EXTENDED TO MAY 17, 2021

Form **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)

oundations) 2019

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.

Open to Public Inspection

A	F	or the	e 2019 calendar year, or tax year beginning JU	${ m IL} \ 1, \ 2019$ and	l ending	JUN 30, 202	0
В	Cl	neck if	C Name of organization		<del>-</del>	D Employer ident	ification number
Г	X	Addre	WATERSTART				
ř	==	Name				46-4420	637
Ī		Initial	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	vered to street address)	Room/suite	E Telephone numb	per
Ē		Final return	1550 W HORTZON RIDGE DKI	_ '		(520)60	
_		termir ated			*	G Gross receipts \$	1,205,728.
		Amen return		00		H(a) Is this a group	
		Application	F Name and address of principal officer 147111	IAN ALLEN		for subordinat	es? Yes X No
_		pendi	SAME AS C ABOVE		<u> </u>	H(b) Are all subordinates	<del></del> -
1			empt status 501(c)(3) _X 501(c) ( 6 ) ◀	(insert no ) 4947(a)(1)	or 527	<b>⊣</b> '	a list. (see instructions)
			te: WATERSTART.COM	. 🗔	<del>\                                    </del>	H(c) Group exempt	
			organization E	ociation Other	L Year	of formation: ZUI3	M State of legal domicile: NV
L	-a	rt I	Summary	WATE	ם כתיא סיו	TC A NON-1	DDORTT
	اھ	1	Briefly describe the organization's mission or most single ASSOCIATION OF PUBLIC & PR	Ignificant activities WAID	TACEBG	DEDICATED	TO THE
	핅	2	Check this box If the organization discont				
	Governance	3	Number of voting members of the governing body (P		360 01 111010		3   9
(	3	4	Number of independent voting members of the gove			_	4 8
•	Activities &		Total number of individuals employed in calendar year	[:	5 0		
;	흹		Total number of volunteers (estimate if necessary)	, , , ,			6 0
•	릙	7 a	Total unrelated business revenue from Part VIII, golu	7	a 0.		
	1	b	Net unrelated business taxable income from Form 99	90 Tine Sé EIVED	<del>,   </del>	7	ь 0.
202			37	1 1 2021	) 	Prior Year	Current Year
2	او		Contributions and grants (Part VIII, line 1h)	MAY 1 8 2021	》	971,658	
2	evenue	9	Program service revenue (Part VIII, line 2g)	JJC	듸  -	77,105	
<b>≥</b>	ادِ	10	Investment income (Part VIII, column (A), lines 3, 4, a	IN OGDEN, UT	-	0	<del></del>
APR 2 7	_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,-8	Jc, 10c, and 11e)	<b>-</b> -	1,048,763	
_	$\dashv$		Total revenue - add lines 8 through 11 (must equal P.			1,048,703	
SCANNED			Grants and similar amounts paid (Part IX, column (A) Benefits paid to or for members (Part IX, column (A),			0	
Z			Salaries, other compensation, employee benefits (Pa			421,554	
\$	Ses		Professional fundraising fees (Part IX, column (A), line			0	<del></del>
8	Expen		Total fundraising expenses (Part IX, column (D), line 2		0.		
<b>U</b>	Ĭ		Other expenses (Part IX, column (A), lines 11a-11d, 1			349,979	
		18	Total expenses Add lines 13-17 (must equal Part IX,	column (A), line 25)		771,533	
		19	Revenue less expenses Subtract line 18 from line 12	2		277,230	. 632,157.
5	<u> </u>				Be	eginning of Current Yea	
Sets	alances	20	Total assets (Part X, line 16)		<u> </u>	332,063	
AS	g		Total liabilities (Part X, line 26)		<u> </u>	220 062	
Ž	迅		Net assets or fund balances Subtract line 21 from lin	ne 20		332,063	. 964,220.
		rt II	Signature Block			anta and to the best of	multipouladae and haliaf it is
			alties of perjury, I declare that I have examined this return, in ct, and complete, Declaration of prepaser (other than officer)				ily kilowiedye alid bellet, it is
110	ıe,	correc	it, and complete beginning of preparer transfer than officer)	is based on an information of wi	ilicii preparci	Thas any knowledge.	4/71
Si	gn		Signature of officer	··-	****	Date	<del>// <u>~</u>{</del>
	ere		NATHAN ALLEN, EXECUTIVE	DIRECTOR			
•••			Type or print name and title				
_			Print/Type preparer's name	Preparer's signature	,	Date Check	PTIN
Pa	iid		EMILY HO, CPA	(mhy)	100	05/07/21 self-emp	
Pr	ера	arer	Firm's name RSM US LLP			Firm's EIN	42-0714325
Us	se (	Only	Firm's address 10845 GRIFFITH PE.		₹ 450		00 950 4000
_			LAS VEGAS, NV 891			Phone no. 7	02-759-4000
_			RS discuss this return with the preparer shown above			<del>-</del>	X Yes No Form <b>990</b> (2019)
93	200	1 01-2	0-20 LHA For Paperwork Reduction Act Notice	, see the separate instruction	UHS.		FORTH 330 (2019)

