Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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.

A F	For the	2021 calendar year, or tax year beginning $JUL 1$, 2021 and e	ending J	<u>UN 30, 2022</u>				
	Check if applicable	C Name of organization		D Employer identif	ication number			
	Addres change							
	Name change			06-12639	47			
	Initial return		Room/suite	E Telephone number				
	Final return/	1281 COVE ROAD	toon, outo	203-323-				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,071,871.			
	Amend return			H(a) Is this a group r				
	Applica tion	F Name and address of principal officer: LEIGH SHEMIIZ		for subordinate				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates i				
1 7	Гах-ехе	mpt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	a list. See instructions			
JΙ	Websit	e: ▶ WWW.SOUNDWATERS.ORG		H(c) Group exemption	on number 🕨			
K F	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 1989	M State of legal domicile: ${f CT}$			
Pa	_	Summary						
•	1 1	Briefly describe the organization's mission or most significant activities: SOUND	WATER	S CREATES O	PPORTUNITES			
n S]	FOR STUDENTS TO LEARN, TRAIN AND EXPLORE O	ON LON	G ISLAND SO	OUND.			
ra	2 (Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.			
ove.	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	1			
<u>ح</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $$						
es 6	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)						
Activities & Governance	6	Total number of volunteers (estimate if necessary)			270			
A cti	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12						
	b l	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>					
				Prior Year	Current Year			
Revenue	1	Contributions and grants (Part VIII, line 1h)		6,665,947.				
		Program service revenue (Part VIII, line 2g)		615,272.				
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		158,962. 19,608.	<u> </u>			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,459,789.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	•			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.				
	45 6	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		1,220,456.				
Expenses	15 3	Professional fundraising fees (Part IX, column (A), line 11e)		0.				
Sen 2	h -	Fotal fundraising expenses (Part IX, column (D), line 25) 506,91	0.	<u> </u>	<u> </u>			
Ä	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		878,179.	915,963.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,098,635.				
		Revenue less expenses. Subtract line 18 from line 12		5,361,154.	3,637,458.			
O.			Bed	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		12,506,716.	15,959,792.			
ASS	21	Total liabilities (Part X, line 26)		1,059,255.	1,088,433.			
Set	22	Net assets or fund balances. Subtract line 21 from line 20		11,447,461.	14,871,359.			
Pa	art II	Signature Block						
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of m	y knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Her	·e	LEIGH SHEMITZ, PRESIDENT						
		Type or print name and title	In	Noto Louis	DTIN			
D. 1		Print/Type preparer's name Preparer's signature		Oate Check	PTIN			
Paid		SCOTT BRENNER SCOTT BRENNER	<u> U</u>	4/10/23 self-emplo				
Preparer Firm's name ► CBIZ MARKS PANETH LLC Firm's EIN ► 87-								
use	Only	Firm's address 4 MANHATTANVILLE ROAD, SUITE 402 PURCHASE, NY 10577		Dh 0.1	4.524.9000			
N/-	, tha !!	S discuss this return with the preparer shown above? See instructions		Pnone no. 9 1	X Yes No			
iVIA\	, me ik	5 discuss hijs return with the preparer shown above 7 See instructions			IZLITES NO			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SOUNDWATERS MISSION IS TO PROTECT LONG ISLAND SOUND THROUGH EDUCATION
	AND ACTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,568,930 •including grants of \$) (Revenue \$924,603 •)
	FOR OVER 30 YEARS WE HAVE ENGAGED HUNDREDS OF THOUSANDS OF CHILDREN AND
	ADULTS TO BUILD A DEEPER INTEREST AND LITERACY IN SCIENCE FOR IMPROVED
	SCHOOL ACHIEVEMENT AND TO RAISE AWARENESS ABOUT WHAT WE ALL CAN DO TO
	PROTECT THE HEALTH OF THE SOUND. WE UTILIZE OUR LEARNING LAB AND
	AQUARIUM, HANDS-ON ACTIVITIES ON THE SHORELINE AND UNIQUE ON-THE-WATER
	SAILING EXPERIENCES TO ACHIEVE HIGH-IMPACT LEARNING AND RETENTION,
	INCREASE CONFIDENCE, MOTIVATION AND POSITIVE BEHAVIOR, AND CREATE
	LIFELONG LEARNERS.
	KEY PROGRAMS INCLUDE: 1) RIGOROUS, EXPERIENTIAL SCIENCE EDUCATION,
	PRE-K THROUGH HIGH SCHOOL; 2) STEM EDUCATION SAILS ABOARD OUR 80-FOOT,
	THREE-MASTED SCHOONER SOUNDWATERS; 3) SKILL-BUILDING INTERNSHIP AND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4 :	Otherway and the (Decelle of Other I.E.O.)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,568,930.
4e	Total program service expenses ► 1,568,930.

