**990** 

(Rev January 2020)

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

► Do not enter social security numbers on this form as it may be made public Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public Inspection

7	۱ F	or the	2019 calendar year, or tax year beginning , 2019	, and ending		, 20
			C Name of organization		D Employer identification	on number
E	of C	neck if ap	WATERSPRINGS RANCH, INC.		J	
		Addres			71-0671027	
		<b>†</b> -	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number	··
		Initial	etum 7707 SANDERSON LN			
		Final r				· · · ·
		Amen			G Gross receipts \$	1,263,183
		Applic		^	H(a) Is this a group return	for Yes No
	_	pendir		K り	subordinates? <b>H(b)</b> Are all subordinates inclu	rded? Yes No
ī		Tax-exe	mpt status X 501(c)(3) 501(c) ( ) ◀ (Insert no ) 4947(a)(1	or 527	If "No," attach a list	(see instructions)
-			e: www.waterspringsranch.org	1	H(c) Group exemption num	nber 🕨
1			f organization X Corporation Trust Association Other	L Year of form	nation 1988 M State of	legal domicile AR
i		irt l	Summary			<u></u>
•			Briefly describe the organization's mission or most significant activities. To pr	ovide heali	ing and restora	ation
	au	•	through God's love and grace for children who h	ave been at	oused, abandone	ed or
	Governance		neglected.			
	Ĕ		Check this box I if the organization discontinued its operations or dispose	sed of more than 25	5% of its not assets	
	Š				3 7	16
	<u>ග</u> න	3	Number of voting members of the governing body (Part VI, line 1a)	<del>مىنىنى</del>	FCEIVED 40	16
	Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)	· · · · ·   · · · · · · · · · · · · · ·	59	30
	Viti		Total number of individuals employed in calendar year 2019 (Part V, line 2a).		- 00001 LY	10
	cti	6	Total number of volunteers (estimate if necessary)	B. .N(	$3\sqrt{20.2020}$	10
	_		Total unrelated business revenue from Part VIII, column (C), line 12	1 1	74 /2	
-		b	Net unrelated business taxable income from Form 990-T, line 39	· · · · · · · · · · · · · · · · · · ·	GPFO Year	Current Year
	ā		Contributions and grants (Part VIII, line 1h)		1,189,454	1,273,662
	Revenue		Program service revenue (Part VIII, line 2g)	į.	24	-25,356
	Ŗ.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34	
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,819	14,877
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,209,307	1,263,183
707			Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
			Benefits paid to or for members (Part IX, column (A), line 4)		500 250	
9	Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	• • • • • • •	520,350	552,501
<b>→</b>	xpenses		Professional fundraising fees (Part IX, column (A), line 11e)			
טבע	×	b	Total fundraising expenses (Part IX, column (D), line 25) ▶			650 000
5	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		578,471	650,337
Ź		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,098,821	1,202,838
빌.		19	Revenue less expenses Subtract line 18 from line 12		110,486	60,345
	ets or			Beg	ginning of Current Year	End of Year
SCANNE	sets	20	Total assets (Part X, line 16)		4,463,843	4,505,857
$\mathcal{C}_{\mathcal{C}}$	dB, AS	21	Total liabilities (Part X, line 26)		373,946	355,615
•	Net Ass Fund Bal	22	Net assets or fund balances Subtract line 21 from line 20,	<u> </u>	4,089,897	4,150,242
	Рa	ırt II	Signature Block			
•	Un	der per	alties of perjury, I declare that I have examined this return, including accompanying schect, and complete Declaration of preparer (other than officer) is based on all information of w	dules and statements	s, and to the best of my kn	owledge and belief, it is
	true	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	mich preparer has any	y knowledge	
			V 116 Cles '5		11/2/2	0
	Sig		Signature of officer		Date / /	
	He	re	David Whatley - President			
		ľ	Type or print name and title			
	_		Print/Type preparer's name Preparer's signature	Date	Check     II	îN
	Pale		JAKE PLYLER The Phlen	10-29-202	self-employed	P01276974
		parer		LLC	Firm's EIN ▶ 71-0	852459
	Use	Only	Firm's address P.O. BOX 768, ARKADELPHIA, AR 71923	··		)246-4563
	Ma	v the	IRS discuss this return with the preparer shown above? (see instruction	s)		X Yes No
	_		work Reduction Act Notice, see the separate instructions.	<u> </u>		Form <b>990</b> (2019)
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Form 990 (2019)

