2949205700906

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-0047 2020

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

Open to Public

Department of the Treasury

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

_		nue Service	► Go to www.irs.gov/Form990EZ for instruc	ctions and the la	atest informati	ion. W /	
_			ar year, or tax year beginning	, 2020,	and ending		, 20
	Check If ap	pplicable	C Name of organization			D Employer	identification number
V	Address o	-	Living Water Community Church				82-4131405
出	Name cha	-	Number and street (or P O box if mail is not delivered to street a	ddress)	Room/suite	E Telephone	number
H	Initial retu	m/terminated	PO Box 21446			(:	307) 631-2671
Ħ	Amended		City or town, state or province, country, and ZIP or foreign posta	l code	(1)	F Group Ex	emption
		on pending	Cheyenne, WY 82003-7028		レク	Number	>
G	Account	ting Method	✓ Cash		н	Check ▶ □	if the organization is not
1	Website	e: ► www.	ivingwatercheyenne.com				ttach Schedule B
7	Тах-ехел	npt status (che	ck only one) - ✓ 501(c)(3))	r 🔲 527	(Form 990, 9	90-EZ, or 990-PF)
ŠΚ	Form of	organization.			•		
٧L	Add line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts a	are \$200,000 or i	more, or if total	assets	
ල (P;	art II, col	lumn (B)) are \$	500,000 or more, file Form 990 instead of Form 990-EZ			. •	\$ 88,524
٦,	Part I	Revenu	e, Expenses, and Changes in Net Assets or	Fund Balance	es (see the	instruction	
₩.		Check if	the organization used Schedule O to respond to	any question	in this Part I		<u> </u>
M M	1	Contribution	ns, gifts, grants, and similar amounts received	F	RECENT	1	88,524
ED	2	Program s	ervice revenue including government fees and contr	acts .	RECEIVE	:D	
Щ.	3	Membersh	p dues and assessments	121			
Ź	4	Investment	Income		MAY 20 20	121 - 184	
Ź	5a	Gross amo	unt from sale of assets other than inventory	5a		[6]	
SCANN	b		or other basis and sales expenses	5b/	SDEV	□ [\$[_	
v	С	Gain or (los	s) from sale of assets other than inventory (subtract	t line 5 b from l i	massiv, L	/ 5c	
	6	Gaming an	d fundraising events:				
9	а		ome from gaming (attach Schedule G if great	er than	ı	-	
Revenue	ь	• •	me from fundraising events (not including \$	<u> </u>	of contribution	ne	
ě			aising events reported on line 1) (attach Schedule		or continuation		
4	·		h gross income and contributions exceeds \$15,000		l		
	С		t expenses from gaming and fundraising events	·			
	d		e or (loss) from gaming and fundraising events (ac		d 6b and sub	otract	
	-	line 6c)				6d	-
	7a	•	s of inventory, less returns and allowances	7а	l ·		
	b		of goods sold				
	c		t or (loss) from sales of inventory (subtract line 7b fr	· · · <u></u> _	·	7c	·
	8	•	nue (describe in Schedule O)	•		8	7,500
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			. ▶ 9	96,024
_	10		similar amounts paid (list in Schedule O)			10	14,000
	11		d to or for members			11	1
S	12	Salaries, of	her compensation, and employee benefits			. 12	36,000
Expenses	13		al fees and other payments to independent contract	tors		13	
De	14		r, rent, utilities, and maintenance			14	13,540
ũ	15		iblications, postage, and shipping			15	
	16	Other expe	nses (describe in Schedule O)			16	16,550
_	17	Total expe	nses. Add lines 10 through 16	<u></u> .	<u> </u>	. ▶ 17	80,090
y)	18		deficit) for the year (subtract line 17 from line 9)			18	15,934
set	19		or fund balances at beginning of year (from line 2	27, column (A))	(must agree	with	
Ą	!	_					1,458
Net Assets	20	Other char	ges in net assets or fund balances (explain in Scheo	dule O)		20	
Z	21	Net assets	or fund balances at end of year. Combine lines 18 t	hrough 20 .		. ▶ 21	17,392
Fo	r Panen	work Baduct	on Act Notice, see the senarate instructions	Cat	No. 106421		5 990-E7 (2020)

