EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning

Open to Public Inspection

OMB No. 1545-0047

B c	heck if	C Name of organization		D Employer identifi	cation number
	Addre	CANNEDWATER4KIDS INC.			
H	_ chang ∏Name			ا − ₂₆₋₂	173180
	_ chang ∏Initial		Da a ma /a if		
	_lreturn □Final	Number and street (or P.O. box if mail is not delivered to street address) N69 W23448 DONNA DR	Room/suit		246-8480
	⊐return termir	_		536,365.	
	ated ∏Amen	City or town, state or province, country, and ZIP or foreign postal code SUSSEX, WI 53089-4900		G Gross receipts \$	-
	⊒return ∏Applio	•		H(a) Is this a group re	eturn s? Yes X No
	tion pendi	N69W23448 DONNA DRIVE, SUSSEX, WI 530	89-32	4 H(b) Are all subordinates in	ncluded? Yes No
1 7	-0V 0V	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) d			list. (see instructions)
		te: WWW.CANNEDWATER4KIDS.ORG	01 52	⊣ 1 '	,
		organization: X Corporation Trust Association Other ►	I Vo	H(c) Group exemption	M State of legal domicile: WI
	rt I	Summary	L 166	ar or formation. 2000 in	M State of legal doffliche, W -
		Briefly describe the organization's mission or most significant activities: TO PI	ROVID	E CLEAN AND	SAFE WATER
Activities & Governance	'	(CANNED) TO THOSE IN NEED OF CLEAN WATER	BOTH	DOMESTICALL	Y AND
rua	2	Check this box if the organization discontinued its operations or dispos	sed of mo	ore than 25% of its net as	ssets.
٥ ٩	3	Number of voting members of the governing body (Part VI, line 1a)		3	11
<u>ت</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			10
es 9	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	0
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	11
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		89,935.	3,376.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	105.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		178,227.	234,643.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		268,162.	238,124.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,744.	27,084.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	75 244	120 050
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		75,344. 107,088.	139,958.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,074.	71,082.
<u>- 8</u>	19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		Beginning of Current Year 124,879.	End of Year 228, 363.
Asse Ball	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	·····	25,694.	58,096.
net/	21 22	Net assets or fund balances. Subtract line 21 from line 20	·····	99,185.	170,267.
	irt II	Signature Block		33,12001	27072070
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepar	er has any knowledge.	
Sign	า	Signature of officer		Date	
Her		GREGORY STROMBERG, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		ANDREW C. KOMISAR ANDREW C. KOMIS	AR	05/26/17 if self-employ	P00281897
	arer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN ▶	41-0746749
Use	Only	Firm's address 10700 W. RESEARCH DRIVE, STE 20	U		4 486 4000
		MILWAUKEE, WI 53226		Phone no.41	4-476-1880
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments	X
_	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission: TO PROVIDE CLEAN AND SAFE WATER (CANNED) TO THOSE IN NEED OF	CLEAN
	WATER BOTH DOMESTICALLY AND INTERNATIONAL, ESPECIALLY IN AREA	
	NATURAL DISASTERS HAVE OCCURRED, AND IN THIRD WORLD NATIONS V	
	A CLEAN WATER SUPPLY. WE FURTHER PROVIDED EDUCATION ON SUBJEC	
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 others, the total	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 139,528 • including grants of \$ 27,084 •) (Revenue \$)
	THE FURNISHING OF CANNED WATER IN AREAS OF DISTRESS. PROVIDE	E FUNDS TO
	SIMILAR NON PROFIT ORGANIZATIONS TO ASSIST THEM IN ACCOMPLISH	IING THEIR
	MISSION.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (expenses \$,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 139,528.	
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			7.7
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

		Yes	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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			X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ ₃₂
Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ie		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
Schedule K. If "No", go to line 25a			
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
Cohadula I Dowt I	25b		x
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
complete Schedule L, Part II	26	Х	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	er,		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
contributions? If "Yes," complete Schedule M	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?			٦,
If "Yes," complete Schedule N, Part I	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
Schedule N, Part II	32		
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	34		x
Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			
If "Yes," complete Schedule R, Part V, line 2			х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/11		
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		
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
J a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
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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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	GREGORY STROMBERG - 262-246-8480			
	N69 W23448 DONNA DRIVE, SUSSEX, WI 53089-4900			

