50m 990-EZ

Department of the Treasury

Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

► Go to www.irs.gov/Form990EZ for instructions and the latest information. 1912 Internal Revenue Service A For the 2019 calendar year, or tax year beginning , 2019, and ending 20 B Check if applicable C Name of organization D Employer identification number Address change iving Water Community Church 82-4131405 Room/suite Number and street (or P O box if mail is not delivered to street address) Name change E Telephone number Initial return 508 W 27th Street 307-631-2671 Final ration/ferminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return 03 Number > Cheyenne, WY 82001-3031 Application pending H Check ▶ ☐ if the organization is not G Accounting Method: required to attach Schedule B I Website: ▶ www.livingwaterchevenne.com J Tax-exempt status (check only one) - 501(c)(3) 501(c) ((Form 990, 990-EZ, or 990-PF).) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 K Form of organization. Corporation ☐ Trust ☐ Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ 67,958 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received . . . 1 71,338 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments . . . 4 4 Investment income . . 5a Gross amount from sale of assets other than inventory 5b Less: cost or other basis and sales expenses b Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue 6a of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a h Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c C 8 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 71,338 9 10 Grants and similar amounts paid (list in Schedule O) 10 6,207 Benefits paid to or for members . . . 11 11 12 12 Salanes, other compensation, and employee benefits . 21,000 Professional fees and other payments to independent contractors 13 13 14 Occupancy, rent, utilities, and maintenance . 37,540 14 15 15 Printing, publications, postage, and shipping. 22,916 Other expenses (describe in Schedule O) 16 16 17 17 Total expenses. Add lines 10 through 16 87,663 18 18 Excess or (deficit) for the year (subtract line 17 from line 9) -16,325 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 17,783 Other changes in net assets or fund balances (explain in Schedule O) . 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21

1,458

Pa		ice Sheets (see the instructions f					
	Check	if the organization used Schedule	O to respond to a	ny question in this		_	<u> D</u>
				-	(A) Beginning of year	└ ~	(B) End of year
22		gs, and investments			17,783		1,52
23		uildings				23	
24 25	Total asset	s (describe in Schedule O)		· · · · ·	<u>0</u> 17,783	24	4.50
26		ties (describe in Schedule O)		· · · · · ·		26	1,521 63
27		or fund balances (line 27 of column			17,783		1,458
Par		ment of Program Service Accom					1,430
		if the organization used Schedule	•		•		Expenses
What		ation's primary exempt purpose?					quired for section
	_	nization's program service accomplis					(c)(3) and 501(c)(4) anizations, optional for
as m	easured by e	xpenses In a clear and concise m and other relevant information for ea	anner, describe the			oth	ers)
28	To impact our	community with the movement of Jesu	s Christ transformin	g the city through hi	s Living Water.		
	(Grants \$	6,207) If this amount	includes foreign gra	ints, check here .	▶ 🔲	28a	87,663
29							
						ļ	
							
	(Grants \$) If this amount	includes foreign gra	ints, check here .	<u> ▶ Ш</u>	298	1
30							
	(Cronto &	\ If this amount	inalisdae foreign gra	nto chook horo		30a	
21	(Grants \$) If this amount n services (describe in Schedule O)				302	<u> </u>
31	(Grants \$		includes foreign gra		▶ □	31a	
32		n service expenses (add lines 28a t	hrough 31a)	ints, check here		32	
Par						<u> </u>	0.700.
	ENTE LIST OF	Officers, Directors, Trustees, and Key	/ Employees (list each	n one even if not com	pensated—see the ii	nstru	CUUIIS IUI FAIL IVI
		Officers, Directors, Trustees, and Key of the organization used Schedule					
		Officers, Directors, Trustees, and Key of the organization used Schedule		ny question in this (c) Reportable	Part IV	.	🗀
			O to respond to ar (b) Average hours per week	ny question in this	Part IV	ee (e)	🗀
		of the organization used Schedule	O to respond to ar	ny question in this (c) Reportable compensation	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)) Estimated amount of
Jasoi	Check	of the organization used Schedule	O to respond to ar (b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employ benefit plans, and	ee (e)) Estimated amount of
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Pasto	Check n L King r	of the organization used Schedule (a) Name and title	O to respond to an (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensatio	ee (e)) Estimated amount of
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Page 3

