Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning

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

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

and ending

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

Inspection

OMB No. 1545-0047

В	Check if applicabl	C Name of organization		D Employer identif	ication number
Г	Addre	CANNEDWATER4KIDS INC.			
F	Name chang			26-2	2173180
F	Initial return	8	m/suite	E Telephone number	
F	Final	NEO MOSAAR DONNA DD	III/ Suito		246-8480
	termin ated			G Gross receipts \$	481,821.
	Amen		- +	H(a) Is this a group	
	Applic	-		for subordinate	
	pendir	¹⁹ N69W23448 DONNA DRIVE, SUSSEX, WI 53089-	-324	H(b) Are all subordinates	
ī	Tax-ex	empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or	527		a list. (see instructions)
		te: WWW.CANNEDWATER4KIDS.ORG		H(c) Group exemption	
K	Form of	organization: X Corporation Trust Association Other L	L Year of	f formation: 2008	M State of legal domicile: WI
P	art I	Summary			
Ф	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt PROV}}}$	VIDE	CLEAN AND	SAFE WATER
Activities & Governance		(CANNED) TO THOSE IN NEED OF CLEAN WATER BO	I HTC	DOMESTICALI	Y AND
ern;	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed o			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			10
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
ies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			0
Ξ	6	Total number of volunteers (estimate if necessary)			10
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
	b	Net unrelated business taxable income from Form 990-T, line 34	·····		<u> </u>
		Ocabile there and anothe (Dark) (III line 41)		Prior Year 3,376.	Current Year 3,480.
ıne	8	Contributions and grants (Part VIII, line 1h)		0.	
Revenue	9	Program service revenue (Part VIII, line 2g)		105.	1
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		234,643.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		238,124.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,084.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
pe	ь	Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		139,958.	185,964.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		167,042.	
	19	Revenue less expenses. Subtract line 18 from line 12		71,082.	-33,114.
Net Assets or			Beg	inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		228,363.	
TAS Part	21	Total liabilities (Part X, line 26)		58,096.	49,638.
		Net assets or fund balances. Subtract line 21 from line 20		170,267.	137,153.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			ny knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr	oreparer i	ias any knowledge.	
c: -		Signature of officer		I Date	
Sig He		GREGORY STROMBERG, PRESIDENT			
116	16	Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	ate Check	PTIN
Pai	d	KATHRYN L BENNETT KATHRYN L BENNETT	0.5	5/02/18 if self-emplo	P00281898
	parer	Firm's name CLIFTONLARSONALLEN LLP		Firm's EIN	41-0746749
	Only	Firm's address 10700 W. RESEARCH DRIVE, STE 200			
		MILWAUKEE, WI 53226		Phone no. 41	4-476-1880
Ма	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments	[]
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	~
	TO PROVIDE CLEAN AND SAFE WATER (CANNED) TO THOSE IN NEED OF	
	WATER BOTH DOMESTICALLY AND INTERNATIONAL, ESPECIALLY IN AREA	
	NATURAL DISASTERS HAVE OCCURRED, AND IN THIRD WORLD NATIONS W	
	A CLEAN WATER SUPPLY. WE FURTHER PROVIDED EDUCATION ON SUBJEC	rs useful
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 to	ov 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.	experiese, and
4a	(Code:) (Expenses \$ 197,562 • including grants of \$ 34,921 •) (Revenue \$	
ти		FUNDS TO
	SIMILAR NON PROFIT ORGANIZATIONS TO ASSIST THEM IN ACCOMPLISH	
	MISSION.	ING IIIDIK
	MIDDION:	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 197,562.	
		Form 990 (2017)

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		X
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		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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,"			37
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
	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			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			l
	Schedule L, Part 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			3,7
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ _{\\\}
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			7.7
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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?			_v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	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					Щ
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	 	1c	X	
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		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
h	If "Yes," enter the name of the foreign country:	accou	iii) !	40		- 11
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	te (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
-	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?			7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	مدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
		па				
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form))	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		IZa		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	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.			. 50		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Eorm	990	(2017)

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.