Form 990 (2021) SOUNDWATERS, INC. 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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> X</u>
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		<u> X</u>
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		<u> </u>
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?			3,7
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in 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,		37	
_	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		\
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
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		<u> </u>
a	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			_V
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
f	· · · · · · · · · · · · · · · · · · ·		Х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," complete Schedule D, Part X	11f	Λ	_
ıza	, ,	400	Х	
h	Schedule D, Parts XI and XII	12a	21	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
J	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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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

Form 990 (2021) SOUNDWATERS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
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		Х
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			
	Schedule J	23	Х	
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			
	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		
d	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			
	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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a	х	
L	"Yes," complete Schedule L, Part IV		Λ	Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	·	28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
00	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	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С			7.7	
	(gambling) winnings to prize winners?	1c	X	<u> </u>

Form 990 (2021) SOUNDWATERS, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
b		2b	Х	
	•			
За		За		Х
		3b		
	.,			
		4a		Х
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year P Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e_file. See instructions. Did the organization have unretated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendary ear, did the organization have an inferest in, or a signature or orber authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \[\frac{1}{2}\] Experiments for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If any taxable party notify the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$76 made parity as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization orbit the donor of the value of the goods or services provided? Did the organization receive any times, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? S			
5a		5a		Х
				Х
		6a		Х
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c 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 the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 for			
-		6b		
7		5.0		
	•	7a	Х	
			X	
•		7c		х
d				
		7e		Х
_				Х
	· · · · · · · · · · · · · · · · · · ·			
•		8		
9				
		9a		
_				
10				
	· · · · · · · · · · · · · · · · · · ·			
11				
а	Gross income from members or shareholders			
b				
I2a		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С				
		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15				
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management						
		ı			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30	4			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	۱	30				
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					X	
2	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2			
3						v	
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
4 5	Did the organization make any significant changes to its governing documents since the profit of the Did the organization become aware during the year of a significant diversion of the organization's ass	-1-0		5		X	
6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?			6		X	
7a	Did the organization have members of stockholders, or other persons who had the power to elect or ap			"			
<i>1</i> a	more members of the governing body?	•		7a		х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			/ a			
	persons other than the governing body?		*	7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			1.0			
а	The governing body?	-	-	8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	X		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			J.			
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re						
	inio oscione e regional manifestata de la periode not regiona a y me manifestata				Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	12a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe				
	on Schedule O how this was done			12c	X		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14	Х		
15	Did the process for determining compensation of the following persons include a review and approva	I by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official			15a	Х	37	
b	Other officers or key employees of the organization			15b		X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
юа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen			40-		X	
L	taxable entity during the year?			16a		Λ	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in its interest and the organization to evaluate the interest and the organization to evaluate the organization of the organization to evaluate the organization to evaluate the organization of the organiza						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h			
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b	Į.		
17	List the states with which a copy of this Form 990 is required to be filed ▶CT						
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (section 501(c)(3)	s only)	availah		
	for public inspection. Indicate how you made these available. Check all that apply.	10 550	1 (30011011 301(0)(0)	3 Orliy)	avanac	JIC .	
	X Own website Another's website X Upon request Other (explain	on Sa	hadula (1)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d financ	cial		
. •	statements available to the public during the tax year.		25t policy, all	a. K			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	l records				
	MARGARET W. PETERSON, VICE PRESIDENT, FINANCE - 203						
	1281 COVE ROAD, STAMFORD, CT 06902						

06-1263947

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

See the instructions for the order in which to list the persons above.

