_	99	0-EZ	Short Form Return of Organization Exempt	From	Income	Tav	OMB No 1545-0047	
Forr	m 00		2019					
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue				Open to Public	
Dep	artment o	of the Treasury	Do not enter social security numbers on this form,			V I V	Inspection	
		enue Service	Go to www.irs gov/Form990EZ for instructions ar			u. <u> </u>	mspection	
<u>A</u>			dar year, or tax year beginning		and ending		ployer Identification number	
B		if applicable s change	C Name of organization THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FI	ואוט		J	ployer identification number	
Ħ	Name c	-	Number and street (or P O box if mail is not delivered to street address)	OND	Room/suite		01-0762343	
Ħ	Initial re	-	8045 SECOND AVE			E Tele	ephone number	
	Final retu	rn/terminated	City or town State	ZIP	code	7		
	Amende	ed return	DETROITMI	48	202		(313) 366-8535	
	Applica	tion pending	Foreign country name Foreign province/state/county	For	eign postal code	1	oup Exemption	
							mber ▶ 0000	
		nting Method	Cash X Accrual Other (specify)				If the organization is	
1	Websi	te: ► <u>WWW</u>	WAVEFUND ORG				quired to attach Schedule B 990, 990-EZ, or 990-PF)	
J	Tax-exe	mpt status (ched	k only one) — X 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or527	(r onn		
Κ	Form of	f organization	X Corporation Trust Association	າ 🗀	Other			
L.	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or a	more, or if total	assets		
			e \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$ 63,011	
Pa	art I		, Expenses, and Changes in Net Assets or Fund					
			the organization used Schedule O to respond to any	questi	on in this Pa	-	<u>X</u>	
1	1		s, gifts, grants, and similar amounts received				1 548	
- 1	2 3	•	vice revenue including government fees and contracts dues and assessments					-
1	4	Investment			•		3 4 250-SAI	
	5a		nt from sale of assets other than inventory	5a	1			1
	b		other basis and sales expenses	5b			10/8/	1=
	c	Gain or (los	s) from sale of assets other than inventory (subtract line 5b	from line	5a)		5c Q 020	١-,
	6	Gaming and	fundraising events					11
ابه	а		e from gaming (attach Schedule G if greater than	1 -	1		ECEIVED NOV 1 8 2020	1
Revenue	1.	\$15,000)	a form fundament avanta (not including	6a	contributions		10.1 3	- 1
8	a		e from fundraising events (not including \$ sing events reported on line 1) (attach Schedule G if the		COMMIDUMONS			- 1
<u> </u>			gross income and contributions exceeds \$15,000)	6b	l	62,463		
	С		expenses from gaming and fundraising events	6c	-	20,883	503	; <u>5</u> _
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a	and 6b a	and subtract			
		lıne 6c)			1		6d 41,580	
1			of inventory, less returns and allowances	7a			\$50 P	
- 1		Less cost o	O to the total control of the	7b_	l		7.	
	C		or (loss) from sales of inventory (subtract line 7b from line 7 ue (describe in Schedule O)	(a)			7c 0	
	8 9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	▶	9 42,128	
_	10		similar amounts paid (list in Schedule O)		-		10 27,100	
1	11		to or for members .			ļ	11	
S S	12	Salaries, oth	er compensation, and employee benefits			ļ	12	
Expenses	13		fees and other payments to independent contractors $\hfill \hfill \hfil$			ļ	13 3,500	
Š	14		rent, utilities, and maintenance				14	
úÌ	15		lications, postage, and shipping				15	
ı	16 17		ses (describe in Schedule O)	•			16 71 17 30,671	
+	17 18		ses. Add lines 10 through 16 eficit) for the year (subtract line 17 from line 9)				18 11,457	
Net Assets	19		r fund balances at beginning of year (from line 27, column	(A)) (mu	st agree with	ļ	11,457	
SS			igure reported on prior year's return)	,, ,,,,,			19 38,871	
et /	20	•	es in net assets or fund balances (explain in Schedule O)			ĺ	20	
ž	21		r fund balances at end of year Combine lines 18 through 2	20		>	21 50,328	
For HTA	Paper	work Reducti	on Act Notice, see the separate instructions.				Form 990-EZ (2019)	