Form	1 990 (2019) WATERSTART	46-4420637	Page 2
Pa	rt:III; Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission	מכי הא הא	
	WATERSTART IS A NON-PROFIT ASSOCIATION OF PUBLIC & PRIVAMANAGERS DEDICATED TO THE COMMERCIALIZATION OF TECHNOLOG		CE.
	WATER TREATMENT, CONSERVATION AND SUSTAINABILITY. THROUGH		<u>CD</u>
	COLLABORATION AND THE USE OF BEST PRACTICES, WE ENDEAVOR		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a			)
	<u> </u>	THE PILOT OF	
	NEW WATER TECHNOLOGIES WITH MEMBERS. COSTS INCLUDE TIME	AND MATERIAL	<u>s</u>
	FOR INSTALLATION AND REVIEW OF PROJECTS.		
			-
4b	(Code) (Expenses \$		)
	ECONOMIC DEVELOPMENT IN THE WATER SECTOR BY LEVERAGING A		ING
	THE EXPERTISE AND INFRASTRUCTURE OF PARTNER ORGANIZATION		
	WATER INNOVATION SERVICES TO WATER MANAGEMENT AGENCIES, 'COMPANIES, AND POLICY MAKERS.	TECHNOLOGY	
	COMPANIES, AND POLICY MAKERS.		
		**	-
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	ue\$	)
		<del>~</del>	
4d	Other program services (Describe on Schedule O )		
	(Expenses \$\frac{1}{2}\text{ including grants of \$\frac{1}{2}\text{ (Revenue \$\frac{1}	)	
4e	Total program service expenses ► 449,232.		

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4e Total program service expenses ▶

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Form 990 (2019) WATERSTART

[Partily Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<b>↓</b>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	↓	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3	├—	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		1	{
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	<b> </b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			i
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	<b>├</b>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Ì
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8	L	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	1		ļ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1	1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, 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,	ŀ	l	İ
	Part VI	11a	<u> </u>	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			١
	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	ļ <u>.</u>	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 reported in			.,
	Part X, line 16 <sup>7</sup> If "Yes," complete Schedule D, Part IX	11d	<u> </u>	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<del>.</del>
	Schedule D, Parts XI and XII	12a	<del>                                     </del>	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<b> </b> ₩
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	X
14a		14a	<u> </u>	<del></del>
d	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ĺ		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	^
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>15</u>	$\vdash$	
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		^
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		Х
00-	complete Schedule G, Part III	19	<del>                                     </del>	X
20a	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20a	-	1,7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		_ 41	

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Form **990** (2019)

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Form	330(L010)	6-4420637	P	age 4
Pa	TIV 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's cu	rrent		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	ĺ
	·	23_		х
04-	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as			
24a				1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeat			ĺ
	any tax-exempt bonds?	24c	$\vdash$	<del></del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>-</b>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Ш	<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a	and		1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," compl	ete		1
	Schedule L, Part I	25b	L	<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	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 emplo	yee,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributor or employee thereof.			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pa	i i		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	<del></del>		
а		28a		х
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	·	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	l i	х
	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		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, ar	nd		
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled en	itity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	nization?		
	If "Yes," complete Schedule R, Part V, line 2	36		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
ıa	Little the homeon reported in Box o or Form 1000; Enter of in Not applicable			

(gambling) winnings to prize winners?