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Form 9	90 (2019)	1./	/	Page (
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
~	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			, <i>,</i>
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	,		x
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		١.,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			^
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	-	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<b></b>	<del>                                     </del>	<del>                                     </del>
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T
. •	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Par	Checklist of Required Schedules (continued)	_		
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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			ĺ
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			ĺ
	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		Х
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		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<del></del>
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			1
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del>-                                    </del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		<u> </u>
21		]		1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	.		v
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions)			ĺ
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			.,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
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			ł
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? 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,			i
	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		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	Χ.	
JSA SE 1020				(2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		-	
		$\Box$	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		11113	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 30			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	parones es	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-1	Γ
	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	ŀ	х
b	If "Yes," enter the name of the foreign country ▶	arabat, p		110 PT 14
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			This is the
5a	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b <sup>.</sup>		
С	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			
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
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	arranca a la	46.50 8.00.50
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8 1967	1351	** 35° #
9	Sponsoring organizations maintaining donor advised funds.	Management I I I I I I I I I I I I I I I I I I I		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>x</u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-Mantelal	A PERSON
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders		Ħ	
	Gross income from other sources (Do not net amounts due or paid to other sources			
U	against amounts due or received from them )			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			MA
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
Ī	Note: See the instructions for additional information the organization must report on Schedule O	tings.		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	m < 2 × 2	X
	If "Yes," see instructions and file Form 4720, Schedule N			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	to this No. 1	X
	If "Yes," complete Form 4720, Schedule O	解制制		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See ın	struci	tions
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	· · ·	[X]
Sect	ion A. Governing Body and Management		·	
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O		Yes	No Transfer
b	Enter the number of voting members included on line 1a, above, who are independent			4
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	<u> </u>		
'a		7a		Х
	one or more members of the governing body?	<del></del>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Las relation	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		K	
	the year by the following	animismissis		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 on Schedule O	9		X
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1 1	ľ	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
•	describe in Schedule O how this was done	12c	- 1	Х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	right difference	HT.	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		W)	
_		15a	- <u>las</u> , <sub>e</sub> . <u>las is</u>	X
a	The organization's CEO, Executive Director, or top management official	15b		<u>x</u>
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	P. P. M.	Part of	
40-	·			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	adidiida ibaik	X
	with a taxable entity during the year?	r Pully	· 李	1.355
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		
Secti	on C. Disclosure			
17	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 (1024 or 1024-A, if applicable), 990, and 990-T	(Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	finter	est p	olicy,
	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 record DAVID WHATLEY; 7707 SANDERSON LANE; TEXARKANA, AR 71854; (870) 772-7187	s <b>▶</b>		

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## 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. See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any related	orga	nıza		C)	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and title	(B) Average hours per week	box,	Position (do not check more that box, unless person is be officer and a director/tr				an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DAVID WHATLEY	40									
PRESIDENT / EXEC. DIRECTOR	<del> </del>	х		Х	x			70,756	0	0
(2) CARLA WHATLEY	40									
VICE-PRESIDENT		х	Ì	Х	Х			34,639	0	0
(3) EDDIE DAINES	2									*
SECRETARY		Х		Х	ļ .			0	0	0
(4) JANE DAINES	1						]			
DIRECTOR		Х						0	0	0
(5) TERRY YOUNGBLOOD	1									
DIRECTOR		Х						0	0	0
(6) KIM YOUNGBLOOD	1									
DIRECTOR		Х					<u> </u>	0	0	0
(7) PHILLIP COCKRELL	1									
DIRECTOR		Х						0	0	0
(8) LILA COCKRELL	1									
DIRECTOR		X			<u></u>		L	0	0	0
(9) MICHAEL LEISCHNER	1									
DIRECTOR		Х					<u> </u>	0	0	0
(10) DONNA LEISCHNER	1									
DIRECTOR		Х					<u> </u>	0	0	0
(11) RICK PUDLO	1									
DIRECTOR	<u> </u>	X		<u> </u>				0	0	0
(12) MITZI PUDLO	1									
DIRECTOR		X			<u> </u>		<u> </u>	0	0	0
(13) CHARLIS LEBLANC	1									
DIRECTOR	<u> </u>	X	$ldsymbol{ldsymbol{ldsymbol{eta}}}$	<u> </u>	_		<u> </u>	0	0	0
(14) JILL LEBLANC	1								_	_
DIRECTOR		X						0	0	0