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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_				17 11 410	100)	from the	from related	other
	(list any hours for	direct				P		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(,	organization
	organizations	Itrust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	Pul	lns	#5	, Ke	Hig	For			
(1) GREGORY STROMBERG	5.00	. ,		\ \					_	_
PRESIDENT	1.00	Х		Х				0.	0.	0.
(2) PETER GORMAN	1.00	x		x				0.	0.	0.
SECRETARY (3) DAN KIPP	1.00	Δ		^				0.	0.	0.
TREASURER	1.00	X		x				0.	0.	0.
(4) MARISSA JABLONSKI	1.00	^		<u> </u>				0.	0.	•
DIRECTOR	1.00	Х						0.	0.	0.
(5) CONRAD ADLEMAN	1.00								•	•
VICE PRESIDENT	1 2100	x		x				0.	0.	0.
(6) JEFF HENGSBACH	1.00								•	
DIRECTOR		х						0.	0.	0.
(7) SCOTT ERTL	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MEGAN DAUM	1.00									
DIRECTOR		Х						0.	0.	0.
(9) ALLISON E BUCHANAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(10) JAROD T BRODY	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(11) ASHLEY GRAVLEE	1.00	,,							_	_
DIRECTOR		Х						0.	0.	0.
		-								
		1								
		1								
		1								
		1								
		1								

Form **990** (2016)

Paπ VIII Section A. Officers, Directors, Tru		ploy	ees	_		ighe	st C	 	es (continued)				
(A)	(B)			((-			(D)	(E)			(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			stimate	
	hours per week					is bot or/trus		compensation	compensation	٦		nount (of
	(list any	-					Ė	from the	from related organizations			other pensa	tion
	hours for	Individual trustee or director				ps ps		organization	(W-2/1099-MIS			om the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	•	´		anizati	
	organizations	al trus	nal trı		oyee	omp						d relate	
	below line)	lividu	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizatio	ons
	11110)	트	<u>si</u>	₽	, Ke	ij.e	요						
		1											
		1											
		4											
						\vdash							
		1											
		4											
1h Sub total								0.		0.			0.
1b Sub-total c Total from continuation sheets to Part \								0.		0.			0.
d Total (add lines 1b and 1c)								0.		0.			0.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable	<u>_</u>			
compensation from the organization									•				0
												Yes	No
3 Did the organization list any former office				•	•	•		•					
line 1a? If "Yes," complete Schedule J for											3		X
4 For any individual listed on line 1a, is the			-						the organization		_		v
and related organizations greater than \$1									idual for comicos		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-			-			5		Х
Section B. Independent Contractors	ripiete deriedar	C 0 1	01 30	JCII	pers	3011 .							
1 Complete this table for your five highest of	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pensa	ation 1	rom	
the organization. Report compensation fo													
(A)								(B)			(0		
Name and busines	s address	N	INC	3			_	Description of s	ervices	C	ompe	nsatio	n
							\dashv		+				
							\dashv						
	, , , , ,						ᆜ						
2 Total number of independent contractors		ot li	mıte	a to		se lis 0	stec	a above) who received n	nore tnan				
\$100,000 of compensation from the organ	nzatiOH -										Form	990 (2	2016)
												(2	_0 , 0)

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Ра	rt VI		a in this Dort VIII			
		Check if Schedule O contains a response or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	k c c e f		3,376.	revenue	revenue	512 - 514
	· g	Total. Add lines 2a-2f				
	3 4 5	Investment income (including dividends, interest, and other similar amounts). Income from investment of tax-exempt bond proceeds Royalties	105.			105.
	k	(i) Real (ii) Personal Gross rents Less: rental expenses Rental income or (loss)				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis				
0	(and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not				
Other Revenue	k	including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b				
J		Net income or (loss) from fundraising events				
	k	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities				
	k	Gross sales of inventory, less returns and allowances a 532,884. Less: cost of goods sold b 298,241. Net income or (loss) from sales of inventory	234,643.			234,643.
		Miscellaneous Revenue Business Code	231,043.			231,043.
	11 a	+				
	k					
	ď					
		All other revenue				
		Total. Add lines 11a-11d	230 124	0.	0	23/1 7/0
	12	Total revenue. See instructions.	238,124.	U •	ı .	234,748.