1a Enter the number of voting members of the governing body at the end of the tax year If there are maintal differences in voting inghis among members of the governing body, or if the governing body the general differences in voting inghis among members of the governing body, or if the governing body or the governing body degree to the control over management committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 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 have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management company or other person? Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organizations assets? 5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? B 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 y X Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No. 10a Did the organization have written complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O one trisk was done 13 Did the organization have a written occument retention and destruction p		Check if Schedule O contains a response or note to any line in this Part VI					X
the refer the number of voting members of the poverning body at the end of the tax year if there are material differences in uniting rights among members of the powering body, or the governing body of delgated to read authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1st, above, who are independent Did any 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 Did the organization become aware during the year of a significant changes to its governing documents since the prior Form 950 was filled? 4 X 5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members or the governing body? 5 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? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons of their than the governing body? 5 Did the organization than the members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Did the organization than the discission of the organization reserved to (or subject to approval by) members, stockholders, or persons of their than the governing body? 5 Did the organization providers of the organization providers of the organization providers of the organization providers of the organization than the proving body? 6 Each committee with authority to act on behalf of the governing body? 7 Section B, Policles (nins Section B requests information about policies not required by the Internal Revenue Code.) 1 Ves Note organization have with the organization by the organization have wither policies	Sec	tion A. Governing Body and Management					
there are material differences in voting rights among members of the governing body delegated broad authority to an executive committee or similar committee, explain in Schodule 0. b Enter the number of voting members included in line 1a, above, who are independent control of any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustee, or key employees have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or under the direct supervision of officers, infector, trustees, or key employees to a management company or other person? 3			1 1	4.0		Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employees have a family relationship or a business relationship with any other officers, directors, or trustees, or key employees to a management outree outside of the order of officers, directors, or trustees, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
b Enter the number of voting members included in line 1a, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing					
Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, or frustees, or key employees to a management company or other person? 3		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
officer, director, fustete, or key employee? Joil 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? Joil the organization make any significant changes to its governing documents since the prior Form 990 was filed? Joil the organization have members so riscokholders? Joil the organization have members of stockholders? Joil the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Join any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Join a Tray governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Join the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Join the organization thank multiply to act on behalf of the governing body? Join the organization in the meetings held or written actions undertaken during the year by the following: Join the organization in the meetings held or written actions undertaken during the year by the following: Join the organization thank authority to act on behalf of the governing body? Join the organization is mailing address? If If Ivas. provide the names and addresses in Schedule O. Join the organization have local chapters, branches, or affiliates? Join the organization have local chapters, branches, or affiliates? Join the organization have local chapters, branches, or affiliates? Join the organization have branches or provide the names and addresses in Schedule O. Join the organization have a written conflict of interest policy? If Ivas, go to line 13 Join the organization have a written conflict of interest policy? If Ivas, go to line 13 Join the organi	b	Enter the number of voting members included in line 1a, above, who are independent	1b	9			
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c 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? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b If "Yes," 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 16a X 16b 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ►WI Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 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 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's				1	2a		Х
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13				1	2c		
14	13				_		Х
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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	19	·	,	/, and fi	nand	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ► GREGORY STROMBERG - 262-246-8480			,,				
GREGORY STROMBERG - 262-246-8480	20		ooks and records:				
			· -				

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.

(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box	i, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any	to						the	organizations	compensation
	hours for	direc				pe		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	nal tr		loyee	o mp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GREGORY STROMBERG	5.00	흐	흗	5	-S	宝亩	요			
PRESIDENT	3.00	x		x				0.	0.	0.
(2) PETER GORMAN	1.00								-	
SECRETARY		Х		Х				0.	0.	0.
(3) DAN KIPP	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) MARISSA JABLONSKI	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(5) CONRAD ADLEMAN	1.00	X		x				0.	0.	0.
VICE PRESIDENT, DIRECTOR OF SALES (6) JEFF HENGSBACH	1.00	^		^				0.	0.	0.
VICE PRESIDENT	1.00	X		x				0.	0.	0.
(7) SCOTT ERTL	1.00	123		123					•	
DIRECTOR		x						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) ASHLEY GRAVLEE	1.00	١								
DIRECTOR		Х						0.	0.	0.
		1								
					-					
		1								
		1								
	1	-	-							
		\mathbf{I}								
			-				\vdash			
		1								