Pa	rt II	Balance Sheets (see the instructions	for Part III				rage z
		Check if the organization used Schedule		ny augetion in this	Part II		
		Oneok ii tilo organization osod oenedali	o to respond to al	ny question in this	(A) Beginning of year	Ė	(B) End of year
22	Cash	, savings, and investments		Ì	1,521	22	17,392
23		and buildings				23	
24		r assets (describe in Schedule O)				24	
25		lassets			1,521		
26		l liabilities (describe in Schedule O)				26	
27	Net a	issets or fund balances (line 27 of column	(B) must agree with	n line 21)	1,458		
Par	t III	Statement of Program Service Accom			Part III)		
		Check if the organization used Schedule	O to respond to ar	ny question in this	Part III 🔲		Expenses
Wha	t is the	organization's primary exempt purpose?					equired for section 1(c)(3) and 501(c)(4)
Desc	ribe th	e organization's program service accompli	shments for each of	f its three largest p	rogram services,		ganizations, optional for
as m	neasure	d by expenses. In a clear and concise mefited, and other relevant information for each	nanner, describe the	e services provided	d, the number of	oth	ners)
28	To imp	act our community with the movement of Jes	us Christ transformin	g the city through hi	s Living Water.		
				<u> </u>			
	(Grants	\$ 14,000) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28	a 80,090
29							
	(Grant	s\$) If this amount	includes foreign gra	ints, check here .	<u></u> ▶□	29	a
30							
	(0	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
21	(Grants	program services (describe in Schedule O)	includes foreign gra			30	a
31	(Grants		includes foreign gra			31:	_ ا
32		program service expenses (add lines 28a	through 31a)	into, check here .	· · · • <u> </u>	32	
Par		List of Officers, Directors, Trustees, and Ke					
		Check if the organization used Schedule					<u> </u>
			(b) Average	(c) Reportable	(d) Health benefits,	Ť	<u> </u>
		(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employ benefit plans, and	ee (e	e) Estimated amount of other compensation
			devoted to position	(if not paid, enter -0-)		n	other compensation
Jaso	n L Kind	l					
Pasto			50	36,000		0	0
Step	hanie Pl	nillips	Ţ			7	
Treas	surer		10)	0	0
Kelis	ie Singl	eton		1			
Boar	d Memb	er	15			이	0
	e Patte		1				
	d Memb		10	ļ <u>.</u>	0	0	0
	er Swan		-				
Boar	d Memb	er	10)	<u> </u>	0
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ABO

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	ne N	_
	instructions for hair v.) Check if the organization used Schedule O to respond to any question in thi	s Part	r :	
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	Yes	No
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		_
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			_
L	· · · · · · · · · · · · · · · · · · ·	35a	<u> </u>	1
b c g	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 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	6.4	عمقا	73
þ	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	تتنق	No.
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	50a	R*55.7	35.231
39	Section 501(c)(7) organizations. Enter:	236		3
а	Initiation fees and capital contributions included on line 9		149	3
þ	Gross receipts, included on line 9, for public use of club facilities		肥富	10
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
Þ	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	مَنْتُكُمُ 40b		3 →
C	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		经验	W. T.
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		**	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	N.	
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
h	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Y	11-
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO
	If "Yes," enter the name of the foreign country ▶	72D	100	य भूग
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		大學	
	Financial Accounts (FBAR).	120	2	1
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		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		4
C	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 explanation in Schedule O	관소 44d	*13	
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	会 第45b	Line A	*

						•	
Form 99	90-EZ (2020)		 				ige 4
46	Did the organization engage, directly or ii	ndirectly, in political c	ampaign activities on	behalf of or in oppos	sition [Yes	No
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I		46		1
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51.		stions 47–49b and	52, and complete t	he tables	for line	s
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI			_
					<u> </u>	Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par	activities or have a s	section 501(h) electio	n in effect during the	e tax . 47		✓
48	Is the organization a school as described i						√
49a b	Did the organization make any transfers till "Yes," was the related organization a se					-	<u> </u>
50	Complete this table for the organization's						ke
	employees) who each received more than	1 \$100,000 of comper	sation from the organ	nization. If there is no	ne, enter "I	None."	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Heaith benefits, contributions to employe benefit plans, and deferre compensation		ed amou npensation	
f 51	Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the orga	's five highest compe	ensated independent	contractors who ead	ch received	l more	tha
	(a) Name and business address of each independ	dent contractor	(b) Type of serv	rice	(c) Compensat	on	
							