Part IX	Statement of	Functional	Expenses
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Check if Schedule O contains a response or note to any line in this Part IX. (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. (B) Do not include and the assistance to domestic organizations and domestic governments. See Part IV, line 21 (B) Grants and other assistance to domestic includences. See Part IV, line 21 (B) Grants and other assistance to foreign included assistance to foreign organizations, foreign governments, and foreign included assistance to foreign included assistance and values of the part of the part of part of the part	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A).	
Total expenses Total expenses		Check if Schedule O contains a respon				
and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Persons (as defined under section 4558(IV)) and persons described in section 4958(IV)) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in 4958 (IV) and 1958 (IV) and 19		•		Program service	Management and	Fundraising
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualitied persons (as defined under section 4958((1)) and persons described in section 4958((3)(8)) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 1	1	_	27,084.	27,084.		
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 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 4958(0)(3)(8) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundialsing services. See Part IV, line 17 f Investment management fees 9 Other, Iffile 11 gamount exceeds 10% of line 25, column (A) amount, list line 11 g expenses on Sch 0.) 2 Advertising and promotion 3 , 333, 1, 140, 2, 193, 1 3 Office expenses 6 , 827, 6 , 827, 1 1 Information technology 1 Travel 1 Cocupancy 1 Travel 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 1 13, 714, 13, 714, 13, 714, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officers, directors, trustess, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(1)) and 403(t) employer contributions (include section 401(k) and 403(t) employer contributions (include section 403(t) and 403(t) employer employer employer employer employer em	2	Г				
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e All other expenses 1,207. 802. 405.	С			1,286.		
	d	CONSULTING				
468 616 466 866 68 841	е					
25 Total functional expenses. Add lines 1 through 24e 167,042. 139,528. 27,514.	25		167,042.	139,528.	27,514.	0
26 Joint costs. Complete this line only if the organization	26					
reported in column (B) joint costs from a combined		, , , ,				
educational campaign and fundraising solicitation.						
Check here if following SOP 98-2 (ASC 958-720)		Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2016

Form 990 (2016) Part X Balance Sheet

Part A	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	32,705.	1	8,554
2			2	
3			3	
4			4	
5				
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
ဋ	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
₹ 8	Inventories for sale or use	92,174.	8	219,809
9			9	
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12			12	
13	Investments - program-related. See Part IV, line 11		13	
14			14	
15			15	
16		124,879.	16	228,363
17	Accounts payable and accrued expenses		17	
18			18	
19			19	
20			20	
21			21	
ผู 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
<u>a</u>	Complete Part II of Schedule L	16,048.	22	46,643
23			23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	9,646.	25	11,453
26		25,694.	26	58,096
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
န္မ	complete lines 27 through 29, and lines 33 and 34.			
27 28 29	Unrestricted net assets	99,185.	27	170,267
28			28	
<u> </u>	Permanently restricted net assets		29	
בֿ	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
	and complete lines 30 through 34.			
30 31 32 32 32 33 33 33 33 33 33 33 33 33 33	Capital stock or trust principal, or current funds		30	
ğ 31			31	
a 32			32	
ž 33		99,185.	33	170,267
34		124,879.	34	228,363

Form **990** (2016)