**b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Form	990 (2019) WATERSTART 46-4420	637	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
•			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1	
	filed for the calendar year ending with or within the year covered by this return		<del></del>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	,	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			$\frac{1}{x}$
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		$\vdash \vdash$
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_	<sub>V</sub>	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	X	
b	If "Yes," enter the name of the foreign country AUSTRALIA			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<del></del>		X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		$\vdash$
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
	any contributions that were not tax deductible as charitable contributions?	6a		<del>-^</del>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
-	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	00		· I
7	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		_
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		
·	to file Form 8282?	7c		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year		-	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		'	
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>'</u>	<del>'</del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O			,
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  13b		,	ľ
	Enter the amount of reserves on hand  Did the executation receive any narrante for indeer tanging services during the tay year?	14a		<u>x</u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes " has it filed a Form 720 to report these payments?" If "Nes " provide an explanation on School to Co.	14b		<del></del>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-75		
15	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.	_ <del></del>	*	1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
.0	If "Yes," complete Form 4720, Schedule O.	<u> </u>	-	
		Form	990	(2019)

46-4420637 WATERSTART Form 990 (2019) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 9 1a Enter the number of voting members of the governing body at the end of the tax year 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. 8 **b** Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 - (520)603-3836 NATHAN ALLEN

NV

89012-3600

1550 W HORIZON RIDGE PKWY STE R28, HENDERSON

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_	4	4	Z	U	ь	3	7	Page

Form 990`(2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

#### 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.

X Check this box if neither the organization no	organization compensate						ated any current officer, director, or trustee				
(A)	(B)			((	C)			(D)	(E)	(F)	
Name and title	Average	/40			ition	1 than d	ne.	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of	
	week	-	cer an	lo a o	Tecto	or/trus	ee)	from	from related	other	
	(list any	lecto						the	organizations (W-2/1099-MISC)	compensation from the	
	hours for related	p io a	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00030)	organization	
	organizations	ruste	l trus		yee	шрел		(***271033141100)		and related	
	below	Individual trustee or director	Institutional trustee	=	Key employee	st co	-a			organizations	
	line)	Indiv	Instit	Officer	Key	Highest compensated employee	Former				
(1) NATHAN ALLEN	40.00					П					
EXECUTIVE DIRECTOR		Х						0.	0.	0.	
(2) DAVE JOHNSON	0.00										
CHAIRMAN	0.00	Х		X		<u> </u>		0.	0.	0.	
(3) CINDY ORTEGA	0.00										
DIRECTOR	0.00	X	L		<u> </u>	L		0.	0.	0.	
(4) MARK FOREE	0.00									_	
DIRECTOR	0.00	Х	<u> </u>	L	ļ	$oxed{oxed}$		0.	0.	0.	
(5) PATRICIA MULROY	0.00							_	_	_	
DIRECTOR	0.00	X	<u> </u>		<u> </u>			0.	0.	0.	
(6) JONAS PETERSON	0.00							_	_	_	
DIRECTOR	0.00	Х	_		<u> </u>			0.	0.	0.	
(7) MICHAEL THOMAS	0.00							_	_ !		
DIRECTOR	0.00	X	L					0.	0.	0.	
(8) RAMSAY HUNTLEY	0.00										
DIRECTOR	0.00	X	_		<u> </u>			0.	0.	0.	
(9) LOUISE DUDLEY	0.00								•	•	
DIRECTOR		X	L	L	<b> </b>	-		0.	0.	0.	
		_	<u> </u>	ļ	ļ	_					
		_	L	<u> </u>	<u> </u>	<u> </u>			_		
					<del> </del>	⊢		***			
	-	_	$\vdash$	$\vdash$	├	├					
				l							
		-		$\vdash$	╁	$\vdash$			<u></u>		
		l	;								
		$\vdash$	$\vdash$	$\vdash$	$\vdash$	$\vdash$	-				
		1									
		$\vdash$	<del> </del>	├─	├	<del>                                     </del>		-			
	<b></b>										
	1	1	L	ı	1	1	L		L		