Subtotal	Part VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	s, a	nd H	ligi	nest Compensate	d Employ	ees (c	ontinue		age C
Content   Con		Average hours	box,	Position (do not check more box, unless person is			is both or/trust	an tee)	Reportable compensation from the	Reportable compensation		Estimated amo of other		
DIRECTOR		(fist any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza	tions	fro organ	om the ization a	nd
Total from continuation sheets to Part VII, Section A.   105,395		1								<del></del>				
Tree		ļ <u></u>	X	_		_		_	0	ļ	0			0
(21) (22) (23) (24) (25)  1b Subtotal.		1	· .								0			0
(20)  (21)  (22)  (23)  (24)  (25)  1b Subtotal			1			_		$\vdash$	<del>                                     </del>					
(20)  (21)  (22)  (23)  (24)  (25)  1b Subtotal			<u> </u>			_								
(20)  (21)  (22)  (23)  (24)  (25)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization   3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a7 If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in individual in the organization of the organization of the organization of the organization of individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  1 Complete this table for your five highest compensation independent contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organizations tax year (A)  Name and business address  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 organization in organization in the organization of independent contractors that received more than \$100,000 organization or received more than \$100,000 organization or received more than \$100,000 organization in the organization of independent contractors that received more than \$100,000 organization or received more than \$100,000 organization or the organization in the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending with or within the organization of the calendar year ending within the organization of	(18)		1									1		
(22)  (23)  (24)  (25)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines to and to).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual or services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization? Report compensation for the calendar year ending with or within the organization? If "Yes," complete Schedule J for such person.  (A)  Name and business address  (A)  Name and business address  (B)  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.	(19)		<u></u>									<u> </u>		_
(22)  (23)  (24)  (25)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines to and to).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual or services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization? Report compensation for the calendar year ending with or within the organization? If "Yes," complete Schedule J for such person.  (A)  Name and business address  (A)  Name and business address  (B)  Description of services  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization P.	(00)		<u> </u>			ļ								
(23)  (24)  (25)  1b Subtotal	(20)		1											
(23)  (24)  (25)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  1 Complete this table for your five highest compensation from the organization from the organization Report compensation for the calendar year ending with or within the organization's tax year (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)	(21)		ļ						<del>                                     </del>				· · · · · · ·	
(23)  (24)  (25)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  1 Complete this table for your five highest compensation from the organization from the organization Report compensation for the calendar year ending with or within the organization's tax year (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization Form the organization Stax year (C)			<b>]</b>						<u> </u>					
(24)  1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is the sum of reportable compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual is the organization? If "Yes," complete Schedule J for such person    1 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person    1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 organizations tax year  (A)  Name and business address  (B)  Description of services  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 organization from the organization    2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 organization from the organization    2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 organization from the organization    2 Total number of independent contractors (including but not limited to those listed above) who	(22)	<del> </del>	1											
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1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual in the organization of interesting the organization of services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year (B)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization pound in the organization po	(24)		ļ									· · · · · ·		
1b Subtotal.  c Total from continuation sheets to Part VII, Section A.  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Exection B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization? Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation  Compensation  Compensation  NONE	(64)		1									:		
total from continuation sheets to Part VII, Section A.	(25)													
total from continuation sheets to Part VII, Section A.	4h Cuhantal	L	<u></u>					Ļ	<u> </u>					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	c Total from continuation sheets to Part VII,							<b>&gt;</b>						
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2 Total number of individuals (including but no	ot limited to		se li	sted			wh	<del></del>	han \$100,0	000 of			
employee on line 1a? If "Yes," complete Schedule J for such individual					•					·			Yes	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<u> </u>						-			-			-	- <u>-</u>
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	• • •											1	+	<u>^</u>
Individual	· · · · · · · · · · · · · · · · · · ·		-						·					
for services rendered to the organization? If "Yes," complete Schedule J for such person	ındıvıdual											4		X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶  0														J
compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   0		ica, compi	010_00	,,,,,,		<del></del>		, ,,,,			<del></del>		I	<del></del> -
NONE  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization   O  Description of services  Compensation  Compensation														
NONE  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0			_					Τ	• •					
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0							<del></del> .	╁	Description of ser	vices		Compens	40011	
received more than \$100,000 of compensation from the organization ▶0								1_						
received more than \$100,000 of compensation from the organization ▶0								-		-				
received more than \$100,000 of compensation from the organization ▶0								+						
received more than \$100,000 of compensation from the organization ▶0	2 Total number of independent contractors	(includin	g bu	t n	ot	lımı	ted 1	to	those listed abo	ve) who				_
Form <b>990</b> (2011	received more than \$100,000 of compensati	on from the	orga	nıza	tion	<b>&gt;</b>			00			Eom	990 /2	010

Part VIII	* *	t of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII										
				,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax 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 Government grants (co All other contributions, and similal amounts not in Noncash contributions lines 1a-1f	ontribu gifts, include	utions) grants, d above . ded in	1a 1b 1c 1d 1e	1,273,662 \$ 23,016				
_	h	Total. Add lines 1a-1f		, -			1,273,662			
Program Service Revenue	2a b c d									
_	f g	All other program serv Total, Add lines 2a-2f								
	3 4 5	Investment income other similar amounts) Income from investme Royalties	(included)	ding divide	ends, bond	ınterest, and▶ proceeds .▶	44	PESIL (1750) 175007 混合物的HSS/Est/90	Figure 1277 Sept State 128 Sept.	5 19-2-1485 78 1-6-2-14-14-14-16-16
	6a b c	Gross rents Less rental expenses Rental income or (loss)	6c	14,	812 812		14 912			
	d 7a	· · · · · · · · · · · · · · · · · · ·		(i) Secun	_	(II) Other	14,812			A CONTROL OF THE PROPERTY OF T
. Revenue	b c d	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	7b • 7c			26,900 -25,400	-25,400			
Other	8a	Gross income fro events (not including \$ of contributions rep 1c) See Part IV, line 18	m f  ported 8 • •	on line	8a	(				
	b c	Less direct expenses  Net income or (loss) fr			8b vents.	<u> </u>				
	9a	Gross income fractivities See Part IV, I	from ine 19	gaming	9a					
	b c	Less, direct expenses  Net income or (loss) f			9b vities.	▶	Parelle of Sections	<b>医多点多点和机工等和服务。19</b> 5	The state of the s	American Processing Comments of the Comments o
	10a	Gross sales of i returns and allowances Less cost of goods soli	invent	ory, less	10a	,				
snoa	11a	Net income or (loss) from Miscellaneous	om sa	les of invent	ory.	Business Code	65		Bar Talebak serindekan kelebak serindekan di beranda da d	
Miscellaneous Revenue	b c d	All other revenue								
Σ	e	Total. Add lines 11a-1	1d •	<u></u>						
JSA	12	Total revenue. See ins	tructio	ons	• • •	<u></u>	1,263,183			Form <b>990</b> (2019)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX . . . . . . . . . . . . Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) (C) (D) Fundraising Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . 2 Grants and other assistance to domestic Individuals See Part IV, line 22 . . . . . . . . 3 Grants and other assistance to foreign organizations, foreign governments, and foreign Individuals See Part IV, lines 15 and 16 . . . . . Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, 105,395 105,395 trustees, and key employees . . . . . . . . . . . . 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 309,063 386,329 77,266 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 23,263 23,263 37,514 31,512 6,002 11 Fees for services (nonemployees) a Management 3,935 3,935 800 800 c Accounting . . . . . . . . . . . e Professional fundraising services See Part IV, line 17. f Investment management fees ...... 9 Other (If line 11g amount exceeds 10% of line 25, column 810 810 (A) amount, list line 11g expenses on Schedule O). . 18,898 18,898 12 Advertising and promotion . . . . . . 56,860 56,860 Office expenses . . . . . . . . . . . . . . . . . 14 Information technology...... 15 347,889 347,889 16 41,303 41,303 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,384 1,384 Conferences, conventions, and meetings 19 15,404 15,404 20 Payments to affiliates...... 21 Depreciation, depletion, and amortization 49,404 49,404 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 21,213 21,213 a Incidental Expenses for Kids 14,835 14,835 Guest Luncheons / Speakers 4,056 4,056 c School Expenses 13,445 13,445 d Meals / Entertainment for Homes e All other expenses Miscellaneous 60,101 60,101 144,863 1,202,838 1,057,975 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720) . . . . .