Check this box if neither the organization ne (A)	(C)					-	(D)	(E)	(F)	
(A) (B) Name and title Average			Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box,	unles	ss per	son i	s both	an	compensation	compensation	amount of
	week (list any		01 41			17 11 40		from the	from related organizations	other compensation
	hours for	ndividual trustee or director				P		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	•	and related
	below	vidua	itutio	cer	Key employee	hest coloyee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) LEIGH SHEMITZ	37.50							006 554		40 550
PRESIDENT				Х				236,771.	0.	10,772.
(2) MARGARET W. PETERSON	30.00							0.4.501	•	F 600
FINANCE DIRECTOR	1 00			X				94,601.	0.	5,633.
(3) ANDREA FRALEIGH	1.00								•	
DIRECTOR		Х						0.	0.	0.
(4) ANTHONY ALLOTT	5.00								•	•
VICE CHAIR	1 00	Х		Х				0.	0.	0.
(5) ANTHONY CARVETTE	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(6) BEN GIFFORD	1.00								•	
DIRECTOR (OUTGOING)		Х						0.	0.	0.
(7) BUD GREBEY	5.00			7.7					0	0
SECRETARY	1 00	X		Х				0.	0.	0.
(8) CHRISTIAN VON ANCKEN	1.00								0	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) CHRISTINE CAREY	1.00	77							0	0
DIRECTOR (10) POWG PORD	F 00	Х						0.	0.	0.
(10) DOUG BORA	5.00	Х		v				0.	0.	0
CHAIRMAN OF THE BOARD	1.00	Λ		Х				0.	0.	0.
(11) DR. TAMU LUCERO DIRECTOR	1.00	Х						0.	0.	0.
(12) EMILY DREAS	1.00	Λ						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(13) FRED LORTHIOIR	5.00	Λ						0.	0.	0.
TREASURER	3.00	Х		х				0.	0.	0.
(14) GREGORY GIGLIOTTI	1.00	Λ		Λ				0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(15) JAKE RATH	1.00	27						0.	0.	U •
DIRECTOR	1.00	Х						0.	0.	0.
(16) JAMES BARKER	1.00	-22							0 •	<u>.</u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) JAMES POUCHER	1.00								•	<u> </u>
DIRECTOR (OUTGOING)		х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		(F)		
Name and title	Average	Average Position (do not check more than one					nne	Reportable	Reportable	E	stimate	ed	
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	a	mount	of	
	week		cer an	la a a	recto	r/trus	ee)	from	from related		other		
	(list any hours for	director						the	organizations	1	npensa		
	related	or di	99			sated		organization	(W-2/1099-MISC/	1	rom th		
	organizations	ruste	l trustee		99	ubeu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	1 '	ganizat Id relat		
	below	dual t	ntiona	_	nploy	st cor	¥.	1		1	anizati		
	line)	Individual trustee or	Institutional t	Officer	Key employee	Highest compensated employee	Former						
(18) JAMES STUART	1.00												
DIRECTOR		Х						0.	0.			0.	
(19) JOANNA T. ROWAN	1.00												
DIRECTOR		Х						0.	0.			0.	
(20) MAIREAD O'SULLIVAN	1.00												
DIRECTOR		Х						0.	0.			0.	
(21) MARIANNE POLLAK	1.00												
DIRECTOR	 	Х						0.	0.			0.	
(22) MAUREEN BAILIE	5.00								•			^	
VICE CHAIR	1 00	Х	_	Х				0.	0.	<u> </u>		0.	
(23) MICHAEL SOLECKI	1.00								•			^	
DIRECTOR	1 00	Х						0.	0.	1		0.	
(24) MICHELE SEGALLA	1.00	37							0			0	
DIRECTOR (25) MIKE JEMIOLO	1.00	Х	\vdash					0.	0.	-		0.	
DIRECTOR	1.00	Х						0.	0.			0.	
(26) OLGA BURKE	1.00	22						•	•	1		<u> </u>	
DIRECTOR		х						0.	0.			0.	
1b Subtotal							<u> </u>	331,372.	0.	1	6,4		
c Total from continuation sheets to Part V							•	0.	0.			0.	
d Total (add lines 1b and 1c)							•	331,372.	0.	1	6,4	05.	
2 Total number of individuals (including but i							o re	eceived more than \$100,	000 of reportable				
compensation from the organization									•			1	
											Yes	No	
3 Did the organization list any former officer	, director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for	such individual									3		X	
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual		4	X		
5 Did any person listed on line 1a receive or	accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." cor	nplete Schedule	e J f	or su	ıch <u>ı</u>	oers	on .				5		X	
Section B. Independent Contractors				_									
1 Complete this table for your five highest co	-	-								ation fr	om		
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		٥١		
(A) Name and busines:	s address							(B) Description of services			(C) Compensation		
- Traine and business								200011011011011		- 5pc			

