

Return of Organization Exempt From Income Tax

2018

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.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning		, 2018, and ending	, 20
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CUP OF COOL WATER		D Employer identification no. 91-1761708
	Doing business as		E Telephone number (509) 747-6686
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 296,368
	1106 W 2ND AVE		
	City or town, state or province, country, and ZIP or foreign postal code SPOKANE, WA 99201		F Name and address of principal officer:
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: ▶ WWW.CUPOFCOOLWATER.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1996	M State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CUP OF COOL WATER WALKS ALONGSIDE YOUTH WHO ARE HOMELESS ON THEIR JOURNEY OF RECONCILIATION WITH THEMSELVES, GOD, AND SOCIETY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 285,595	Current Year 267,493
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13	69
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,495	28,806
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	320,103	296,368
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	212,600	208,606
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,551		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	90,758	79,970	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	303,358	288,576	
19 Revenue less expenses. Subtract line 18 from line 12	16,745	7,792	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 80,745	End of Year 81,894
	21 Total liabilities (Part X, line 26)	8,903	2,260
	22 Net assets or fund balances. Subtract line 21 from line 20	71,842	79,634

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ BLAKE WALTMAN Signature of officer	Date
	▶ BLAKE WALTMAN, EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name SUZANNE WEATHERS, EA	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00650640
	Firm's name ▶ WEATHERS & ASSOCIATES CONSULTING	Firm's EIN ▶		Phone no.	
	Firm's address ▶ 105 S MADISON ST SPOKANE WA 99201	509-994-8904			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)