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Theorem 19 Theorem 19	Pa	rt XI Reconciliation of Net Assets					
2 Total expenses (must equal Part IX, column (Å), line 25) 2 167, 0.42 3 Revenue less expenses. Subtract line 2 from line 1 3 71, 082 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Å)) 4 99, 1.85 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 (must equal Part X, line 33, column (B)) 9 (must equal Part X, line 33, column (B)) 10 170, 267 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (Å), line 25) 2 167, 0.42 3 Revenue less expenses. Subtract line 2 from line 1 3 71, 082 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Å)) 4 99, 1.85 5 Net unrealized gains (losses) on investments 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 (must equal Part X, line 33, column (B)) 9 (must equal Part X, line 33, column (B)) 10 170, 267 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII							
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990:	1	Total revenue (must equal Part VIII, column (A), line 12)	1				
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Prior period adjustments Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Accounting method used to prepare the Form 990: Cash X Accrual Other If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis in Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," the changed either its oversight process or selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. I	2	Total expenses (must equal Part IX, column (A), line 25)	2				
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (2)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (2)) Check if Schedule O contains a response or note to any line in this Part XII Thancial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b 2 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did	3	Revenue less expenses. Subtract line 2 from line 1	3				
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7 Investment expenses 7 8 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 170 , 26 7 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 2 2 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis	5	Net unrealized gains (losses) on investments	5				
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	6	Donated services and use of facilities	6				
9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 170, 267 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	7	Investment expenses	7				
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Theorem 19 Theorem 19	8	Prior period adjustments	8				
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Check if Schedule O contains a response or note to any line in this Part XII Yes N		column (B))	10	<u> </u>	170),2	<u>67.</u>
Accounting method used to prepare the Form 990:	Pa	rt XII Financial Statements and Reporting					
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Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o.			
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit			
		Act and OMB Circular A-133?			За		X
or guidite, explain why in Schodule O and describe any stope taken to undergo such guidite	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	Jdit			
or addits, explain why in Schedule C and describe any steps taken to undergo such addits		or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CANNEDWATER4KIDS INC. 26-2173180 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.) 1 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: 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.) 6 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.) 8 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: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 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
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
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 ☐ Type I. A supporting organization operated organization operated organization of the supervised organization org 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, 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) 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 I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations

g Provide the following information	n about the supporte	ed organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		above (see instructions))	1.00	110		
Total						
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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. Section B. Total Support	Sec	tion A. Public Support						
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	qualify under the tests listed b	elow, please comp	olete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(0) 2014	(u) 2013	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")	72,460.	12,114.	21,020.	89,935.	3,376.	198,905.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7271000	12/1110	21,0200	03/3331	3,3,0	13073031
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-	22 207	12 006	CO CEO	101 001	F20 004	000 610
	iness under section 513	33,307.	12,896.	00,030.	181,881.	552,884.	029,010.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge	105,767.	25,010.	89,670.	271,816.	536,260.	1 020 522
	Total. Add lines 1 through 5	105,767.	23,010.	09,070.	2/1,010.	330,200.	1,028,523.
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
(Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,028,523.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,767.	(b) 2013 25,010.	(c) 2014 89,670.	(d) 2015 271,816.	(e) 2016 536, 260.	1,028,523.
k	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	105,767.	25,010.	89,670.	271,816.	536,260.	1,028,523.
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2016 (I	ine 8, column (f) di	vided by line 13, c	olumn (f))			100.00 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	100.00 %
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colum	nn (f) divided by lin	e 13, column (f))		17	.00 %
18						18	.00 %
198	a 33 1/3% support tests - 2016. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box at	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶ X
	33 1/3% support tests - 2015. If the						
20	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (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 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 1 2 За 3b Зс 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Pa	rt IV Supporting Organizations _(continued)			
	,		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Vaa	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	ZU		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		·	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
8	and 4c Breakdown of line 7:			
<u>о</u> а	DIEGROUWITUTIILE 1.			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u>u</u>	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

D 11/1	1/10/11/000 01/000 L2/2010 01-10/11/11/11/11/11/11/11/11/11/11/11/11/1
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.)
	Goe manactions.)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CANNEDWATER4KIDS INC.