Form.990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X	<u>.</u>	
		,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	581,471	1	696,882
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	5,218	4	2,805
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
	,	controlled entity or family member of any of these persons		<u>    5                                </u>	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	26,652	9	13,242
	10 a	Land, buildings, and equipment cost or other			
	b	Less accumulated depreciation	3,850,502	10c	3,792,928
	11	Investments - publicly traded securities		11	1
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	<del></del>	15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	4,463,843	16	4,505,857
	17	Accounts payable and accrued expenses	62,280	17	70,100
	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	
Š	22	Loans' and other payables to any current or former officer, director,		型攤	
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞	23	Secured mortgages and notes payable to unrelated third parties	311,666	23	285,515
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X	_		
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	373,946	26	355,615
ıces		Organizations that follow FASB ASC 958, check here ▶ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions,		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds	The state of the s	29	COMMISSION OF THE PROPERTY OF
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds	4,089,897	31	4,150,242
et/	32	Total net assets or fund balances	4,089,897	32	4,150,242
Ž	33	Total liabilities and net assets/fund balances	4,463,843	33	4,505,857
					5 990 (0040)

orm -99	00 (2019)			Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	263,	183
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	202,	
3	Revenue less expenses Subtract line 2 from line 1	3		60,	345
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	,089,	897
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1,			
	32, column (B))	10		. 150,	242
Part	· · ·				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		Щ
			Ez . vasia	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	xplain	וח 🎏		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		313131 120	PRE TO UNITED SE	X WARRANGE
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			30 Y LUKE 158	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on	a		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			app some ages	340753
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain c	n n		
_	Schedule O		47.11	gi miniaryyy	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	tn in th	ne     3a		Х
	Single Audit Act and OMB Circular A-133?		• • •	+	<del></del>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo (I	ne 3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	iuita .	J 50	n 990	(2019)
			, 511		(20,0)

### 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.

OMB No 1545-0047

_		<del></del>				-		
		ne organization					Employer identifi	cation number
WA'	WATERSPRINGS RANCH, INC. 71-0671027							
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplete	e this pa	art ) See instructions	
The	orga	anization is not a private fou		· ·	-	-	•	$K \setminus I$
1	Ш	A church, convention of chi	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).	IW
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ) )	()
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	•
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate					
5		An organization operated	for the benefit of	a college or universit	y owner	d or ope	erated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II)					
6		A federal, state, or local go	vernment or gover	rnmental unit describe	d in sect	ion 170(	b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II )				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1	)(A)(ix) (	operated	l in conjunction with a	land-grant college
	_	or university or a non-land-	grant college of ag	griculture (see instruct	ions) Ei	nter the	name, city, and state of	f the college or
		university		_				
10	An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)							
17	H	An organization organized	•	•	-			
2	Ш	An organization organized	•	· · · · · · · · · · · · · · · · · · ·	-			*
		of one or more publicly su Check the box in lines 12a t						
_	Г	<del>-</del>	•	• •		-		<del>-</del>
а	L_	Type I. A supporting orgation the supported organization	•	•	-			
		· · · · · · · · · · · · · · · · · · ·				ajointy of	the directors of truste	es of the
h		supporting organization ` Type II. A supporting org	•			with ite	supported organizate	on(e) by baying
D	_	control or management of						
		<del>-</del>		-	liie saiii	e persor	is that control of man	age the supported
_		organization(s) You must ☐ Type III functionally inte	•		ited in co	annectio	n with and functional	ly integrated with
L	L.	its supported organization						ly integrated with,
d		Type III non-functionally						ted organization(s)
u	L	that is not functionally into	= :	· -				
		requirement (see instruct	-	•	_			a an auchuveness
_	Г	Check this box if the orga	•	-				I Type III
Ĭ	_	functionally integrated, or						., .,po
f	En	ter the number of supported						
		ovide the following information	•					
		ame of supported organization	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				anove (see manuchons))	Yes	No No	111301 4000/13/	matructions)
A)								
<u>~,</u>								
B)					<u> </u>	l		li .
<u> </u>					<del> </del>			<u> </u>
C)							<u>'</u>	
		<del></del>			-			
D)					1	}		
					l			
E)								
	.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.)