Part	- · · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	Yes	. ∐ No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	163	N 0
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	 -	1
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
ь	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustoo, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a		✓
5 39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9			}
b	Gross receipts, included on line 9, for public use of club facilities] .		ł
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the fax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		\
41	List the states with which a copy of this return is filed ► Wyoming			
42a		970) 21		
	Located at ▶ 12946 County Road 78, Eaton, CO ZIP + 4 ▶ At any time during the calendar year, did the organization have an interest in or a signature or other authority over	80615	$\overline{}$	
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	√ V
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Roport of Foreign Bank and			. :
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			ليــا
	explanation in Schedule O	44d		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990)-EZ (2	019)								P	age 4
										Yes	No
46	Did t	he organization engage, directly or in	directly, in political of	ampaign activities	on be	ehalf of or	in opposi	tion			_
		ndidates for public office? If "Yes," c		, Part I		<u> </u>			46		✓
Part V		Section 501(c)(3) Organizations									
		All section 501(c)(3) organizations	s must answer que	estions 47-49b ar	nd 52	, and cor	nplete th	e tab	les f	or line	es
		50 and 51.									
		Check if the organization used Sch	nedule O to respond	to any question i	in this	Part VI					
										Yes	No
		he organization engage in lobbying		section 501(h) elec	ction i	n effect d	uring the	tax			
•	year?	If "Yes," complete Schedule C, Part	и					. [47		√
48	is the	organization a school as described in	section 170(b)(1)(A)(i	i)? If "Yes," comple	te Sch	nedule E		. [48		1
49a	Did tl	ne organization make any transfers to	an exempt non-cha	intable related orga	anızatı	on?		. 1	49a		1
þ	lf "Ye	s," was the related organization a se	ction 527 organizatio	on?				. 1	49b		
50	Com	plete this table for the organization's	five highest compen	sated employees (other	than office	rs, directe	ors, tr	ustee	s, an	d key
		oyees) who each received more than									•
			(b) Average	(c) Reportable		(d) Health b	enefits,				
	(a)	Name and title of each employee	hours per week	compensation	ibo	ontributions to nefit plans, a				d amou pensat	
			devoted to position	(Forms W-2/1099-MIS	SC)	compens		Oth	a wiii	рызас	2011
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	Total	number of other employees paid over	× \$100,000	. ▶	<u></u>						
				· · · ———	<u> </u>						م ماه
31 <u>'</u>	ՆՍՈԼ \$100	olete this table for the organization's ,000 of compensation from the organ	s rive nignest compa	ensated independe one enter "None"	ent co	ntractors	wno each	rece	iveq	more	tnan
	V 100,	oco or compensation from the organ	TIZATION: IT CHOIC IS THE	lic, criter 140rie.							
	(a)	Name and business address of each independent	ent contractor	(b) Type of	service		(c)	Comp	ensatio	on	
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<u>.</u>	Total	number of other independent contra	ctors each receivers	Over \$100 000	_		 	0			
		•	•		. –						
		he organization complete Schedul	e A? Note: All Se		-		ist attach	ıa. .►. [/]	Vac		ło
				· · · · · · · · · · · · · · · · · · ·							
true, corre	naiues ect, an	of perjury, I declare that I have examined this red complete Declaration of preparer (other than	etum, including accompant officer) is based on all info	ying schedules and stat irmation of which prepai	ements er has :	, and to the b any knowledg	est of my kn je	owiedo	e and	beliet, i	it is
		V bear II				·	7/10	120	200		
Sign	İ	Signature of officer				Date	111.31	200	<u>راء</u>		
Here						Date					
		Jason L King, Pastor Type or print name and title	· · · · · · · · · · · · · · · · · · ·								
	+		Preparer's signature	······	Date			16	TIN		
Paid		Print/Type preparer's name	open or a signature		Dale		Check	If	. 11.4		
Prepa		<u> </u>				setf-employed					
Use O	nly	Firm's name					EIN ▶				
May the	IRS	Firm's address ► discuss this return with the preparer	shown above? See i	netructions		Phone		▶ □	Voc		

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.