Form **990** (2017)

Par	T VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C					(=)	
	(A)	(B)			Pos	•	1		(D)	(E)			(F)	
	Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson	than is bot or/trus	th an	Reportable compensation from	Reportable compensation from related	on	an	timate nount o other	
		(list any hours for	irector						the	organization			pensa	
		related	Individual trustee or director	ıstee			ensated		organization (W-2/1099-MISC)	(W-2/1099-MIS	3C)		om the anizati	
		organizations below	ual trus	Institutional trustee		ployee	t compe						d relate anizatio	
		line)	Individ	Institut	Officer of the order	Key employee	Highest compensate employee	Former				Uiga	ııızaıı	JI 15
								_			-			
											-			
1b	Sub-total							▶	0.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								0.	000 - f	0.			0.
2	Total number of individuals (including but r compensation from the organization	iot iimited to tr	iose	IIST	ed al	DOV	e) wi	no r	eceived more than \$100	,000 of reportab	ie			C
3	Did the organization list any former officer	director or tru	iste	e ke	av er	mnlc	nvee	or	highest compensated e	mnlovee on	ı		Yes	No
Ū	line 1a? If "Yes," complete Schedule J for s	,		,	,	•	,	•		. ,		3		Х
4	For any individual listed on line 1a, is the si	-		-					•	the organization		_		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services		4		
	rendered to the organization? If "Yes," con					-						5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for								n the organization's tax					
	(A) Name and business	address	N	INC	E				(B) Description of s	services	С	Omper	;) nsatio	า
2	Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
	·											Form 9	990 (2	2017)

039-48D1

Pa	rt V	<u> </u>	Statement of Revei	nue					
			Check if Schedule O cont	tains a respons	e or note to any lin	e in this Part VIII	······		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b					
S, C			Fundraising events						
ar E			Related organizations						
ini,		е	Government grants (contribut	tions) 1e					
tio S		f	All other contributions, gifts, gran	its, and					
ğ ţ			similar amounts not included abo	ve 1f	3,480.				
da		g	Noncash contributions included in lines	s 1a-1f: \$					
<u>8 0</u>		h	Total. Add lines 1a-1f			3,480.			
					Business Code				
<u>e</u>	2	а							
er Je		b							
n S		С							
yrar Rev		d							
Program Service Revenue		е	<u> </u>						
ш.			All other program service reve						
			Total. Add lines 2a-2f						
	3		Investment income (including other similar amounts)			18.			18.
	4		Income from investment of ta			10.			10.
	5		Royalties	•					
	3		noyalles	(i) Real	(ii) Personal				
	6	a	Gross rents		(ii) i eisonai				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities					
	-		assets other than inventory		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
			Net gain or (loss)						
<u>o</u>	8	а	Gross income from fundraisin	g events (not					
Other Revenue			including \$						
3e			contributions reported on line	•					
ē			Part IV, line 18		a				
₽			Less: direct expenses		b				
			Net income or (loss) from fund	-	_				
	9		Gross income from gaming ac		_				
			Part IV, line 19						
			Less: direct expenses		b				
			Net income or (loss) from gam Gross sales of inventory, less		>				
	10		and allowances		a 478,323.				
			Less: cost of goods sold		ь 294,050.				
			Net income or (loss) from sale		-	184,273.			184,273.
		_	Miscellaneous Revenu		Business Code	, = , = ,			,=:,=
	11	а	TVIISOONATIOOGS FIEVOTIC						
		b							
		С							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		•	187,771.	0.	0.	184,291.