6,18

	1 990-EZ (2019) THE WATER ACCESS VOLU		FORT (WAVE) FUND		01	-076	32343	Page 2
Pa	Balance Sheets (see the instructions for								
	Check if the organization used Schedule O to re	espond to ar	ny question in t	this Part II				·	
					(A)	Beginning of		 	(B) End of year
22	Cash, savings, and investments					38	3,871		50,328
23	Land and buildings							23	_
24	Other assets (describe in Schedule O)		•					24	50.00
25	Total assets					38	3,871		50,328
26	Total liabilities (describe in Schedule O))\					071	26	50,328
27	Net assets or fund balances (line 27 of column (Bart III) Statement of Program Service Accomplis					30	3,871	21	
	Check if the organization used Schedule O t								Expenses
Wha	at is the organization's primary exempt purpose?	To provide a	assistance to lo	w income familie	s livi	ng within th	ne m		quired for section (c)(3) and 501(c)(4)
	cribe the organization's program service accomplishing								anizations, optional
	neasured by expenses. In a clear and concise manne							for o	others)
	sons benefited, and other relevant information for each								
28	Provide assistance to low income families living with	in the metro	politan						
	Detroit area during crisis by ensuring uninterrupted	access to sa	fe drinking						
	water and sanitation services 113 persons have be	nefited							
	(Grants \$) If this amoun	t includes fo	reign grants, c	heck here		<u> </u>		28a	27,100
29									
									
	(Grants \$) If this amoun	t includes fo	reign grants, c	heck here			L.	29a	
30									
	(O						<u></u>		
	(Grants \$) If this amoun	includes to	reign grants, c	neck nere			Ш	30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount	Functudos fo	roign grante d	hock here] 24-	
22	<u> </u>		reign grants, ci	neck nere	-		<u> </u>	31a	
	Total program service expenses. (add lines 28a th							32	27,100
Fa	rt IV List of Officers, Directors, Trustees, and K				ensa	ted-see th	e insi	truction	ns for Part IV)
	Check if the organization used Schedule O to	respond to	any question i						
		(b)	Average	(c) Reportable compensation		(d) Health contribut			(e) Estimated amount of
	(a) Name and title		per week i to position	(Forms W-2/1099-M		employee be	nefit pl	lans,	other compensation
_		40000		(if not paid, enter	-0-)	and deferred o	ompen	sation	
	a Walker-Miller				_				_
	cutive Director	Hr/WK	5 00		_ 0			0	
	ry Williams	.[
	eident	Hr/WK	5 00		0			0	(
	mas DeLaura							ا	
	surer	Hr/WK	5 00		0			0	
	na Stallings							ا	_
	retary	Hr/WK	5 00		0			0	
	l Berry-Brown		4.00		ا				,
Men		Hr/WK	1 00		-0			0	
	lyn Buckles				ا ٍ			إ	_
Men		Hr/WK	1 00		- 0			0	
	rdo Jackson	-	4.55		ا ا			ا ٍ	
Men	nber	Hr/WK	1.00		_ 0			0	

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Hr/WK

Hr/WK

Hr/WK

Darci McConnell Member

Cathy Nedd

Marcus Pearson Member

Matt Schenk Member

Shannon Smith Member

<u>Member</u>

THE THE PROPERTY IN THE PARTY OF THE PARTY O

Form 990-EZ (2019) THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND

Par	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in		art∨	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O See instructions .	34_		X
35 a	, ,	350		l ,
b	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		X
C		935		
_	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	***********	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b	e de la companya de l	X EEE
38 a	3 , , , , , , , , , , , , , , , , ,	38a		X
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	Joa		
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	401		v
•	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X 跨域
·	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed MI			
42 a	The organization's books are in care of ► THOMAS DeLAURA Telephone no ►	313-36	6-853	5
		226		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Tradition 1	X Maried States
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
·	If "Yes," enter the name of the foreign country	720	1	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
-10	and enter the amount of tax-exempt interest received or accrued during the tax year			·
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ .	446		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	1 1000 G F-120	X
đ	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
45 °	explanation in Schedule O . Did the expansion have a centralled entity within the meaning of section 512(b)(13)?	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45a		X Market
IJ	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ See instructions	45b	in in the second	X