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

OMB No 1545-0047

Name	ame of the organization Employer identification number							
_	ving Water Community Church 82-4131405							
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
1 2 3 4	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
	hospital's name, city, and stat	e:						
5	An organization operated for section 170(b)(1)(A)(iv). (Com	plete Part II.)					tal unit described in	
6 7	☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1	receives a subs (A)(vi). (Comple	stantial part of its sup te Part II.)	port fron			n the general public	
8	A community trust described							
9	An agricultural research organ or university or a non-land-gra university:	ant college of agi	riculture (see instructi	ons). Ente	er the nar	ne, city, and state o	f the college or	
10	An organization that normally receipts from activities related support from gross investment acquired by the organization as	ito its exempt fu t income and un ifter June 30, 19	inctions—subject to c related business taxa 75. See section 509(;	ertain ex ble incon a)(2). (Co	ceptions, ne (less s mplete Pa	and (2) no more tha ection 511 tax) from art III.)	in 331/3% of its	
11	An organization organized and		_	_				
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organizatio	ns described in sect	ion 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).	
а	☐ Type I. A supporting organithe supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	elect a ma	ajority of t			
b	☐ Type Ii. A supporting orga control or management of organization(s). You must	the supporting o	organization vested in	the same				
C	Type III functionally integ its supported organization						ally integrated with,	
đ	Type III non-functionally that is not functionally integred requirement (see instructionally i	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported of	organizations .					. 0	
g	Provide the following information			,				
	(f) Name of supported organization	(ii) ÉIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
 ,				Yes	No			
A)								
В)								
C)								
D)								
E)								

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to						
$\overline{}$	on A. Public Support		<u> </u>	4) 0047	4 0 0040	(1) 0040/	(0 Tabal
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2	Include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid	0	O.	0	69,465	71,338	140,803
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to the	0	0	0	0	0	0
4	organization without charge Total. Add lines 1 through 3	0	0	0	69,465	0 71,338	0 140,803
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,			,		
6	Public support. Subtract line 5 from line 4						140,803
$\overline{}$	on B. Total Support	(a) 2015	(b) 20 16	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2015	(0) 2010	(c) 2017 0		71,338	140,803
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carned on		0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	o	0	o	0	0
11 12	Total support. Add lines 7 through 19 [Gross receipts from related activities, etc.					12	140,803
13	First five years. If the Form 990 is for the organization, check this box and stop her	e	first, second			ear as a section	n 501(c)(3) ► ☑
	on C. Computation of Public Suppor			1 (5)		44	0/
14 15	Public support percentage for 2019 (line 6 Public support percentage from 2018 Sch			i, column (i))		15	<u>%</u>
16a	331/3% support test—2019. If the organic box and stop here. The organization qual	zation did not cl	heck the box		nd line 14 is 33		
b	331/2% support test—2018. If the organization	zation did not ch	neck a box or	n line 13 or 16		is 33¹a% or mo	ore, check
17a	10%-facts-and circumstances test—20 10% or more and if the organization me Part VI how the organization meets the "organization"	ets the "facts-a	nd-circumsta	nces" test, cl	neck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "facts-	"facts-and-ci- and-circums	ircumstances tances" test.	" test, check t The organization	this box and son qualifies as	top here. a publicly ► □
18	Private foundation. If the organization did instructions	d not check a bo	ox on line 13,	16a, 16b, 17a	a, or 17h, checl	k this box and	see ▶ □
					Sch	edule A (Form 990	or 990-EZ) 2019

Par		tions Desc	ribed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	ne box on lin	e 10 of Part I	or if the orga	nization faile	d to qualify u	nder Part II.
	If the organization fails to qualify	under the te	ests listed bel	ow, please c	omplete Part	II.)	
Sect	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")				Ī		<i>y</i>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				1		
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities			ļ			
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .				/		
b	Amounts included on lines 2 and 3			/]		
	received from other than disqualified persons that exceed the greater of \$5,000				İ		
	or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b			/		· · · · · · · · · · · · · · · · · · ·	
С 8	Public support. (Subtract line 7c from			/			
Ū	line 6.)						
Secti	ion B. Total Support		·	·	<u></u>		L
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016 /	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6				(,		(,) (,)
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,		/		i		
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less		/	_	ŀ		
	section 511 taxes) from businesses		/	0			
	acquired after June 30, 1975		/				
	Add lines 10a and 10b	/					
11	Net income from unrelated business activities not included in line 10b, whether					:	
	or not the business is regularly carried on						
12	Other income. Do not include gain or			-			
12	loss from the sale of capital assets			i			
	(Explain in Part VI.)			j	İ		
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12.) /	′]		
14	First five years. If the Form 990 is for the	organization	's first, second	d, third, fourth	, or fifth tax ye	ar as a sectio	n 501(c)(3)
	organization, check this box and stop/here	е					▶ 🗆
Secti	on C. Computation of Public Support				•		
15	Public support percentage for 2019 (line 8,					15	%
16	Public support percentage from 2018 Sche			<u> </u>	<u> </u>	16	%
Secti	on D. Computation of Investment Inc						· · -
17	Investment income percentage for 2019 (lin					17	%
18	Investment income percentage from 2018					18	<u>%</u>
19a	331/a% support tests—2019. If the organiz						•
	17 is not more than 331/396, check this box as						
b	331/5% support tests—2018. If the organiza						
	line 18 is not more than 33½%, check this bo		_		_		
<u> 20</u>	Private foundation If the organization did	not check a	pox on line 14,	193, or 19b, c	neck this box a	and see instru	ctions 🕨 🗌