Part IX Statement of Functional Expenses	
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D-	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	34,921.	34,921.		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	<u> </u>				
	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,				
J	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а					
b	Legal				
С		3,050.		3,050.	
d					
е	D (' 1(1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	19,519.	16,756.	2,763.	
13	Office expenses	4,268.		4,268.	
14	Information technology	24,798.	24,798.		
15	Royalties				
16	Occupancy				_
17	Travel	7,141.	7,141.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5 054			
19	Conferences, conventions, and meetings	5,271.	5,271.	44 000	
20	Interest	11,033.		11,033.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 000	4 000		
23	Insurance	4,009.	4,009.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SHIPPING	93,733.	93,733.		
b	WAREHOUSE CHARGES	6,383.	6,383.		
c	DUES AND SUBSCRIPTIONS	2,650.	2,650.		
d	CONSULTING	2,047.	-	2,047.	
е	All other expenses	2,062.	1,900.	162.	
25	Total functional expenses. Add lines 1 through 24e	220,885.	197,562.	23,323.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2017) 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	8,554.	1	97,018
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	219,809.	8	89,773
9	Prepaid expenses and deferred charges		9	
10 a	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
l t	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	228,363.	16	186,791
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
22	key employees, highest compensated employees, and disqualified persons.			
5	Complete Part II of Schedule L	46,643.	22	37,040
23	Secured mortgages and notes payable to unrelated third parties		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	11,453.	25	12,598
26	Total liabilities. Add lines 17 through 25	58,096.	26	49,638
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	170,267.	27	137,153
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	170,267.	33	137,153
34	Total liabilities and net assets/fund balances	228,363.	34	186,791

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			71.
2	Total expenses (must equal Part IX, column (A), line 25)	2			85.
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> 17</u>	0,2	67.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	13	7,1	53.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
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 Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

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 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.

g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (i) type of organization (i) type organization (i) type organization (ii) type organization (iii) type organizatio																																												
organization		(described on lines 1-10 above (see instructions))	Yes No																Yes No																								support (see instructions)	support (see instructions)

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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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.						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor						<u></u> ▶∟⊥
	ction C. Computation of Publ		<u> </u>				
	Public support percentage for 2017 (14	%
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o	-					nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fac			-	· · · · · · · · · · · · · · · · · · ·	-	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	•				·	
	more, and if the organization meets the				-		
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,114.	21,020.	89,935.	3,376.	3,480.	129,925.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513	12,896.	68,650.	181,881.	532,884.	478,323.	1,274,634.
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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	25,010.	89,670.	271,816.	536,260.	481 803.	1,404,559.
	Amounts included on lines 1, 2, and	23,010.	05,070.	271,010.	330,200.	401,003	1,404,333.
16	3 received from disqualified persons						0.
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year						0.
	Add lines 7a and 7b						1,404,559.
	Public support. (Subtract line 7c from line 6.)						1,404,559.
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201 <i>E</i>	(4) 2016	(a) 2017	(f) Total
	Amounts from line 6	(a) 2013 25,010.	(b) 2014 89,670.	(c) 2015 271,816.	(d) 2016 536, 260.	(e) 2017 481,803.	(f) Total 1,404,559.
	Gross income from interest,	25,010.	05,070.	271,010.	330,200.	401,005	1,404,333.
100	dividends, payments received on						
	securities loans, rents, royalties,				105.	18.	123.
	and income from similar sources Unrelated business taxable income				103.	10.	125.
L	(less section 511 taxes) from businesses						
	, , , , , , , , , , , , , , , , , , ,						
					105.	18.	123.
	Add lines 10a and 10b				103.	10.	123.
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)	25 010	90 670	271 016	536,365.	101 001	1 404 600
	Total support. (Add lines 9, 10c, 11, and 12.)	25,010.					
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
-		:- O					<u> </u>
	ction C. Computation of Publ						00 00
	Public support percentage for 2017 (olumn (f))		15	99.99 %
	Public support percentage from 2016					16	100.00 %
	ction D. Computation of Inves					1	01
17	Investment income percentage for 20			ne 13, column (f))		17	.01 %
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						<u>X</u>
k	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The orga	nization qualifies a	s a publicly suppo	rted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶□

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		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
0		
7		
8		
9a		
9b		
9c		
10a		
10b m 990 or 99)0_E7	2017