Galetary year for fiscal year beginning in)	<u>Sec</u>	tion A. Public Support	· ————					
membership fees received (Co not include any "unusual grants")	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
organization's benefit and either paid to or expended on its behalf .  3 The value of services or facilities furnished by a governmental unit to the organization without charge .  4 Total Add lines 1 through 3 .  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .  7 Amounts from line 4 .  8 Gross ancome from interest, dividends, grents, royalities, and more from interest, dividends, grents, royalities, and more from unrelated dustiness at services, whether or not the business as activities, whether or not the business as a section of the property of th	1	membership fees received (Do not	988,126	1,203,832	, 1,131,627	1,189,454	1,273,662	5,786,701
furnished by a governmental unit to the organization without charge.  4 Total. Add lines 1 through 3	2	organization's benefit and either paid						
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).  7 Public support Subtract line 5 from line 4  8 Public support Subtract line 5 from line 4  7 Amounts from line 4.  988, 126 1, 203, 832 1, 131, 627 1, 189, 454 1, 273, 662 5, 786, 701  8 Gross income from interest, dividends, payments received on securities loans, rents, regulates, and mome from similar sources.  9 Net income from unrelated business activities, whether or not the business is regularly carried on.  10 Other income Do not include gain or loss from the sale of capital assets (see instructions).  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc. (see instructions).  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  4 Public support percentage for 2018 Schedule A, Part II, line 14.  15 Public support percentage for 2018 Schedule A, Part II, line 14.  16 331/3 % support test - 2019. If the organization did not check he box on line 13, and line 14 is 331/3 % or more, check this box and stop here. 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how 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, check this box and stop here. Explain in Part VI how the organization meets the "fact	3	furnished by a governmental unit to the			;			
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).  8 Public support Subtract line 5 from line 4  8 3, 032, 049  8 Public support Subtract line 5 from line 4  8 3, 032, 049  8 Section B. Total Support  Calendar year (or fiscal year beginning in)   988, 126   1, 203, 832   1, 131, 627   1, 189, 454   1, 273, 662   5, 786, 701  8 Gross income from interest, dividends, payments received on securities clause, rentis, royallies, and income from similar sources .  9 Net income from unrelated business activities, whether or not the business is regularly carried on .  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  11 Total support. Add lines 7 through 10 .  22 Gross receipts from related activities, etc (see instructions) .  12 Gross receipts from related activities, etc (see instructions) .  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here:  14 Public support percentage from 2018 Schedule A, Part II, line 14 .  15 Public support percentage from 2018 Schedule A, Part II, line 14 .  16 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .  16 b 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization did not check abox on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop	4	Total. Add lines 1 through 3	988,126	1,203,832	1,131,627	1,189,454	1,273,662	5,786,701
Section B. Total Support  [a] 2,754,652  Section B. Total Support  [a] 2015 [b] 2016 [c] 2017 [d] 2018 [e] 2018 [e] 2019 [f] Total  [a] 8 Gross income from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						3 022 040
Section B. Total Support  Calendar year (or fiscal year beginning in)    Amounts from line 4	e		25.78.76 242.08 # E48.5 25.79.76 48.27 E88.55 2	Profesional Action (17)	indra verkalarika Indrakkalarikist			
Calendar year (or fiscal year beginning in)    (a) 2015   (b) 2016   (c) 2017   (d) 2018   (e) 2019   (f) Total 988, 126   1, 203, 832   1, 131, 627   1, 189, 454   1, 273, 662   5, 786, 701    8 Gross income from unrelated business activities, whether or not the business is regularly carried on	Sec		Profit asts see the read attaches as		Indie montantera	Hallid T. A. L. W. T. Spin Take 1.	Technic 2004: Samphining Scott	2,734,632
7 Amounts from line 4 988,126 1,203,832 1,131,627 1,189,454 1,273,662 5,786,701 8 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources 32,753 10,500 3,104 19,853 -10,479 55,731 9 Net income from unrelated business activities, whether or not the business is regularly carried on			(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Section C. Computation of Public Support Percentage  12 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	7							
activities, whether or not the business is regularly carried on.  10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from				<u>.</u>		
loss from the sale of capital assets  (Explain in Part VI)  11 Total support. Add lines 7 through 10.  12 Gross receipts from related activities, etc (see instructions)  12    13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).  15 Public support percentage from 2018 Schedule A, Part II, line 14.  16 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.  18 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. 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 did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	9	activities, whether or not the business						
12 Gross receipts from related activities, etc (see instructions)	10	loss from the sale of capital assets (Explain in Part VI)	Jurya Umurka ni ana ni man	Tally of Julian at Schooling VII Auto 189 1 7 27	He & 18,000 told of 1,000, 2820 9	Dáithichthear Irill — 1 Jr (48) (1000,000	1994a, n 201 30 1 005 r 5 1 1 00 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1	, ,
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10					Tart of the name of the passess and the rail	5,842,432
Section C. Computation of Public Support Percentage  14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	12	,	•					
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))		organization, check this box and stop here	· · · · · · · · · ·		nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3) ▶
Public support percentage from 2018 Schedule A, Part II, line 14					11 and (6)		44	47 1491 0/
331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see				-			<del></del>	
box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								<del></del>
b 331/3 % support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	iva		_					
this box and stop here. The organization qualifies as a publicly supported organization	h							• • • —
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		• •	•					
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Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.  18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		· ·						
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ь							
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			-					
supported organization								
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
	18							
								<b>►</b> 1 1