Employer identification number 26-2173180

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
•	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		sed funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	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
	Total acreage restricted by conservation easements		
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 8/17/06, and not on a historic struct	ture
	listed in the National Register		
3	Number of conservation easements modified, transferred, re		
	year▶		
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	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		C

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

Schedule D (Form 990) 2016

	t III Organizations Maintaining O	Collections of A		orical Tr	easures.	or Othe		ar Asse		90	<u>-</u>
3	Using the organization's acquisition, accessi										_
•	(check all that apply):	ion, and other record	30, 0110011	arry or are	ronoving and	at a o a o	igiiiioaiii	400 01 110	001100110		
а	Public exhibition	c	ı 🗆 ı	oan or exc	change progr	ams					
b	Scholarly research			Other		u					
c	Preservation for future generations	_									_
4	Provide a description of the organization's co	ollections and explai	in how th	ev further t	he organizat	ion's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit of								- /		
_	to be sold to raise funds rather than to be m								Yes	□ N	0
Pai	t IV Escrow and Custodial Arran										Ť
	reported an amount on Form 990, Pa			J				, ,	,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for c	contribution	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes	□ N	О
b	If "Yes," explain the arrangement in Part XIII										
		•	_						Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on F								Yes	□ N	0
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the e	xplanatio	n has beer	n provided on	Part XIII					
Pai	t V Endowment Funds. Complete i	if the organization ar	nswered '	'Yes" on F	orm 990, Par	t IV, line	10.				
	•	(a) Current year		ior year	(c) Two yea		(d) Three y	ears back	(e) Four	r years bac	k
1a	Beginning of year balance	,	, ,		,,,,,		. ,		` ′	-	_
	Contributions										_
	Net investment earnings, gains, and losses										_
	Grants or scholarships										_
	Other expenditures for facilities										_
	and programs										
f	Administrative expenses										_
	End of year balance										_
	Provide the estimated percentage of the cur		ce (line 1c	ı. column (a)) held as:						_
	Board designated or quasi-endowment	,	%	,, ("						
	Permanent endowment ▶	%	<u> </u>								
	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
За	Are there endowment funds not in the posse	•	ation that	t are held a	and administe	ered for t	he organiz	zation			
	by:	J					3		1	Yes No	 o
	(i) unrelated organizations								3a(i)		_
	(ii) related organizations										_
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on So	hedule R?)				3b		_
4	Describe in Part XIII the intended uses of the									<u> </u>	_
Pai	t VI Land, Buildings, and Equipm										_
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other (other)	(c) A	ccumulate preciation		(d) Boo	k value	
19	Land	<u> </u>		24010	(551)	40					_
	Buildings										_
	Leasehold improvements		+								_
	Equipment		+								_
	Other		+								_
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (B) line	10c)					0	١.
. 5.4		urt	,	·· (<i>-,</i> ,, o	· · /						

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CANNEDWATER	4KIDS INC.		26-2173180 Page
Part VII Investments - Other Securities.			ı ago
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	on Form OOO Dort IV	line 11d Coe Form 000 Port V line 15	
Complete if the organization answered "Yes" (a)	Description	, line 11d. See Form 990, Part X, line 15.	(b) Book value
	Becomption		(b) Book value
<u>(1)</u> (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV		ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes		44 452	
(2) AMERICAN EXPRESS		11,453.	
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2016

(8)

11,453.

	rt XI Reconciliation of Revenue per Audited Finance	iai Statements with Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, F	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	ients	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				
С				
d				
е			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		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part		5	
Pa	rt XII Reconciliation of Expenses per Audited Finan	cial Statements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, F	art IV, line 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	6.1.			
d	Other (Describe in Part XIII.)	2d		
е	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		4c	
5				
		t I, line 18.)	5	
Pa	rt XIII Supplemental Information.			
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information.	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,
Pa Prov	rt XIII Supplemental Information. ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	1a and 4; Part IV, lines 1b and 2b; Pa		t XI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CANNEDWAT	ER4KIDS I	INC.					26-2173180
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						Yes X No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	•				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than					(f) Method of	T	T
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE WELL PROJECT INC							
PO BOX 220410							
BROOKLYN, NY 11222	26-0073030	501(C)(3)	12,600.	0.			GENERAL PROGRAM SUPPORT
		(. , , ,					
2 Enter total number of section 501(c)(3) a			he line 1 table				>
3 Enter total number of other organization	s listed in the line	1 table					

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information. Provide the information	ion required in Part I, lin	ie 2; Part III, columi	n (b); and any other a	dditional information.	