Pa	rt IV Supporting Organizations (continued)			
	(SIMILAR)		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		
	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			
	71 11 0 0		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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<u> </u>		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 ins	tructions	s).	
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			
	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. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
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. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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	1 b		
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 integrat	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type in Non-Functionally integrated 509	(a)(s) 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			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
b	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Eycess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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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.)
_	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 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 Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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	_	
	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	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short N	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining C	collections of A	rt, His	torical T	reasures,	or Oth	er Sin	nilar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following the	at are a s	significa	nt use of its	collection	items
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizat	ion's exe	empt pu	rpose in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other a	ssets no	t include	ed		
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						10	;		
	Additions during the year							1		
	Distributions during the year							,		
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	n provided or	n Part XII	I			
Par										
	·	(a) Current year	(b) F	rior year	(c) Two year	ırs back	(d) Thre	e years back	(e) Four	years back
1a	Beginning of year balance	, ,	` ,	•	, ,					-
	Contributions									
С	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent vear end balanc	e (line 1	a. column ((a)) held as:					
а	Board designated or quasi-endowment	,	%	3,	(,,					
b	Permanent endowment ▶	%								
	Temporarily restricted endowment									
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse		ation tha	at are held a	and administ	ered for	the oras	nization		
	by:						9-		Γ	Yes No
	(i) unrelated organizations									
	(ii) related organizations									
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the									<u> </u>
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere), Part I	/, line 11a.	See Form 99	0, Part X	(, line 10			
	Description of property	(a) Cost or o			t or other	<u> </u>	ccumul	-	(d) Book	value
	, , ,	basis (investr			(other)		preciati		` '	
	Land	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X colur	nn (R) line	10c.)					0.

Schedule D (Form 990) 2017

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

Schedule D (Form 990) 2017 CANNEDWATER	4KIDS INC.		26	-2173180 Page
Part VII Investments - Other Securities.				rugo
Complete if the organization answered "Yes"	on Form 990, Part IV	V, line 11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	/aluation: Cost or end	d-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"				
(a) Description of investment	(b) Book value	(c) Method of v	/aluation: Cost or end	d-of-year market value
(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.				
Complete if the organization answered "Yes"		/, line 11d. See Form 990,	Part X, line 15.	
(a) [Description			(b) Book value
(1)				
(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 I\		m 990, Part X, line 25	j.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes		40 500		
(2) CREDIT CARD PAYABLE		12,598.		
(3)				
(4)				
(5)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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) 2017

(6) (7) (8)

Pa	t XI F	Reconciliation of Revenue per Audited Financial Sta	atements With Reven	ue per Return.	
	C	omplete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total rev	enue, gains, and other support per audited financial statements		1	
2	Amounts	s included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unre	alized gains (losses) on investments	2a		
b	Donated	services and use of facilities	2b		
С	Recover	ies of prior year grants	2c		
d	Other (D	escribe in Part XIII.)	2d		
е		s 2a through 2d		2e	
3	Subtract	line 2e from line 1		3	
4	Amounts	s included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investme	ent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (D	escribe in Part XIII.)	4b		
С	Add line	s 4a and 4b		4c	
5		enue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Pa		Reconciliation of Expenses per Audited Financial St	-	nses per Return.	
		omplete if the organization answered "Yes" on Form 990, Part IV, lin			
1	Total exp	penses and losses per audited financial statements		1	
2	Amounts	s included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated	services and use of facilities	2a		
b	Prior year	ır adjustments	2b		
С	Other los	sses	2c		
d	Other (D	escribe in Part XIII.)	2d		
е	Add line	s 2a through 2d		2e	
3	Subtract	line 2e from line 1		3	
_	Amounts	singleded on Form 000. Dort IV line 05 but not on line 1:			
4		s included on Form 990, Part IX, line 25, but not on line 1:			
4 a		ent expenses not included on Form 990, Part VIII, line 7b	4a		
_	Investme		1		
a b	Investme Other (D	ent expenses not included on Form 990, Part VIII, line 7b	4b	4c	
a b c 5	Other (D Add lines Total exp	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	4b		
a b c 5	Other (D Add line: Total exp rt XIII S	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) is 4a and 4b penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information.	4b 8.)	5	
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) is 4a and 4b penses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information.	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
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a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
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a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,
a b c 5 Pa	Other (D Add line: Total exp rt XIII S de the de	ent expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.) s 4a and 4b enses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 supplemental Information. scriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	rt XI,

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **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.

