

Employer identification number

71-0671027

(c) Noncash contribution

amounts reported on Form 990, Part VIII, line 1g

3 Art - Fractional interests .	2	Art - Historical treasures				
## Books and publications Clothing and household goods X	2					
5 Clothing and household goods. X 1,599 ESTIMATED VALUE 6 Cars and other vehicles X 1 1 22,735 FAIR MARKET VALUE 7 Boats and planes. 1 22,735 FAIR MARKET VALUE 8 Securities - Publicly traded. Securities - Miscellaneous Contribution - Historic structures. Securities - Miscellaneous Contribution - Other Contri	-			ւլ այսպ Մուլյին արեթատի այլնն այր իրն որ բերա վարա Հա		
6 Cars and other vehicles	4	•		The state of the s		
6 Cars and other vehicles	5					
8 losts and planes			X	Transfer of the second		
8 Intellectual property	6	Cars and other vehicles	X	1	22,735	FAIR MARKET VALUE
8 Intellectual property	7	Boats and planes				
9 Securities - Publicity traded	8					
10 Securities - Closely held stock	9					
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory X 48 13,800 ESTIMATED COST 19 Food inventory X 48 13,800 ESTIMATED COST 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other ► (
or trust interests						
12 Securities - Miscellaneous	• •					
13 Qualified conservation contribution - Historic structures. 14 Qualified conservation contribution - Other 15 Real estate - Residential. 16 Real estate - Commercial. 17 Real estate - Colher. 18 Collectibles. 19 Food inventory. X 48 13,800 ESTIMATED COST 19 Food inventory. X 48 13,800 ESTIMATED COST 20 Drugs and medical supplies. 21 Taxidermy. 22 Historical artifacts. 23 Scientific specimens. 24 Archeological artifacts. 25 Other ►(MISC SUPPLIES) X 13 488 COST 26 Other ►() 27 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement. 29 Ves No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 b If "Yes," describe the arrangement in Part II 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30 Divers the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30 Divers the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32 Does the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II 33 if the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II	40		<u> </u>			
contribution - Historic structures. 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 Scientific specimens 24 Archeological artifacts 25 Other ▶(MISC. SUPPLIES) X 13 488 COST 26 Other ▶() 27 Other ▶() 28 Other ▶() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Number of Forms 8283 received by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 Lift'Yes," describe the arrangement in Part II 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a 32b If "Yes," describe the arrangement in Part II 31 If "Yes," describe the arrangement in Part II 31 If "Yes," describe the arrangement in Part II 32 If "Yes," describe the granization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a 32a 32b If "Yes," describe the granization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a 32a 33b If Yes, describe the granization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II						
structures	13	·		-		
14 Qualified conservation contribution - Other						
contribution - Other		structures				
15 Real estate - Residential	14	Qualified conservation		,		
16 Real estate - Commercial		contribution - Other				
17 Real estate - Other	15	Real estate - Residential				
17 Real estate - Other	16	Real estate - Commercial				
18 Collectibles.	17	i				
19 Food inventory	18					
Drugs and medical supplies			×	48	13,800	ESTIMATED COST
Taxidermy Historical artifacts		=			10/000	2011111120 0001
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23 Scientific specimens						
Archeological artifacts						
25 Other ► (MISC. SUPPLIES) X 13 488 COST 26 Other ► () 27 Other ► () 28 Other ► () 29 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement						
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Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	28					
which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		by the ora	anization during the tax ve	ar for contributions for	
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During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		The state of Samuel and the project of	• •=••,	. 4		
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describe in Part II	b	· ·				
	33	If the organization didn't report an a	amount in c	olumn (c) for a type of prop	erty for which column (a)	is checked,
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2017)		describe in Part II				
	For Pa	aperwork Reduction Act Notice, see the Instr	uctions for For	m 990.		Schedule M (Form 990) (2017)

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.			
				
				

SCHEDULE O (Form`990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number WATERSPRINGS RANCH, 71-0671027 INC. FORM 990 PART VI SECTION A LINE 2: The President and Vice-President are married. FORM 990 PART VI SECTION B LINE 11B: A copy of the Form 990 is made available to all board members. FORM 990 PART VI SECTION C LINE 19: The Organization has copies of its governing documents, policy manuals, and financial statements available at its office.

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Schedule O (Form 990 or 990-EZ) (2017) Name of the organization	Employer Identification number	
WATERSPRINGS RANCH, INC.	71-0671027	
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