Forn	1 990` (2019) WATERSTAE	ΥT								46-44	20637	Page 8
Pa	(A)  Name and title	( <b>B</b> ) Average			(o	C) itior			<b>(D)</b> Reportable	(E) Reportable		(F)
		hours per week (list any hours for related organizations below line)	box	, unles	ss pe	rson i	Highest compensated employee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	com (r) fr org	nount of other pensation om the anization drelated anizations
									,			
С	Subtotal  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A						<b>♪ ♪</b>	0.		0. 0. 0.	0.
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable		0 Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su	uch individual									3	X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre			dual for services	5	X X
	tion B. Independent Contractors							-a +h	act recovered more than 9	2100 000 of compo	neation fro	
1	Complete this table for your five highest countries the organization. Report compensation for the organization for the organization.											
	(A) Name and business	address	NC	ONE	<u>.</u>				(B) Description of s	services	Comper	
											L.	
		., <del>-</del>										
	Total number of independent contractors (ii	ncluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received ma	ore than	<u></u>	
	\$100,000 of compensation from the organization	zation 🕨				(	)				Fa was	990 (2010)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 315,000. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 890,728. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 205,728 h Total. Add lines 1a-1f **Business Code** 2 a \_\_\_\_\_ Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents 6b b Less rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7с d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 205,728.

Total revenue. See instructions

Form 990 (2019) WATERSTART
Part IX Statement of Functional Expenses

$\overline{}$	TEIX Otatement of Functional Expense	<del></del>		<del></del>	
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A)	
	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				J
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4	· · · · · · · · · · · · · · · · · · ·				<u> </u>
5	Compensation of current officers, directors,	160,184.	128,147.	32,037.	
_	trustees, and key employees	100,104.	120,147.	32,037.	<del></del>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	77 016	(1 111	15 502	
7	Other salaries and wages	77,916.	62,333.	15,583.	<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	112 222	00 450	00 600	
9	Other employee benefits	113,098.	90,478.	22,620.	. ,
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management	32,643.	31,400.	1,243. 4,976.	
b	Legal	4,976.			
С	Accounting	32,553.		32,553.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		,		
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	Ì			
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,327.	1,862.	465.	
14	Information technology	6,006.	4,805.	1,201.	
15	Royalties				
16	Occupancy	3,110.	2,488.	622.	
17	Travel	40,935.	32,748.	8,187.	
18	Payments of travel or entertainment expenses	$\neg$			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,273.	2,618.	655.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,176.		1,176.	
23	Insurance	2,668.	2,134.	534.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMERCIALIZATION GRANT	75,444.	75,444.		
b	DUES & SUBSCRIPTIONS	5,969.	4,775.	1,194.	
c	BANK FEES	1,293.		1,293.	
d		, =	-		
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	573,571.	449,232.	124,339.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization		= ,		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				
	11 Idilowing SOF 38-2 (ASC 938-720)	L			C 990 (0010)