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

OMB No. 1545-0047 **2017**Open to Public

Inspection

Name of the organization **Employer identification number** 26-2173180 CANNEDWATER4KIDS INC. Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) THE WELL PROJECT INC PO BOX 220410 26-0073030 501(C)(3) 26,700. 0 GENERAL PROGRAM SUPPORT BROOKLYN, NY 11222 ALL GOD'S CHILDREN 1400 NE 136TH AVENUE, SUITE 201 VANCOUVER, WA 98684 93-1052909 501(C)(3) 5,000. 0 GENERAL PROGRAM SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.					
(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 assistance
	·				
			+		
Part IV Supplemental Information. Provide the information rec	<u> </u>	e 2; Part III, colum	_ n (b); and any other a	dditional information.	
PART I, LINE 2:					
CANNEDWATER4KIDS, INC.RECEIVES WRI	TTEN QUO	TES FROM 1	EACH VETTED	ORGANIZATION	
AND THEN THEY RECEIVE PICTURES, VI	DEO AND	WRITTEN CO	ONFIRMATION	THAT THE	
PROJECT IS COMPLETED.					
CANNEDWATER4KIDS, INC. IS ONLY INV	OLVED IN	SUSTAINA	BLE DRINKIN	G WATER	
PROJECTS. THIS INFO IS SHARED WITH	OUR BOA	RD AND POS	STED ON OUR	SOCIAL	
NETWORKS.					

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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.

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

OMB No. 1545-0047

Open To Public

Internal Revenue Service Inspection Employer identification number Name of the organization

			TER4KIDS								731	80		
Part I	Excess Bene	fit Transac	tions (section 5	01(c)(3	3), sect	ion 501(c)(4), and 50	01(c)(29	9) organizatio	ns only	/).				
	Complete if the o	organization an	swered "Yes" on	Form	990, Pa	art IV, line 25a or 25b	o, or Fo	orm 990-EZ, F	art V,	line 40	Db.			
1 (a) Name of disqualified person			(b) Relationship between disqualified			lified	:) Desc	ription of trar	sactio	n		(d)	Corre	cted?
(α) ι	arric or disqualifica p)C13011	person and organization			,,	, 0030	Inplion of trai	isactic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Y	es	No
												_		
												+		
2 Ente	er the amount of tax i	ncurred by the	organization mar	nagers	or disc	gualified persons du	rina th	e vear under						
		•	-	_			-	-		▶ \$				
3 Ente	er the amount of tax,									> \$				
						-								
Part II	Loans to and	l/or From I	nterested Per	sons	3.									
	Complete if the c	organization an	swered "Yes" on	Form	990-EZ	, Part V, line 38a or F	Form 9	90, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
			90, Part X, line 5, (_	Vh\ Δn	nroved	14	
	(a) Name of erested person	(b) Relationshi with organization			oan to or m the	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approve by board o		(i) W	ritten ment?	
	broated person	With organization			ization?	principal amount				cómn			_	
GREG	STROMBERG	DTSOUAL	TGENERAL	To X	From	25,596.		37,040.	Yes	No X	Yes	No	Yes	No X
SILLO	DIROIDERO	DIDQUIL	TODIVER	1		23,3300		37,040.			1			
								27 040						
Fotal Part II	∐ Grante or Δe	eietanca R	enefiting Inte	rosto	d Da	> \$		37,040.						
ı artı			swered "Yes" on											
(a)	Name of interested p					(c) Amount of		(d) Type	of		10) Purn	ose of	
(a) Hame of interested percent			(b) Relationship between interested person and			assistance assista		1 , ,			assistance			
			the organiza	ation										
										-+				