						 -	
d	Total number of other independent contra	actors each receiving	over \$100,000				_
52	Did the organization complete Scheducompleted Schedule A	ule A? Note: All se			ch a ▶ 🔲 Yes	N	io
Under p	penalties of perjury, I declare that I have examined this rrect, and complete geclaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and stateme rmation of which preparer h	ents, and to the best of my has any knowledge	knowledge an	d belief, if	i IS
0:	Son & Kare	3		105/0	9/200	7)	
Sign	Signature of officer	•		Date			

Preparer's signature

Date

Jason L King, Pastor
Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name ▶

Firm's address 🕨

Here

Paid Preparer

Use Only

► ☐ Yes ☐ No

PTIN

Check If self-employed

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete If the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 82-4131405 **Living Water Community Church** Part I Reason for Public Charity Status. (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II:) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ☐ An organization that normally receives (1) more than 3315% 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 331/8% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetan (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Ves No (A) (B) (C) (D) (E)

Schedu	ıle A (Form 990 or 990-EZ) 2020						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ie box on line	5, 7, or 8 of	Part I or if the	organization	failed to qua)
Secti	ion A. Public Support	quamy ando	r tille teete lie	nou bolon, pr	odeo compie	to i dit iii.j	
	idar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	(4) 40.0	(-)	(6) 25 15	(3) 23.3	(6) 2020	(1) 10.00
	include any "unusual grants.")	0	0	69,465	71,338	88,524	229,327
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	o	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	o	0	a	0	0	0
4	Total. Add lines 1 through 3	0	0	69,465	71,338	88,524	229,327
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						
	ion B. Total Support	(-) 0010 T	(5) 0017	(-) 0010	(4) 0040	(-) 0000	/A 7.1.1
Galen 7	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9	0	69,465	71,338	88,524	229,329
9	Net income from unrelated business activities, whether or not the business is regularly carried 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		0	O	7,500	7,500
11	Total support. Add lines 7 through 10						236.827
12	Gross receipts from related activities, etc.	•	•	. \ .	[12	0
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	<u>re </u>	<u> </u>		or fifth tax ye		n 501(c)(3) · · ► ☑
Sect	ion C. Computation of Public Suppor						
14	Public support percentage for 2020 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2019 Sch 33¹n% support test—2020. If the organi	zation did not	check the box	on line 13, an	<u>[</u> d line 14 is 33	15 1 _{/3} % or more, o	. —
b	box and stop here. The organization qual 331/3% support test—2019. If the organization this box and stop here. The organization	zation did not o	check a box o	n line 13 or 16	\	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization meats the organization	020. If the orga	inization did nand-circumst	ot check a box ances test, che	on line 13, 16 ck this box ai	nd stop here.	line 14 is Explain in
b	10%-facts-and-circumstances test —20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa	cts-and-circui	mstances test,	check this box	cand stop her	e. Explain
18	Private foundation. If the organization of instructions	did not check	a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see

Schedule A (Form 990 or 990-EZ) 2020

Part							• /
	(Complete only if you checked the						nder Part1I.
Sacti	If the organization fails to qualify on A. Public Support	under the te	sts listed bei	ow, please co	ompiete Part	11.)	·/
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2010	(2) 20	(0) 2010	(4, 20.0	(6) 2020	(i) Total
	received. (Do not include any "unusual grants.")					/	<u> </u>
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					• /	
	furnished in any activity that is related to the	j			•		}
	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	j	J		Y		
	furnished by a governmental unit to the organization without charge]				ļ
•			<u> </u>				·
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3			- /	 	ļ.——— <u>—</u>	
14	received from disqualified persons .	1	Ì				
b	Amounts included on lines 2 and 3		 		 		
	received from other than disqualified		/		++		
	persons that exceed the greater of \$5,000	l		!	l	į	
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			-	の連続されば	32.77	
	line 6.)	E STEEN LE	No. of the second	A. 184	李朝- 祖寺五	The second second	
	on B. Total Support				T21-		1
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	 /		· · · · · · · · · · · · · · · · · · ·	ļ		
Iva	Gross income from interest, dividends, payments received on securities loans, rents,	/ /	1				
	royalties, and income from similar sources	/			}		
b	Unrelated business taxable income (less	/			•		
-	section 511 taxes) from businesses	1					
	acquired after June 30, 1975						
С	Add lines 10a and 10b /.					_	
11	Net income from unrelated business		<u> </u>				
	activities not included in line 10b, whether						
	or not the business is regularly garried on						
12	Other income. Do not include gain or		ĺ				
	loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	<u> </u>			<u> </u>		
13	and 12.)		}		1		}
14	First 5 years. If the Form 990 is for the	corganization'	s first, second	third fourth	or fifth tax ve	ar as a sectio	n 501(c)(3)
• •	organization, check this box and stop he	•					
Secti	on C. Computation of Public Suppo						
15	Public support percentage for 2020 (line			13, column (f))		15	%
16	Public support percentage from 2019 Sc					16	%
Secti	on D. Computation of Investment In					,	
17	Investment income percentage for 2020			-	ımn (f))	17	%
18	Investment income percentage from 2019					18	%
19a	331/3%/support tests-2020. If the organ						
	17 is not more than 331/3%, check this box				•		
b	331/3% support tests – 2019. If the organia						
00	line 18 is not more than 331/3%, check this	-	_	•			=
20	Private foundation. If the organization d	іч посспеска	DOX OR TIME 14	, 19a, or 19b, i	CITECK THIS DOX	anu see instru	CHOHS 📂 🛄