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.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>.) </u>	
Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	ļ		
	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).	2		ļ
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		<u> </u>
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	<u></u>	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	-		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			١.
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination		ļ	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
52	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	40		ļ
u	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			ļ
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	:		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			ĺ
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	0		
•	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			· · · · · ·
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			<u> </u>
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			ļ
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	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 "Yos." provide detail in Part VI		 -	
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	100		
	eachtering and an improprietation of the control of the majoriet	10a	i	l

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	†
а	the second description of the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description in the second description description in the second description d		<u></u>	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	İ	
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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	1		}
	controlled the organization's activities. If the organization had more than one supported organization,		İ	
	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.	[- <u>-</u> -		
2		1	ļ	—
~	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.	2		
Sect	ion C. Type II Supporting Organizations	لكا	L	<u> </u>
	No and a second as Secondary		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 03	1.,0
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			,
	or management of the supporting organization was vested in the same persons that controlled or managed			1
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	استسا		
			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	1 1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	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).			اـــا
	· · · · · · · · · · · · · · · · · · ·	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	tions	e)
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructi	ons)
2	Activities Test. Answer (a) and (b) below.		Yes	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	\Box	Ī	<u> </u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		l	.
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	ļ
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		ſ	Ī
	of the organization's supported organization(s) would have been engaged in? If "Yos," explain in Part VI the		ł	.]
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
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			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь	- 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations	
1 Check hero if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	j tru	st on Nov. 20, 1970 (oxp	
Section A—Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
G Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property hold for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount	•	(A) Pnor Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		, ·	, ,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount		•	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	•	
5 Income tax imposed in prior year	5	K	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		. , , , ,	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III support	ing organization (see
inetrictions)			

Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)		
Sec	Section D—Distributions				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exc organizations, in excess of income from activity	empt purposes of suppo	orted		
3	Administrative expenses paid to accomplish exempt purp	acces of supported or			
3		ooses of supported orga	inizations	 	
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)	· · · · · · · · · · · · · · · · · · ·			
6	Other distributions (describe in Part VI). See instructions.				
$-\frac{0}{7}$	Total annual distributions. Add lines 1 through 6.			 	
 8	Distributions to attentive supported organizations to which	h the ergonization is re-			
	(provide details in Part VI). See instructions.	in the organization is res	sponsive		
9	Distributable amount for 2019 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion 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				
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2019	•			
a	From 2014				
b	From 2015				
С	From 2016			1	
d	From 2017				
H	From 2018	•		9	
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2019 distributable amount				
<u> i </u>	Carryover from 2014 not applied (see instructions)		·	1	
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			•	
4	Distributions for 2019 from			}	
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2019 distributable amount				
	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2019, if 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 and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		٠.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2015			<u> </u>	
b	Excess from 2016				
С	Excess from 2017 .				
d	Excess from 2018				
е	Excess from 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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•	
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Living water Community Church		82-4131405
Part 1 Line 10 - Grants and similar amounts paid		
Christmas Family Recipients - 4 Families @ \$850 each	Line Total \$3,400	
Hillsong United tickets	1,827	
Housing Assistance various individuals (rent assistance	hotels) 830	
Child's Bicycle	150	
Part 1 Line 10 - Total Grants and similar amounts paid	\$6,207	
Part 1 Line 16 - Other Expenses		
Church Supplies	\$15,590	
PushPay - eChurch	3,450	
Insurance	1,980	
Bank Charges & Fees	1,357	
Office Supplies and Software	409	·····
Taxes & Licenses	103	
Legal & Professional Fees	27	
Part 1 Line 16 - Total Other Expenses	\$22,916	
	·	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
Living Water Community Church	82-4131405