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Schedule L (Form 990 or 990-EZ) 2017

SEE PART V FOR CONTINUATIONS

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 2 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's
	porcon and the organization	raneaction	i andadion	Yes	No
					-
Provide additional information for rest	ponses to questions on Schedule L (see	instructions)	l		
SCHEDULE L, PART II, LOAN			JS:		
(A) NAME OF PERSON: GREG			15.		
(B) RELATIONSHIP WITH ORG.		TED PERSON			
(C) PURPOSE OF LOAN: GENE					
(C) FURFUSE OF LOAN: GENE.	RAL OPERATING EXPENS.	<u> </u>			

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CANNEDWATER4KIDS INC.

Employer identification number 26-2173180

IRS e-file Signature Authorization for an Exempt Organization

17, and ending

Department of the Treasury Internal Revenue Service		v/Form8879EO for the latest information.		
Name of exempt organization	Go to www.iis.go	WFOIII0079EO IOI the latest mormation.	Employer	identification number
CANNEDWATER4KI	DS INC.		26-2	173180
Name and title of officer	ED C			
GREGORY STROMB	ERG			
PRESIDENT Part I Type of R	eturn and Return Informatio	M (Mhala Dallara Only)		
		379-EO and enter the applicable amount, if any	from the retu	urn If you check the hov
on line 1a, 2a, 3a, 4a, or 5a ,	below, and the amount on that line f	or the return being filed with this form was bla ed -0- on the return, then enter -0- on the applic	nk, then leave	line 1b , 2b , 3b , 4b , or 5b ,
1a Form 990 check here	b Total revenue, if any	(Form 990, Part VIII, column (A), line 12)	1b	187,771.
2a Form 990-EZ check here	b Total revenue, if	any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check h		rm 1120-POL, line 22)		
4a Form 990-PF check here		restment income (Form 990-PF, Part VI, line 5		
5a Form 8868 check here	b Balance Due (Form 8	868, line 3c)	5b	
	on and Signature Authorizat	ion of Officer ove organization and that I have examined a c		
intermediate service provide (a) an acknowledgement of the date of any refund. If ap debit) entry to the financial in return, and the financial inst 1-888-353-4537 no later that processing of the electronic	or, transmitter, or electronic return origreceipt or reason for rejection of the applicable, I authorize the U.S. Treasurynstitution account indicated in the tallitution to debit the entry to this account 2 business days prior to the payment of taxes to receive confidencersonal identification number (PIN) applications funds withdrawal.	own on the copy of the organization's electronicy ginator (ERO) to send the organization's return transmission, (b) the reason for any delay in provided and its designated Financial Agent to initiate at preparation software for payment of the organit. To revoke a payment, I must contact the lint (settlement) date. I also authorize the financial information necessary to answer inquiries as my signature for the organization's electron	n to the IRS and rocessing the real ran electronic anization's fed U.S. Treasury libit institutions and resolve is	nd to receive from the IRS return or refund, and (c) funds withdrawal (direct leral taxes owed on this Financial Agent at involved in the ssues related to the
X Lauthorizo CI.T	FTONLARSONALLEN LL	P	to enter m	nv PIN 80096
121 Tautilonze C221		firm name	10 61116111	Enter five numbers, b
				do not enter all zeros
is being filed with	,	ectronically filed return. If I have indicated with es as part of the IRS Fed/State program, I also n.		
indicated within th		my signature on the organization's tax year 20 being filed with a state agency(ies) regulating o consent screen.		•
Officer's signature		Date ▶		
Part III Certificati	on and Authentication			
	r six-digit electronic filing identification	n		
	our five-digit self-selected PIN.	396313532 Do not enter all ze		
-	this return in accordance with the re	ature on the 2017 electronically filed return for equirements of Pub. 4163, Modernized e-File (N	-	
ERO's signature		Date ▶ 0	5/02/18	· ·
	FRO Must Date	nin This Form - See Instructions		
		n to the IRS Unless Requested To	Do So	

Form **8879-EO** (2017)

723051 10-11-17

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