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "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
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
9	-	Yes	
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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		And f	8
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?			
		11a 11b		
	A family member of a person described in line 11a above? A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	377	'Salen	**************************************
C	detail in Part VI.	11c	استثلاه	2200
Section	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) officerively 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 officers, 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	斯斯斯斯	
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 carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		•	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
			Yes	No
	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	A. A	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	ji ji pi ji	
3	By reason of the relationship described in line 2, above, 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) 3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see In The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(SOC IN I		
2	Activities Test. Answer lines 2a and 2b below.	5 7 /20	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	8 F 12 2b	彩建	
3 a	Parent of Supported Organizations. Answer lines 3a and 3b below. 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? If "Yes" or "No," provide details in Part VI.	3a 3a		18.5
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.	3h	7.77	<u>'#</u>

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations			
1 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.						
Secti	on 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				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6				
	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	on B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	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):	r				
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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8		-		
Sect	on C-Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	, ,			
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5	,			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		-		
7	Check here if the current year is the organization's first as a non-functional		<u> </u>	ng organization		
•	(see instructions).	uny	integrated Type in support	ng organization		

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D—Distributions Current Y						
1	Amounts paid to supported organizations to accomplish			1		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required-		VI)	5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6	<u></u>		9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E-Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020				,	
	(reasonable cause required—explain in Part VI). See					
	instructions.					
3	Excess distributions carryover, if any, to 2020			_	·····	
<u>a</u> _					<u></u>	
<u>b</u>						
	From 2017				·	
d					·	
<u>e</u>						
<u>f</u> _	Total of lines 3a through 3e			\dashv		
_ 	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		 	-		
4	Distributions for 2020 from			-		
7	Section D, line 7:					
	Applied to underdistributions of prior years			一		
b	Applied to 2020 distributable amount	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
						
5	Remaining underdistributions for years prior to 2020, if					
	any. Subtract lines 3g and 4a from line 2 For result				i	
	greater than zero, explain in Part VI. See instructions.		_			
6	Remaining underdistributions for 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in			1		
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3 _j and 4c.					
8	Breakdown of line 7:				•	
a	Excess from 2016	•	'' 			
b	Excess from 2017					
c	Excess from 2018					
d	Excess from 2019				1	
е	Excess from 2020					

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 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

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.

Open to Public Inspection

Employer Identification number

Living Water Community Church		82-4131405
Part 1 Line 8 - Other revenue		
PPP Loan Forgiveness	\$7,500	
Part 1 Line 8 - Other revenue	\$7,500	
Part 1 Line 10 - Grants and similar amounts paid		
Christmas Eve Service Recipients - 5 families @\$1,00	0 each Line Total \$5,000	
TMS Global	4,500	
Financial assistance for housing, funeral expenses - \	various individuals 4,050	
Life Choice Pregnancy Care Center	250	
The Navigators	200	••••••••••••••••••••••••
Part 1 Line 10 - Total Grants and similar amounts paid	\$14,000	
Part 1 Line 16 - Other Expenses		
Church Supplies	\$8,872	
Pushpay - eChurch	3,450	•••••
Bank Charges & Fees	1,869	
Insurance	1,786	
Office Supplies and Software	457 .	
Taxes & Licenses	89	
Legal & Professional Fees	27	
Part 1 Line 6 · Total Other Expenses	\$16,550	