46-4420637 Page 11 Form 990`(2019)
Part X Balance Sheet WATERSTART

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			307,536.	1	963,605.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,	1		-
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons	0.	5	0.
	6	Loans and other receivables from other disqualif	ied per	sons (as defined	- -		
		under section 4958(f)(1)), and persons described	ın sec	tion 4958(c)(3)(B)	7.4	6	•
S	7	Notes and loans receivable, net			23,351.	7	607.
Assets	8	Inventories for sale or use		8			
Ą	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment cost or other		l			
		basis Complete Part VI of Schedule D	10a	5,018.			
	b	Less accumulated depreciation	10b	5,018.	1,176.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			0.	15	8.
	16_	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	332,063.	16	964,220.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
ç	22	Loans and other payables to any current or form					
葟		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
_	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pages	-				
		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			0.	26	0.
<b>(</b> 0		Organizations that follow FASB ASC 958, che	ck here	• ▶ 🗀 🔠			
ě		and complete lines 27, 28, 32, and 33.			<u></u>		
lan	27	Net assets without donor restrictions		-	·	27	
B	28	Net assets with donor restrictions		, 177		28	<u> </u>
Š		Organizations that do not follow FASB ASC 99	58, che	ck here 🕨 🗓			
ř.		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds			0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or eq		T T	0.	30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, c	or other funds	332,063.	31	964,220.
Š	32	Total net assets or fund balances		}	332,063.	32	964,220.
	33	Total liabilities and net assets/fund balances	332,063.	33	964,220.		

Form **990** (2019)

Form **990** (2019)

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Name of the organization

Employer identification number 46-4420637

Pa	wATERSTART  rtil  Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
1-2	organization answered "Yes" on Form 990, Part IV, Iir		
	organization answered 100 on Fermi eee, Farms, in	(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 advise	ed funds
J	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
Ŭ	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pa	rtill Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	· -	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year <b>&gt;</b>		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	
	and section 170(h)(4)(B)(ii)?		Yes No
9	in Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	ents that describes the
ıD.	organization's accounting for conservation easements  rtillij Organizations Maintaining Collections or	f Art Historical Transuras or Otl	har Similar Assats
[Fa			Ter Silling Assets.
	Complete if the organization answered "Yes" on Form		ad balance about works
па	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
Đ	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in forth	erance or public service,
	provide the following amounts relating to these items		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	accuracy or other cimilar accets for financial	
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	400 ago telating to these items	▶ \$
	Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
h	Assets included in Form 990 Part X		<b>▼</b> 5

	dule D (Form 990) 2019 WATERST					0.1		4420637	
	Organizations Maintaining Co								<u>d)</u>
3	Using the organization's acquisition, accession	on, and other record	s, check	cany of the	following tha	t make siç	gnificant use of	its	
	collection items (check all that apply)		. $ egin{array}{c} $		h				
а	Public exhibition	(			hange progr	am			
b	Scholarly research	•	• []	Other					
C	Preservation for future generations							David VIII	
4	Provide a description of the organization's co							art XIII	
5	During the year, did the organization solicit or					er sımılar i	assets		N
Dai	to be sold to raise funds rather than to be ma					"Voo" on	Form 000 Bort	Yes L	No_
<u>r</u> ai	reported an amount on Form 990, Par		ete ii the	e organizatio	in answered	res on	rom 990, Fan	IV, line 9, or	
1a	Is the organization an agent, trustee, custodia		liary for	contribution	s or other as	sets not ir	ncluded	<del>, , , , , , , , , , , , , , , , , , , </del>	
-	on Form 990, Part X?		,					Yes [	No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowina t	able					
~	, oo, oo, and an angement and an angement							Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						1f		
	<u> </u>	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?	Yes [	No
	Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII								
	Endowment Funds. Complete if						0		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	d) Three years b	ack (e) Four yea	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities							1	
	and programs		<u> </u>						
f	Administrative expenses								
g	End of year balance		<u> </u>		L				
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a)	)) held as.				
а	Board designated or quasi-endowment	***	_%						
b	Permanent endowment >	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%							
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administei	red for the	organization		
	by							Ye	s No
	(i) Unrelated organizations							3a(ı)	—
	(II) Related organizations							3a(ıi)	<del></del>
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on S	chedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment f	unds				***	
<u>Ŗ</u> ar	tiVI∎ Land, Buildings, and Equipme								
	Complete if the organization answered								
	Description of property	(a) Cost or o			or other	1 ''	cumulated	(d) Book va	alue
		basis (investr	nent)	basis	(other)	dep	reciation		
1a	Land							<u>-</u>	
b	Buildings								
C	Leasehold improvements			·		l			

5,018.

Schedule D (Form 990) 2019

0.

