

Return of Organization Exempt From Income Tax

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

2020

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning , 2020, 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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CUP OF COOL WATER</td> <td>D Employer identification number 91-1761708</td> </tr> <tr> <td colspan="2">Doing business as</td> <td></td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td>E Telephone number (509) 747-6686</td> </tr> <tr> <td colspan="2">1106 W 2ND AVE</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td>G Gross receipts \$ 419,065</td> </tr> <tr> <td colspan="2">SPOKANE, WA 99201</td> <td></td> </tr> <tr> <td colspan="2">F Name and address of principal officer:</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">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</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.CUPOFCOOLWATER.ORG</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1996</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: WA</td> </tr> </table>	C Name of organization CUP OF COOL WATER		D Employer identification number 91-1761708	Doing business as			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number (509) 747-6686	1106 W 2ND AVE			City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 419,065	SPOKANE, WA 99201			F Name and address of principal officer:		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	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(c) Group exemption number ▶	J Website: ▶ WWW.CUPOFCOOLWATER.ORG			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
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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 9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5 8	
	6	Total number of volunteers (estimate if necessary)	6 40	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0	
Revenue			Prior Year Current Year	
	8	Contributions and grants (Part VIII, line 1h)	259,065 418,936	
	9	Program service revenue (Part VIII, line 2g)	0	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83 129	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,642 0	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	285,790 419,065	
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)	218,294 215,806	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	300 0	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 14,431	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	85,735 90,811	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	304,329 306,617	
	19	Revenue less expenses. Subtract line 18 from line 12	(18,539) 112,448	
Net Assets or Fund Balances			Beginning of Current Year End of Year	
	20	Total assets (Part X, line 16)	61,753 175,883	
	21	Total liabilities (Part X, line 26)	658 2,340	
	22	Net assets or fund balances. Subtract line 21 from line 20	61,095 173,543	

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

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