the organization. Report compensation for the calcindar year chaing with or within	Title organization 3 tax year.	
(A) Name and business address	(B) Description of services	(C) Compensation
Traine and pasiness address	Description of services	Compensation
FULLER & D'ANGELO	ARCHITECTURE	
45 KNOLLWOOD RD, ELMSFORD, NY 10523	SERVICES	319,993.
COMMUNITY COUNSELING SERVICE		
527 MADISON AVE, NEW YORK, NY 10022	CONSULTING SERVICES	301,000.
JONES LANG LASALLE AMERICA		
100 STAMFORD PL STE 201, STAMFORD, CT 06902	REAL ESTATE SERVICES	233,515.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

SEE PART VII, SECTION A CONTINUATION SHEETS

6-1263947	06-126							<u>. </u>	WATERS, INC	Form 990 SOUNDWATE		
ed)	ees (continued)	Compensated Employe	est (ligh	nd F	s, a	yee	mplo	ors, Trustees, Key E	Part VII Section A. Officers, Directors, Tru		
	(E)	(C)						(A) (B)				
	Reportable	(D) Reportable		ı	ition				Average	Name and title		
• • • • • • • • • • • • • • • • • • •	compensation	compensation	y)				heck	(cl	hours			
ated other	from related	from	-	Ė					per			
	organizations	the		yee					week			
	(W-2/1099-MISC)	organization		old me				rector	(list any			
organization		(W-2/1099-MISC)		ated			98	ordi	hours for			
and related				bens	96		trust	ustee	related			
organizations			_	tcom	yoldı		tional	ual tr	organizations below			
			Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	line)			
				H	È	\vdash	⊢	+	1.00	(27) PAUL HUSTON		
0. 0.	0	0.						x	1.00	DIRECTOR		
	· ·	-						1	1.00	(28) PIETER EENKEMA VAN DIJK		
0. 0.	0	0.						x	1.00	DIRECTOR		
<u> </u>	0.	0.							1.00	(29) RANDY BOURNE		
0. 0.	0	0.						x	1.00	DIRECTOR		
	0.	0.				\vdash	\vdash		1.00	(30) READ HUBBARD		
0. 0.	0.	0.						x	1.00	DIRECTOR		
	· ·					\vdash	\vdash	1	1.00	(31) RICHARD SELLSCHOP		
0. 0.	0.	0.						x	1.00	DIRECTOR		
								† 	1.00	(32) SAM STORCH MALLOY		
0. 0.	0.	0.						x		DIRECTOR		
								† 	1.00	(33) SARA ADAMS		
0. 0.	0.	0.						X		DIRECTOR		
									1.00	(34) SHEILA L. BENNETT		
0. 0.	0.	0.						Х		DIRECTOR		
									1.00	(35) SUSIE BAKER		
0. 0.	0.	0.						Х		DIRECTOR (OUTGOING)		
									5.00	(36) VALERIE SENEW		
0. 0.	0.	0.				x		Х		SECRETARY (OUTGOING)		
								1				
								ــــــــــــــــــــــــــــــــــــــ				
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								-				
					<u> </u>	<u> </u>		Щ				
								-		Total to Part VII, Section A, line 1c		