_	dule A (Form 990 or 990-EZ) 2019			4 pag :		<del>. –</del>	Page 3
Pa	t III Support Schedule for Orga (Complete only if you check				anization faile	d to qualify up	der Part II
	If the organization fails to qu						der Fart II.
Sec	tion A. Public Support		•	<del></del>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						/
	received (Do not include any "unusual grants ")			<u> </u>			1
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			İ		/	
	furnished in any activity that is related to the					/	
	organization's tax-exempt purpose				·		ļ. <u>.                                   </u>
3	Gross receipts from activities that are not an			)			
	unrelated trade or business under section 513.						
4	Tax revenues levied for the	ı					
	organization's benefit and either paid to	,			,	Y	
	or expended on its behalf	<del></del>			/		-
5	The value of services or facilities						
	furnished by a governmental unit to the					ł	
c	organization without charge					<u> </u>	
6	Total. Add lines 1 through 5		<u> </u>	-			
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3		<del>                                     </del>		<del>/</del>		
•	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
۰	Add lines 7a and 7b			/		·-	
8	Public support. (Subtract line 7c from	nitraniti da emples	The second of th				
•	line 6)		A TENER SERVICE				
Sec	tion B. Total Support	7 47 7 10					-
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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				<del></del>		
b	Unrelated business taxable income (less					1	
	section 511 taxes) from businesses					1	
	acquired after June 30, 1975						
c	Add lines 10a and 10b		1				
11	Net income from unrelated business						
	activities not included in line 10b, whether		1				
	or not the business is regularly carried on.				<del></del>		
12	Other income Do not include gain or					,	
	loss from the sale of capital assets	/					
	(Explain in Part VI)	/	<del> </del>	<del> </del>	<del></del>	<del></del>	<del> </del> -
13	Total support. (Add lines 9, 10c, 11,						
44	and 12)				as fifth tour w		504(=)(2)
14	First five years. If the Form 990 is f	_					
500	organization, check this box and stop here tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>	
15	Public support percentage for 2019 (line 8			ımn (fi)		15	
16	Public support percentage from 2018 Sche		-			16	
	tion D. Computation of Investmen				· · · · · · · · · · · · · · · · · · ·	10	
17	Investment income percentage for 2019 (III			13 column (f))		17	%
18	Investment income percentage from 2018					<del></del>	<u> </u>
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th						
ь	33 1/3 % support tests - 2018. If the org						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of						
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," doscribo in Part VI how the supported organizations are designated. If designated class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of stati under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) ar satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(I purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yos," describe in Part VI how the organization had such control and discretic despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(l 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 El 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 actio was accomplished (such as by amendment to the organizing document)
- Type I or Type II only. Was any added or substituted supported organization part of a class alread designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribute (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entit with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations describe in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings )

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Part	Supporting Organizations (continued)			i ago e
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<b>MAR</b>		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b	_	
с	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		
Secti	on B. Type I Supporting Organizations			
			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	E.80. 1-2 -27	II.18 US 94
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization			
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Secti	on C. Type II Supporting Organizations		\ <u>\</u>	TAT:
		Souther Gift	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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	4		
Secti	on D. All Type III Supporting Organizations	<u> </u>	L	
7	on D. An Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		Americaniani,
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1857		
•	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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	##		G.
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons)	
а	The organization satisfied the Activities Test `Complete line 2 below			•
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru		
2	Activities Test Answer (a) and (b) below.	ra-k.c.an	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	M		
	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	fikolululul	interibil
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			J.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	18855 43894	1000000-21
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		خلالام	1545
	trustees of each of the supported organizations? Provide details in Part VI.	3a	Parago da	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			K
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	<u>3b</u>		L