5,018.

d Equipmente Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B). line 10c.)

	Complete if the organization answered "Yes"			
) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
Financia	al derivatives			
Closely	held equity interests			
Other				<u>.</u>
A)				
B)			· · · · · · · · · · · · · · · · · · ·	
C)				
D)	<del></del>			
E)				
F)				
G)				,
H)				
	) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"		1c. See Form 990, Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
1)				
2)				
3)				
4)	· <u>*</u> • •			
5)				
6)				
7)				····
8)				
۸۱				
	o) must equal Form 990, Part X, col. (B) line 13 )  Other Assets.			
I. (Col (I	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, line 1 Description	1d See Form 990, Part X, line 15	(b) Book value
I. (Col (I	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1. (Col (lart IX )	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1. (Col (lart IX )	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1. (Col (lart IX )	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1. (Col (lart IX )	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1) (Col (I (Irt IX ) ) (1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
1) (Col (Inrt IX ) (1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
(1) (Col (Inrt IX ) (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.  Complete if the organization answered "Yes"		1d See Form 990, Part X, line 15	(b) Book value
(1) (Col (lart IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes"  (a)	Description	1d See Form 990, Part X, line 15	(b) Book value
(1) (COI (I) (1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column))	Other Assets.  Complete if the organization answered "Yes"  (a)  (a)  mn (b) must equal Form 990. Part X. col. (B) line  Other Liabilities.	Description		
1) (Col (() () () () () () () () () () () () ()	Other Assets.  Complete if the organization answered "Yes" (a)  (a)	Description		
1) (Col ((irt IX ) 1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Columnt X ) 1) (columnt X )	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col (int IX )  1) 2) 3) 4) 55) 66) 77) 88) 99 al. (Column X )	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990, Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"	Description		25.
1) (Col (Inrt IX )  1) (2) (3) (4) (5) (6) (7) (8) (9) (al. (Columnt X )  1) Fed (2)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col (Int IX )  1) 2) 3) 4) 5) 6) 7) 8) 9) 11. (Columnt X )  1) Fed 2) 3)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col (Int IX )  1) 2) 3) 4) 55) 66) 77) 88) 99) 11. (Column X )  1) Fed 2) 33 44)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col ((irt IX ) 1) 2) 3) 4) 55) 66) 7) 88) 9) 11 Fed 2) 3) 4) 55)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
(1) (Col (inrt IX ) (1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col (inrt IX ) 2) (3) (4) (5) (6) (7) (8) (9) (1) Fed (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
1) (Col (int IX )  1) 2) 3) 4) 5) 6) 7) 8) 9) al. (Columnt X )  1) Fed 2) 3) 4) 5) 6) 7) 8	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description		25.
(1) (COI (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	Other Assets.  Complete if the organization answered "Yes"  (a)  mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  15.) on Form 990, Part IV, line 1		25.

Sche	dule D (Form 990) 2019 WATERSTART		46-4420637 Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return.
•	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a	
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		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d	<del></del>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b	<del> </del>	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5
Pa	t XII   Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, Iir	ne 12a	
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		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII )	2d	<u> </u>
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	
С	Add lines 4a and 4b	<b>L</b>	4c
5	Total expenses Add lines 3 and 4c. This must equal Form 990. Part I, line 1	3.)	5
Pa	t XIII Supplemental Information.		
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	I, Part IV, lines 1b and 2b, I	Part 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 ar	ny additional information	
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## SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

**Statement of Activities Outside the United States** 

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

, line 14b, 15, or 16. **2019** Open to Public

➤ Attach to Form 990.