Form 9	90-EZ (2019) THE WATER ACCESS V	OLUNTEER EFFORT (WA	VE) FUND		01-07623	343	Page 4
46	Did the organization engage, directly or indirect	· · ·	ivities on behalf of or i	n opposition		Yes	No
Part	to candidates for public office? If "Yes," complet VI Section 501(c)(3) Organizations O			·	46	ļ	<u> </u>
L	All section 501(c)(3) organizations of 50 and 51		47–49b and 52, and	complete the table	s for line	es	
	Check if the organization used Sche	dule O to respond to ar	ny question in this P	art VI			_ [
47	Did the organization engage in lobbying activities	es or have a section 501(h)	election in effect durin	ng the tax	<u> </u>	Yes	No
40	year? If "Yes," complete Schedule C, Part II				47	<u> </u>	X
48	Is the organization a school as described in sec			E	48	ļ	X
	Did the organization make any transfers to an e	-	ed organization?,		49a 49b	 	X
	If "Yes," was the related organization a section to	_	was father than office	ro directore tructore		l	<u> </u>
50	Complete this table for the organization's five hi employees) who each received more than \$100						
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estim	ated amo	
Name	None				1		
Title		Hr/WK 00					
Name			1				
Title		Hr/WK 00					
Name							
Title		Hr/WK 00					
Name Title		Hr/WK 00					
Name Title		Hr/WK .00			<u> </u>		
	Total number of other employees paid over \$100 Complete this table for the organization's five his \$100,000 of compensation from the organization	ghest compensated indepe		each received more	than		
	(a) Name and business address of each independ		(b) Type of servi	ce (c	:) Compens	ation	
Name	None Str						
City	ST	ZIP					
Name	Str						
City	ST	ZIP					
Name	Str						
City	ST	ZIP					
Name	Ştr						
City	ST	ZIP					
Name	Str						
City	ST Tatal number of other radio and out control of	ZIP	00	· · · · · · · · · · · · · · · · · · ·			
52	Total number of other independent contractors of Did the organization complete Schedule A? Not completed Schedule A	=			► X Y	es [] No
	enailies of perjury, I declare that I have examined this return, it rect, and complete Declaration of preparer (other than officer)				hef, it is		

Sign

Here

Paid

Preparer

Use Only

Signature of officer

Print/Type preparer's name

GREGORY TERRELL

THOMAS J DELAURA,

Type or print name and title

ASURER

Firm's address ▶ 613 ABBOTT STREET, SUITE 320, DETROIT, MI 48226

► GREGORY TERRELL & COMPANY

May the IRS discuss this return with the preparer shown above? See instructions

Preparer's signature

Form 990-EZ (2019)

No

P00621950

313-965-0500

► X Yes

Date

November 11, 2020

Firm's EIN ► 38-2451735

Check if self-employed

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust

ection 4947(a)(1) nonexempt chantable trust

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ

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

Employer Identification number Name of the organization 01-0762343 THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 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). X 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization ol Enter the number of supported organizations . Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (I) Name of supported organization (iii) Type of organization (vl) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