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E   Section A - Adjusted Net Income	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izati	ons	
Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)  1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Section B - Minimum Asset Amount 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets 1 to d Total (add lines 1a, 1b, and 1c) 9 Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1 d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 Agint and income for prior year (from Section B, line 8, Column A) 2 Lenter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)				
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8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)  8 Section B - Minimum Asset Amount  (A) Pror 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 b Average monthly value of securities c Fair market value of other non-exempt-use assets d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 Cash deemed held for exempt use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 A Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6 Distributable Amount (see instructions) 7 Distributable Amount (see instructions) 7 Distributable Amount (see instructions) 8 Distributable Amount (see instructions) 8 Distributable Amount (see instructions) 8 Distributable Amount (see instructions)	7 Other expenses (see instructions)	7		
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7 Recoveries of prior-year distributions  8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
8 Minimum Asset Amount (add line 7 to line 6)  8 Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  8  Current Year  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 2 3 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	6 Multiply line 5 by 035	6		
Section C - Distributable Amount  1 Adjusted net income for prior year (from Section A, line 8, Column A)  2 Enter 85% of line 1  2 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  Current Year  Current Year	7 Recoveries of prior-year distributions	7		
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2 Enter 85% of line 1  3 Minimum asset amount for prior year (from Section B, line 8, Column A)  4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6	Section C - Distributable Amount			Current Year
3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6	1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	A SERVICE CONTROL	
4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6	2 Enter 85% of line 1	2	PARTICIO, DEPARTMENT	
4 Enter greater of line 2 or line 3  5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6	3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	i problem in a service of the servic	
5 Income tax imposed in prior year  6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  5		Т.		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)  6	·	5		
emergency temporary reduction (see instructions)				
	·	6		
instructions)	7 Check here if the current year is the organization's first as a non-functionally	y inte	grated Type III supporting o	organization (see

	le A (Form 990 or 990-EZ) 2019		(	Page 7
Part		Supporting Organiza	tions (continuea)	O
	on D - Distributions	vernet numeroses	<del></del>	Current Year
	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exer			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	oco or supported organi	2410110	
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		<del></del> -	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive	
-	(provide details in Part VI) See instructions	,		
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	atheishe lett		
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI) See			
	ınstructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			The first sections of the property of the section o
<u>e</u>	From 2018		Emple and the control of the control	The second of th
f	Total of lines 3a through e	. Journal Photograph des 2001. JR difficilità de 1887 e de 1861. JR difficilità de 1887 e de 1861. JR difficilità de 1861. JR		
g	Applied to underdistributions of prior years		leta enegationes estas astas estas est	
<u>h</u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$ Applied to underdistributions of prior years			
a	Applied to 2019 distributable amount			Trunchi'r and the are the Shudhing Affillian a foculation
	Remainder Subtract lines 4a and 4b from 4	PARTY LANGUETTS CAPE OF TABLE LINES	Particular and Control and the Control and	
5	Remaining underdistributions for years prior to 2019, if		Parity Co. Parity Transmission Co. Section 1 and Co.	
•	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			econora, econoramentamento de minos econoramentos econoram
•	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j	1900 CARROLL CARREST "PRESSAS - MARKE SIGN-TRIBE		
-	and 4c			
8	Breakdown of line 7.			
a	Excess from 2015			
<u> </u>	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
ę	Excess from 2019	propertional to page and page of a series and series and the series of t		

Schedule A (Form 990 or 990-EZ) 2019

Part VI	'Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
•	
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### SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. Inspection

144111	e of the organization	Employer identification number
WAT	TERSPRINGS RANCH, INC.	71-0671027
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	· · · · · · · · · · · · · · · · · · ·
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	· · · — —
Ps	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	············
-		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
-	easement on the last day of the tax year	Held at the End of the Tax Year
а		a
b		b
C	· · · · · · · · · · · · · · · · · · ·	de l
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
u	· · · · · ·	d
3	Number of conservation easements modified, transferred, released, extinguished, or termina	
5	tax year >	ted by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
•	State and volunteer flours devoted to monitoring, inspecting, flanding or violations, and emorning con	inservation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
•	S	sorvation oddomento daring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and ex	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under FASB ASC 958, not to report in its revenue s	statement and balance sheet works
	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue s of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes these	research in furtherance of public
-		
þ	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state and butterical treasures, or other similar assets held for public exhibition, education, or research	ement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items	cit in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ s
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar ass	
-	following amounts required to be reported under FASB ASC 958 relating to these items	stational gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	<b>⊳</b> \$
b	Assets included in Form 990, Part X	