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

Name of the organization

Inspection
Employer identification number

OMB No 1545-0047

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י ע ני	TERSTART					46-44206	37
Pai	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ		
	Form 990, Part IV				no n the organ	2.0.1.0.1.0.1.0.1	
1			maintain record	ds to substantiate the amount of its gra	nts and other a	issistance,	
•				he selection criteria used to award the			Yes No
	the grainteed englishing to	o, the grante or c			g		
2	For grantmakers, Desc	ribe in Part V the	e organization's i	procedures for monitoring the use of its	grants and oth	ner assistance out	side the
_	United States				<b>5</b>		
3		ne following Part	L line 3 table ca	n be duplicated if additional space is n	eeded )		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	(e) If activ	vity listed in (d)	(f) Total
	( ) 0	offices	employees, agents, and independent	(by type) (such as, fundraising, pro-		gram service,	expenditures
		ın the region	independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	s) in the region	in the region
	···		iii tiio region				
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	<u> </u>						<b>_</b>
3 a	Subtotal	0	0				0.
	Total from continuation						
_	sheets to Part I	0	0				0.
С	Totals (add lines 3a						
-	and 3b)	0	0				0.

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

it (f) Manner of (g) Amount of noncash assistance					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
(e) Amount of cash grant					the foreign count
(d) Purpose of grant					recognized as charities by
(c) Region					ns listed above that are
(b) IRS code section and EIN (if applicable)					recipient organizatio
1 (a) Name of organization					2 Enter total number of

Enter total number of other organizations or entities က

46-4420637

Page 3

WATERSTART

Schedule F (Form 990) 2019 W.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2019
(g) Description of noncash assistance					Scheo
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

•			
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule · F	(Form 990) 2019	WATERSTART	46-4420637	Page 5
Part V	Supplementa	Information		
`		nation required by Part I, line 2 (monitoring of funds); Part	t I. line 3, column (f) (accounting method, amounts of	
		spenditures per region), Part II, line 1 (accounting method		
		r of recipients), as applicable. Also complete this part to		
	(estimated numbe	of recipients), as applicable Also complete this part to	provide any additional information. See instructions.	
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# SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

2019 Open to Public	Inspection
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% ⊠ Employer identification number 46-4420637 (h) Purpose of grant or assistance PILOT CONTRIBUTIONS Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 930, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 10,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 45-3785831 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? WATERSTART 1 (a) Name and address of organization or government Name of the organization 19500 COUNTY ROAD 7 CO 80513 BIOCHAR NOW, LLC BERTHOUD Part Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 46-4420637 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients REQUEST FOR PROPOSAL PROCESS IS FOLLOWED (a) Type of grant or assistance Schedule I (Form 990) (2019) PART I, LINE 932102 10-26-19 Part III

### **SCHEDULE 0**

Internal Revenue Service

(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

Name of the organization

WATERSTART

Employer identification number 46-4420637

OMB No 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMERCIALIZATION OF TECHNOLOGIES TO ADVANCE WATER TREATMENT,
CONSERVATION AND SUSTAINABILITY. THROUGH COLLABORATION AND THE USE OF
BEST PRACTICES, WE ENDEAVOR TO EXPLORE WATER ISSUES AS WE IMPROVE
NEVADA'S ECONOMIC DIVERSIFICATION AND EXPANSION, AND WORKFORCE
DEVELOPMENT. WATERSTART SEEKS TO BE THE WORLD LEADER IN WATER
TECHNOLOGY, CONCENTRATING ON CONSERVATION, RESOURCE PLANNING, PUMPING,
TREATMENT, STORAGE, DISTRIBUTION AND REUSE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WATER ISSUES AS WE IMPROVE NEVADA'S ECONOMIC DIVERSIFICATION AND
EXPANSION, AND WORKFORCE DEVELOPMENT. WATERSTART SEEKS TO BE THE WORLD
LEADER IN WATER TECHNOLOGY, CONCENTRATING ON CONSERVATION, RESOURCE
PLANNING, PUMPING, TREATMENT, STORAGE, DISTRIBUTION AND REUSE.
FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS INCLUDE ORGANIZATIONS THAT HAVE A SHARED INTEREST IN NEVADA WATER
RELATED MATTERS AND ISSUES.
FORM 990, PART VI, SECTION B, LINE 11B:
DRAFT COPY PROVIDED TO BOARD ELECTRONICALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
THE BOARD DOES REASEARCH ON SALARY AND BENCHMARKS FOR A PARTICULAR
POSITION. THE DATA IS ANALYZED, REVIEWED, AND FINAL APPROVAL ON THE
COMPENSATION IS DONE BY THE BOARD.