0

0

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(v) (Complete only if you checked the box on line 5, 7, 8 of Part I or if the organization falled to qualify under Part III If the organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under the tests listed below, please complete Part III I fifthe organization falls to qualify under fall fall fall falls fall falls fall fall	Sch	edule A (Form 990 or 990-EZ) 2019 THE WA	ATER ACCESS VO	LUNTEER EFFC	RT (WAVE) FUN	ID	01-076234	3 Page 2
(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 failed to qualify under the tests listed below, please complete Part III Section A. Public Support Calendar year (or fiscal year beginning in) All 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total (c) 2017 (e) 2018 (e) 2019 (f) Total (c) 2019 (f) Total (c) 2017 (e) 2018 (e) 2019 (f) Total (c) 2017 (e) 2018 (e) 2019 (f) Total (e) 2019 (f) (f) Total (e) 2019 (f) (f) Total (f) 2018 (f) 2019 (f)								
Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) Calendar year (or fiscal								der
Calendar year (or fiscal year beginning in)								
1 Gifts, grants, contributions, and membership fees received (Oo not include any 'funusual grants') 35,302 60,366 50,382 29,731 42,128 217,91 27 ax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge furnished by a governmental unit to the organization without charge furnished by a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 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) 5 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from securities loans, rents, royalties, and income from securities loans, rents, royalties, and income from organizations from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			···	,		, 		
membership fees received (Oo not include any Tunisural grains ") 35,302 60,366 50,382 29,731 42,128 217,91 2 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 55,302 60,366 50,382 29,731 42,128 217,91 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) 5 Public support Solviract line is from line 4 35,302 60,366 50,382 29,731 42,128 217,91 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) 5 Public support Solviract line is from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 4 5 35,302 60,366 50,382 29,731 42,128 217,91 7 Amounts from line 6 and include gain or loss from line 6 and include gain or loss from line sale of capital assets (Explain in Part VI) 1 Total support. Add lines 7 through 10 217,91 7 Amounts from line sale of capital assets (Explain in Part VI) 1 Total support. Add lines 7 through 10 217,91 7 Amounts from line sale of capital assets (Explain in Part VI) 1 Total support. From 990 is for the organizations first, second, third, fourth, or lifth lax year as a section 501(c)(3) organization, check his box and stop here.	Cal	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 16 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	13	•	•	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	;
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2018 Schedule A, Part II, line 14 100 00' 15 Public support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						····-		▶∟
Public support percentage from 2018 Schedule A, Part II, line 14 15 100 00 16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	Sec	tion C. Computation of Public S	upport Percenta	age				t
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	Public support percentage for 2019 (line 6	, column (f) dıvıded b	y line 11, column (n)			100 00%
and stop here. The organization qualifies as a publicly supported organization	15	Public support percentage from 2018 Sche	edule A, Part II, line 1	4		l	15	100 00%
	16a	• • • • • • • • • • • • • • • • • • • •			, and line 14 is 33 1	1/3% or more, ched	ck this box	▶ X
reconstruction of the contract	b	33 1/3% support test—2018. If the organ	ization did not check	a box on line 13 o	r 16a, and line 15 is	s 33 1/3% or more,	check this	
box and stop here. The organization qualifies as a publicly supported organization		• • • • • • • • • • • • • • • • • • • •						▶□
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14	17a	10%-facts-and-circumstances test-20	19. If the organization	n did not check a b	ox on line 13, 16a.	or 16b, and line 14	Ī	
10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in			•					•
Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		· ·	cts-and-circumstance	es" test The organ	zation qualifies as	a publicly supporte	ed	, <u>`</u>