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	s, or	Other	Similar Asse	ts (co	ontinued	)
3	Using the organization's acquisition	n, access	sion, and o	other recor	ds, check	k any o	f the	follow	ing that make	signi	ficant us	e of its
	collection items (check all that app	ly)			_							
а	Public exhibition			d	Loand	or excha	ange	progra	m			
b	Scholarly research			е	Other							
С	Preservation for future gene	rations										
4	Provide a description of the organ	nization's	collections	s and expla	ain how t	they fur	ther	the or	ganızatıon's ex	empt	purpose	ın Part
	XIII											
5	During the year, did the organization									_	_	
	assets to be sold to raise funds rath			ained as pa	rt of the o	organiza	ation's	s collec	ction?	<u>.                                    </u>	Yes	No
	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	e, custod	ian or othe	er intermed	lary for c	ontribut	tions	or othe	r assets not		_	
	included on Form 990, Part X?									. L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII	and comp	plete the fol	lowing tab	ole						
									Am	ount		
С	Beginning balance						-					
d	Additions during the year											
е	Distributions during the year						$\overline{}$					
f	Ending balance						$\overline{}$	. 411			1.4	
2a	5										_ Yes	No
	If "Yes," explain the arrangement i	n Part XIII	Спеск п	ere if the ex	φianation	nas be	en pr	ovided	on Part XIII	• • • •		<u> </u>
Pa	rt V Endowment Funds.  Complete if the organization	ation anev	wared "Ve	es" on For	m 990 F	Part I\/	line	10				
	Complete if the organiza		rent year	(b) Prio		(c) Two			(d) Three years b	ack	(e) Four ye	ars back
		(a) Cuii	ent year	(6)1110	, year	(6) 1			(a) Timee years a	-	(0) 1 001 70	- Contract
1 a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,					ŀ						
	and losses		-								<del></del>	
	Grants or scholarships	<del></del>	•			1						
е	Other expenditures for facilities											
	and programs											
,	Administrative expenses End of year balance											
g 2	Provide the estimated percentage			end halance	e (line 1a	column	(a))	held as	•			
a					- (c .g,	COIGITIT	. (α,, .	10.0 00				
	Permanent endowment ▶	%		_								
С	Term endowment ▶	%										
	The percentages on lines 2a, 2b, a	and 2c sho	ould equal	100%								
3 a	Are there endowment funds not in	the posse	ssion of th	he organiza	ition that	are held	d and	l admır	nistered for the		<u> </u>	
	organization by										Ye	s No
	(i) Unrelated organizations										3a(i)	
	(ii) Related organizations										3a(ii)	_
b	If "Yes" on line 3a(ii), are the relate	-					· ·			• •	3b	
4	Describe in Part XIII the intended in the Inte		e organiza	ition's endo	wment tur	nas						
Pa	Land, Buildings, and Equ Complete if the organiz	ation ans	wered "Y	es" on For	m 990, I	Part IV	, line	11a. S	See Form 990	), Par	t X, line	10
	Description of property		(a) Cost or	r other basis	(b) Cost	or other ba		(c) Ac	cumulated eciation		Book value	
1a	Land	+		otment) 079,999	, (°	ther)	+	чері	Colation		1.079	9,999
b	Buildings			332,515			$\dashv$					2,515
C	Leasehold improvements			,,			$\neg$			-	,	
d	Equipment		-	721,053							72	1,053
e	Other	г		659,361								9,361
	I. Add lines 1a through 1e (Column	(d) must	equal For	n 990, Part	X, columi	n (B), liri	ne 100	;)	▶		3,792	2,928

Part VII	Investments - Other Securities. Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11b See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuati	on
	(including name of security)		Cost or end-of-year mark	et value
	ial derivatives			
	held equity interests	•		
(A)				
(B)				
(C)		<del>                                     </del>		·
(D)		<del>                                     </del>		
(E)				
(F) (G)				
(G) (H)		<u>-</u>		
• •	nn (b) must equal Form 990, Part X, col (B) line 12) .	<u></u>		·
	Investments - Program Related.			
Part VIII	Complete if the organization answere	ed "Yes" on Form 990	Part IV line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
	(a) Description of investment	(b) Book value	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)		<del></del>		
(7)		<del></del>		
(8)		<del></del>		
(9)	nn (b) must equal Form 990, Part X, col (B) line 13) .			
Part IX	Other Assets.  Complete if the organization answere  (a) [	ed "Yes" on Form 990 Description	), Part IV, line 11d See Form 990,	Part X, line 15.
(1)				<del></del>
(2)		<u> </u>		
(3)				
(4)				
(5)				<del></del>
(6)				
(7)				
(8)				<del> </del>
(9)	lumn (b) must equal Form 990, Part X, col (B	\ \line 15\	<b></b>	<del></del>
	Other Liabilities.	) III (e 15),	· · · · · · · · · · · · · · · · · · ·	<del></del>
Part X	Complete if the organization answer line 25.	ed "Yes" on Form 990	), Part IV, line 11e or 11f See For	n 990, Part X,
1.	(a) Desc	ription of liability		(b) Book value
<u> </u>	eral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col (B) line 25			
2. Liability f	for uncertain tax positions. In Part XIII, provide the	ne text of the footnote to	the organization's financial statements the	at reports the
_	s liability for uncertain tax positions under FAS	B ASC 740 Check here if		
JSA 9E1270 1 000			Sc	hedule D (Form 990) 20

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.
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	78315 7 897 L 333 1 1 2 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Net unrealized gains (losses) on investments	
	Donated services and use of facilities	11 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Bended services and use of lacindes	
C	11000 veries of prior year grants	
q	Other (Describe in Part XIII )	
е	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	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	A Company of the Comp
С	Add lines 4a and 4b	4c
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part :	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn.
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
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 200. Bort IV, line 25, but not on line 1	7, 8, 14, 3,5 (4, 2, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,
a h	Other (Describe in Part XIII )	
	Add lines 4a and 4b	4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	5
	XIII Supplemental Information.	
	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, P.	art V line 4 Part X line
2, Part	XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation
	•	
	•	
	•	

Schedule D (Fo	orm 990) 2019		Page <b>5</b>
Part XIII:	Supplemental Information (continued)		
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#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

#### 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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Employer Identification number Name of the organization 71-0671027 WATERSPRINGS RANCH, INC. Form 990 Part VI Section A Line 2: The President and Vice-President are married. Directors (3) and (4) are married. Directors (5) and (6) are married. Directors (11) and (12) are Directors (9) and (10) are married. and (8) are married. Directors (13) and (14) are married. Directors (15) and (16) are married. 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.

Name of the organization	Employer identification number	age 2
WATERSPRINGS RANCH, INC.	71-0671027	
WATERSFRINGS RANCH, INC.	71 0071027	
	_	
<u> </u>		
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