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open To Public Inspection

Name of the organization

Employer identification number

	Č	ANNEDWA	ATEI	R4KIDS	INC	•				26	-21	731	80		
Part I	Excess Bene	fit Transa	ction	S (section 50	01(c)(3	3), sect	ion 501(c)(4), and 50)1(c)	(29) organizatior	s only	/).				
	Complete if the c	organization a	nswer	red "Yes" on I	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	line 40	Db.			
1 (a) Nam	e of disqualified p	oreon (I		ationship betv			lified) Do	scription of tran	cactio	n		(d)	Corre	cted?
(a) Nam	e oi disquaimed p	CISOII	ŗ	person and or	ganiza	ation	,	,, De	Scription of train	Sactio	'11		Y	es	No
														_	
													-	_	
							+						+	+	
2 Enter th	ne amount of tax i	ncurred by th	e orga	anization man	agers	or disc	qualified persons du	ring	the year under						
section											> \$				
3 Enter th	ne amount of tax,	if any, on line	2, abo	ove, reimburs	ed by	the or	ganization				> \$				
Part II	Loans to and	l/or From	Inter	ested Per	enne	:									
I dit ii							, Part V, line 38a or I	Form	000 Part IV lin	o 26.	or if th	ne oraș	nizati	nn -	
	reported an amor	-					, Fait V, iiile 30a 0i i	OIII	1990, Fait IV, III	c 20,	OI II LI	ie orga	ainzan	JII	
(a)	Name of	(b) Relations	<u> </u>	(c) Purpose	(d) Lo	an to or	(e) Original	(f)	Balance due	(g)	In	(h) Ap	proved ard or	(i) W	ritten
interes	sted person	with organizat	ion	of loan		n the ization?	principal amount	``	·	defa	ult?	comm	nittee?	agree	ment?
					То	From				Yes	No	Yes	No	Yes	No
GREG S'	TROMBERG	DISQUA	LIGI	ENERAL	X		25,596.		46,643.		Х	X			X
			_												<u> </u>
			+												<u> </u>
			-												
			+												\vdash
Total				····	<u></u>		> \$		46,643.						
Part III	Grants or As			•											
(a) Na	Complete if the c								(al) Ti un a	-4		1-	\ D		
(a) Na	me of interested p	person		Relationship terested pers			(c) Amount of assistance		(d) Type assistan			-) Purp assista		ſ
			""	the organiza		ıu	400,014,100		400.014.1						
											\neg				

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

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	ation's
	person and the organization	transaction	transaction	reven	ues?
				Yes	No
Part V Supplemental Information			1		
	onses to questions on Schedule L (see	instructions).			
COURDINE I DADE II IOANG	T MO AND EDOM INMEDIE	CUED DEDCOM	ıc.		
SCHEDULE L, PART II, LOANS	5 TO AND FROM INTERE	STED PERSON	19:		
(A) NAME OF PERSON: GREG S	STROMBERG				
/->					
(B) RELATIONSHIP WITH ORGA	ANIZATION: DISQUALIF	IED PERSON			
(C) PURPOSE OF LOAN: GENER	RAL OPERATING EXPENS	E			
, , , , , , , , , , , , , , , , , , , ,					

SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CANNEDWATER4KIDS INC.

Employer identification number 26-2173180

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERNATIONAL, ESPECIALLY IN AREAS WHERE NATURAL DISASTERS HAVE
OCCURED, AND IN THIRD WORLD NATIONS WHICH LACK A CLEAN WATER SUPPLY.
WE FURTHER PROVIDE EDUCATION ON SUBJECTS USEFUL AND BENEFICIAL TO
INDIVIDUALS AND COMMUNITIES TO PROVIDE RELIEF TO THE POOR, DISTRESSED
AND UNDERPRIVILEGED IN THIRD WORLD NATIONS. THE MAIN FOCUS OF WHICH
REVOLVES AROUND THE NEED FOR CLEAN WATER.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND BENEFICIAL TO INDIVIDUALS AND COMMUNITIES TO PROVIDE RELIEF TO THE
POOR, DISTRESSED AND UNDERPRIVILEGED IN THIRD WORLD NATIONS. THE MAIN
FOCUS OF WHICH REVOLVES AROUND THE NEED FOR CLEAN WATER.
FORM 990, PART VI, SECTION B, LINE 11B:
TAX RETURN REVIEWED BY BOARD PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
PUBLIC DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION BY REQUEST.