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

00,10		enizations Day				/ 01-01-02-0-1	o rage o	
LE	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							
						quality under Pa	IT II	
_	If the organization fails to qu	iality under the	tests listed beli	ow, please con	npiete Part II			
	ction A. Public Support	т				T		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 20/18	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees				/			
_	received (Do not include any "unusual grants")						0	
2	Gross receipls from admissions, merchandise sold or services performed, or facilities				/			
	furnished in any activity that is related to the				/	i i		
	organization's tax-exempt purpose	1			1/]	0	
3	Gross receipts from activities that are not an				7			
	unrelated trade or business under section 513			<i> </i>	1		0	
4	Tax revenues levied for the			/	Ī			
	organization's benefit and either paid to			/				
	or expended on its behalf	1	l	/	1	l	0	
5	The value of services or facilities			/				
•	furnished by a governmental unit to the			/				
	· -			/			0	
_	organization without charge	0	0	/ 0	0	0	0	
6	Total Add lines 1 through 5			/				
/a	Amounts included on lines 1, 2, and 3			/			0	
	received from disqualified persons			/				
þ	Amounts included on lines 2 and 3		,	7				
	received from other than disqualified	1	/		}			
	persons that exceed the greater of \$5,000		/				_	
	or 1% of the amount on line 13 for the year						0	
С	Add lines 7a and 7b	0	/ 0	0	0	0	0	
8	Public support (Subtract line 7c from		1		1 22 1 54			
	line 6)		ا بند لا مند ا		- 19 mg/	* =====================================	0	
	tion B. Total Support					,		
Cale	ndar year (or fiscal year beginning in) 💎 🕨	(a) 2015	(b)/2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	0	/ 0	0	0	0	0	
10a	Gross income from interest, dividends,		/					
	payments received on securities loans, rents,		1					
	royallies, and income from similar sources .						0	
ь	Unrelated business taxable income (less		1					
	section 511 taxes) from businesses		1					
	acquired after June 30, 1975	1				<u> </u>	0	
C	Add lines 10a and 10b .	,/0	0	0	0	0	0	
11	Net income from unrelated business							
	activities not included in line 10b, whether	/						
	or not the business is regularly carried on	/	:				0	
12	Other income Do not include gain or							
	loss from the sale of capital assets	/						
	(Explain in Part VI)	/					0	
13	Total support. (Add lines 9, 10c, 11,	i						
10	and 12)	/ 0	ol	0	0	ol	0	
14	First five years. If the Form 990 is for the o							
17	organization, check this box and stop here	rganization's mist, s	iecona, uma, room	i, or mar tax year a	13 a 30000011 30 1(0)	,	▶ □	
	 	nnårt Davaante						
	tion C. Computation of Public Su							
15	Public support percentage for 2019 (line 8, c		•	(f))		15	0 00%	
16_	Public support percentage from 2018 Sched					16	0 00%	
Sec	tion D. Computation of Investmer	7				- 1	·	
17	Investment income percentage for 2019 (line		-	olumn (f))		17	0 00%	
18	Investment income percentage from 2018 \$					18	0 00%	
19a	33 1/3% support tests—2019. If the organi					and line 17 is		
	not more than 33 1/3%, check this box and s	•	•		-		▶□	
b	33 1/3% support tests—2018 If the organi							
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	qualifies as a publ	licly supported orga	anization	▶ 📖	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

- 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
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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)
- 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
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1	<u>10b</u> [_ [_
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Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

THE WATER ACCESS VOLUNTEER EFFORT	VVAV	E) FUND UI-	0702343 Page 0
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Orgai	nizations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng tru:	st on Nov 20, 1970 (explain	ı ın Part VI) See
instructions. All other Type III non-functionally integrated supporting orga	nızatı	ons must complete Section	s A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	71		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
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	0	0
		(A) D V	(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	230 94 24 1		
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e 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	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		0
2 Enter 85% of line 1	2		0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5		
6. Distributable Amount, Subtract line 5 from line 4, unless subject to			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

emergency temporary reduction (see instructions)

instructions)

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	zations (continued)				
Secti	Current Year						
1							
2	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations				
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			0			
8	Distributions to attentive supported organizations to which the	he organization is respoi	nsive				
	(provide details in Part VI) See instructions.						
9	Distributable amount for 2019 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount		<u> </u>	0 000			
- (Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required—explain in Part VI) See						
	Instructions						
3	Excess distributions carryover, if any, to 2019	The state of the s		THE THE WAS A THAT IN THE STATE OF THE ASSOCIATION.			
а	From 2014 0						
b	From 2015 . 0						
С	From 2016 0						
d	From 2017 0						
е	From 20180						
f	Total of lines 3a through e	0	10.00				
g	Applied to underdistributions of prior years			NATION OF THE			
<u>h</u> _	Applied to 2019 distributable amount			0			
i	Carryover from 2014 not applied (see instructions)						
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f	0					
4	Distributions for 2019 from						
	Section D, line 7 \$ 0						
a	Applied to underdistributions of prior years		O				
b	Applied to 2019 distributable amount			0			
С	Remainder Subtract lines 4a and 4b from 4	0					
5	Remaining underdistributions for years prior to 2019, if						
	any Subtract lines 3g and 4a from line 2 For result		_				
	greater than zero, explain in Part VI See instructions		0				
6	Remaining underdistributions for 2019 Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions			0			
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c	O CONTRACTOR OF THE PROPERTY O					
8	Breakdown of line 7						
a	Excess from 2015 0						
<u>b</u>	Excess from 2016 0			Market Strategy and Strategy			
C	Excess from 2017 0						
d	Excess from 2018 0 Excess from 2019 0						
е	Excess from 2019 . 0	STATE OF THE PARTY	MANUSCRIPTURE OF THE PARTY OF T	THE RESERVE OF THE PARTY OF THE			