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization	Employer identification number
WATERSTART	Employer identification number 46-4420637
FORM 990, PART VI, SECTION C, LINE 19:	
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.	
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Employer identification number 46-4420637Open to Public Inspection OMB No 1545-0047 2019 Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Go to www.irs.gov/Form990 for instructions and the latest information. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. WATERSTART Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

(a)	(q)	(2)	(p)	(e)	(t)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(	2(b)(13)  led
of related organization		foreign country)		status (if section		entrty?	U
				501(c)(3))		Yes	N <sub>o</sub>
CHANNELS FOR WATER INNOVATION - 82-1061688							
1550 W. HORIZON RIDGE , SUITE R28							
HENDERSON, NV 89012	FUNDRAISING	NEVADA	501(C)(3)	LINE 7	WATERSTART		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990,				Schedule R (Form 990) 2019	(Form 99(	) 2019

Page 2 46-4420637

WATERSTART Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

₹	General or Percentage managing ownership partner? Yes No					
(5)	General or managing partner?	 -			•	
(5)	Code V-UBI amount in box '20 of Schedule K-1 (Form 1065)					
£)	Onsproportionate allocations?					
(6)	Share of end-of-year assets					
(£)	Sha -					
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(p)	Direct controlling entity					
(3)	Legal domicile (state or foreign country)					
(q)	Primary activity					
(a)	Name, address, and EIN of related organization					

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

1			l		ı			ı		ı	,	i	
يے	Section 512(b)(13) controlled entity?	No			_								
		Yes		 	L	_	_						
(£)	Percentage ownership			 									7.
1	Share of end-of-year	dooelo											
(j)	Share of total income												
(e)	Type of entity (C corp, S corp,	OI HUST											
(p)	Direct controlling entity												
(c)	Legal domicile (state or foreign	country)											
(q)	Primary activity												
(a)	Name, address, and EIN of related organization												•

Schedule R (Form 990) 2019

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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	<sup>8</sup>
1 During the tax year, did the organization engage in any of the following transactions	with one or more rel	ctions with one or more related organizations listed in Parts II-IV?	Parts II·IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>  •                                     </u>	1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				10	×
d Loans or loan guarantees to or for related organization(s)			•	1d	×
e Loans or loan guarantees by related organization(s)				1e	×
f Dividends from related organization(s)				<b>#</b>	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				÷	×
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				ij	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	ızatıon(s)		•	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)		F	1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			1n X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X	
p Reimbursement paid to related organization(s) for expenses				1 <sub>D</sub> X	
q Reimbursement paid by related organization(s) for expenses				1q X	
					:
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>			<u>-                                    </u>	<b>-</b>	×
ام				1s	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	to must complete th	is line, including covered re	elationships and transaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	, ved	
(1) CHANNELS FOR WATER INNOVATION	Ъ	191,811.	ACTUAL AMOUNT		
(2)					
(2)					

Schedule R (Form 990) 2019

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

eg œ	I	] ]	1	1			6
(k) ercenta wnersh							Schedule R (Form 990) 2019
(j) neral or P naging orther?				-		-	Form
Co mar 1 Par Yes				<del> </del>			= B
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? Or Schedule K-1 partner?							Schedu
(h)  Cisproportionate allocations?							
Cist Clar				<del> </del>			
(g) Share of end-of-year assets							
(f) Share of total income							
Are all partners sec 501(c)(3) orgs?	-						
e parti	1			<del> </del>		**	
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)							
(c) Legal domicile (state or foreign country)						:	
	<del> </del>						
(b) Primary activity							
(a) Name, address, and EIN of entrty							

Schedule R	(Form 990) 2019 WATERSTART	46-442063 / Page 5
Part VII	(Form 990) 2019 WATERSTART Supplemental Information	
	Provide additional information for responses to questions on Schedule R. See instructions	
	Trovide additional information for responded to galearone on contession for each series.	
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Schedule R (Form 990) 2019