IRS e-file Signature Authorization for an Exempt Organization

ear 2016, or fiscal year beginning	, 2016, and ending		, 20
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Department of the Treasury	Do not send to the IRS. Keep for your re	cords.	2010
Internal Revenue Service	▶ Information about Form 8879-EO and its instructions is at	www.irs.gov/form8879eo.	
Name of exempt organization		Employer	r identification number
	TIDG ING	26.5	2173180
CANNEDWATER 41	AIDS INC.	20-2	11/3100
Name and title of officer GREGORY STROM	(BERC		
PRESIDENT	IDENG		
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or \$	urn for which you are using this Form 8879-EO and enter the applicab 5a, below, and the amount on that line for the return being filed with the blank (do not enter -0-). But, if you entered -0- on the return, then enter	nis form was blank, then leave -0- on the applicable line belo	e line 1b, 2b, 3b, 4b, or 5b , ow. Do not complete more
1a Form 990 check here	, , , , , , , ,	4), line 12) 1b	238,124
2a Form 990-EZ check h	, , , , , , , , , , , , , , , , , , , ,		
3a Form 1120-POL chec	, , , , , , , , , , , , , , , , , , , ,		
4a Form 990-PF check h			
5a Form 8868 check her	b Balance Due (Form 8868, line 3c)	5b	
Part II Declara	tion and Signature Authorization of Officer		
(a) an acknowledgement the date of any refund. If debit) entry to the financi return, and the financial in 1-888-353-4537 no later t processing of the electro payment. I have selected organization's consent to	ider, transmitter, or electronic return originator (ERO) to send the orga of receipt or reason for rejection of the transmission, (b) the reason fo applicable, I authorize the U.S. Treasury and its designated Financial al institution account indicated in the tax preparation software for pay institution to debit the entry to this account. To revoke a payment, I muthan 2 business days prior to the payment (settlement) date. I also authoric payment of taxes to receive confidential information necessary to a personal identification number (PIN) as my signature for the organize electronic funds withdrawal.	or any delay in processing the Agent to initiate an electronic renert of the organization's fedust contact the U.S. Treasury horize the financial institutions answer inquiries and resolve is	return or refund, and (c) funds withdrawal (direct deral taxes owed on this Financial Agent at s involved in the ssues related to the
Officer's PIN: check one	•		
X I authorize CI	JIFTONLARSONALLEN LLP	to enter m	
	ERO firm name		Enter five numbers, do not enter all zero
is being filed wi enter my PIN o As an officer of indicated withir	e on the organization's tax year 2016 electronically filed return. If I have the a state agency(ies) regulating charities as part of the IRS Fed/State in the return's disclosure consent screen. The organization, I will enter my PIN as my signature on the organization this return that a copy of the return is being filed with a state agency	e program, I also authorize the ion's tax year 2016 electronica	e aforementioned ERO to ally filed return. If I have
program, I will e	enter my PIN on the return's disclosure consent screen.		
Officer's signature		Date >	
Part III Certifica	ation and Authentication		
	our six-digit electronic filing identification		
	y your five-digit self-selected PIN.	9631353226 do not enter all zeros	
•	imeric entry is my PIN, which is my signature on the 2016 electronical ing this return in accordance with the requirements of Pub. 4163 , Modess Returns.	-	
ERO's signature		Date ▶ 05/26/17	,
<u> </u>	EDO Must Datain This Form Coalling		
	ERO Must Retain This Form - See Inst Do Not Submit This Form To the IRS Unless Re		

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2016)