Schedule A (Fo	orm 990 or 990-EZ) 2019 THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND	01-0762343	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 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, B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 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, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)	17b, Part Section 1c, 2a, 2b,	
			• • • • • • • • • • • • • • • • • • • •
			
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THE PROPERTY OF

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ

► Go to www irs gov/Form990 for instructions and the latest information Name of the organization Employer identification number THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND 01-0762343 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply а Mail solicitations Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants С Phone solicitations Special fundraising events In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (III) Did fundralser have (vi) Amount paid to (or retained by) (1) Name and address of individual (Iv) Gross receipts (II) Activity custody or control of contributions? (or retained by) fundraiser listed in col (I) or entity (fundraiser) from activity organization No Yes 0 ٠0 0 0 0 n n 0 0 0 0 0 0 0 9 0 ۵ 0 10 0 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	art	more than \$15,000 of f				
		events with gross recei	-			
			(a) Event #1 2018 GOLF EVENT (event type)	(b) Event #2 2018 BOWILING (event type)	(c) Other events 2019 GOLF EVENT (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	1 Gross receipts	750	11,275	50,438	62,463
œ	2	2 Less Contributions			0	0
	3	3 Gross income (line 1 minus line 2) .	750	11,275	50,438	62,463
	4	4 Cash prizes			1,482	1,482
	٤	5 Noncash prizes			0	0
Direct Expenses	E	6 Rent/facility costs		-	16,665	16,665
1 Exp	7	7 Food and beverages			0	0
Direc	8	B Entertainment			0	0
	9	Other direct expenses	1,010	468	1,258	2,736
Pa	10 11	Net income summary Subtraction Gaming. Complete if the	ct line 10 from line 3, colu ne organization answer	mn (d)), Part IV, line 19, or re	(20,883) 41,580 eported more
4.		than \$15,000 on Form	990-EZ, line 6a	(h) Dull John for Jone		(d) Total gaming (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Re	1	Gross revenue				0
ses	2	Cash prizes .				0
Exper	3	Noncash prizes				0
Direct Expenses	4	Rent/facility costs				. 0
	5	Other direct expenses				0
	6	Volunteer labor	Yes <u>%</u> No	Yes % No	Yes %	
	7	Direct expense summary Add	I lines 2 through 5 in colui	nn (d) .	•	(0)
	8	Net gaming income summary	Subtract line 7 from line	1, column (d)	<u> </u>	0
9		Enter the state(s) in which the org	•			Yes No
		_				
10	b l	Were any of the organization's ga If "Yes," explain	amıng licenses revoked, s	uspended, or terminated	during the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2019 THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND	01-0762343 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in	. 1
a	The organization's facility .	13a % 13b %
14	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books an	
• •	records	•
	Name ▶	·
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ 0 \text{and the}\$	
•	amount of gaming revenue retained by the third party S	
С	if tes, enter name and address of the third party	
	Name ▶	
	Address ▶	
16	Gaming manager information	
	Name ▶	
	Gaming manager compensation ► \$0	
	Description of services provided	•
	Director/officer Employee Independent contractor	
17	Mandatory distributions.	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
1.	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	0
Part		(III) and (v), and
		•

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ

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

OMB No 1545-0047 Inspection

Internal Revenue Service Name of the organization Employer identification number THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND 01-0762343 Form 990-EZ, Parl I, Line 10, Grants Paid. Activity. WATER & SEWERAGE ASSISTANCE, Grantee DETROIT WATER & SEWERAGE DEPARTMENT 500 RANDOLPH DETROIT MI 48226, Cash Grant 27,100, Relationship Form 990-EZ, Part I, Line 16, Other Expenses Bank Charges 71

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THE WATER ACCESS VOLUNTEER EFFORT (WAVE) FUND	01-0762343	
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