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
			Check if Correduce C correlating a	тезропас с	or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				Ι. Ι					30000013 3 12 3 14
ints	1		Federated campaigns	1a					
Gra Jou			Membership dues	1b	211 472				
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events	1c	311,473.				
ig ig			Related organizations	1d	0 400 410				
ns, jin			Government grants (contributions)	1e	2,490,412.				
er S		f	All other contributions, gifts, grants, and	1 1					
έŧ			similar amounts not included above	1f	2,317,389.				
gg		_	Noncash contributions included in lines 1a-1f	1g \$	408,692.				
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f			5,119,274.			
	Business Cod								
ė	2	а	EDUCATIONAL ACTIVITIES		611710	895,583.	895,583.		
e Ž		b							
S d		С							
am eve		d							
Program Service Revenue		е							
ď		f	All other program service revenue						
		g	Total. Add lines 2a-2f			895,583.			
	3		Investment income (including divide						
			other similar amounts)			56,487.			56,487.
	4		Income from investment of tax-exem						
	5		Royalties		-				
	_) Real	(ii) Personal				
	6	а	Gross rents 6a	,	. ,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	ecurities	(ii) Other				
	•	u	(/ Care a	938,507.	9,143.				
		h	Less: cost or other basis	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Φ		D		029,010.	0.				
ž		_		90,503.	9,143.				
Revenue					-	-81,360.	9,143.		-90,503.
ج R			Net gain or (loss)			01,300.	7,143.		30,303.
ther	8	а	Gross income from fundraising events (rincluding \$ 311,473.						
ŏ									
			contributions reported on line 1c). So	I	33,000.				
			Part IV, line 18		78,004.				
			Less: direct expenses		70,004.	-45,004.			-45,004.
			Net income or (loss) from fundraising		·····	-43,004.			-43,004.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances 10a						
			Less: cost of goods sold						
_		С	Net income or (loss) from sales of inv	ventory					
ဟ္					Business Code				
e Je	11		FEE BASED RESEARCH		900099	17,512.	17,512.		
Miscellaneous Revenue		b	OTHER REVENUE		900099	2,365.	2,365.		
le Sel		С							
Ais		d	All other revenue						
		е	Total. Add lines 11a-11d			19,877.			
	12		Total revenue. See instructions			5,964,857.	924,603.	0.	-79,020.

Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-	ipiete columni (A).	
	• 1		(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) 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				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	222 554	400 000	440 545	40 440
	trustees, and key employees	308,771.	127,775.	140,547.	40,449.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.40 445	ECC 251	4.5	100 010
7	Other salaries and wages	948,417.	768,051.	47.	180,319.
8	Pension plan accruals and contributions (include	10 100	11 650	445	1 201
	section 401(k) and 403(b) employer contributions)	13,177. 59,046.	11,658.	145.	1,374. 11,895.
9	Other employee benefits		42,180.	4,971.	11,895.
10	Payroll taxes	82,025.	58,594.	8,991.	14,440.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	45 240		45 240	
	Accounting	45,348.		45,348.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	20 606		20 606	
f	Investment management fees	20,696.		20,696.	
g	,	154 650	70 553	7.0	02 246
	column (A), amount, list line 11g expenses on Sch O.)	154,659.	70,553.	760.	83,346.
12	Advertising and promotion	27,383.	13,620.	1 010	13,763.
13	Office expenses	60,330.	33,017.	1,910.	25,403. 31,418.
14	Information technology	54,134.	13,738.	8,978.	31,410.
15	Royalties	70 005	4E 226		24 400
16	Occupancy	79,825.	45,336. 12,956.	472.	34,489.
17	Travel	13,451.	14,930.	4/4.	23.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1 /20		1,430.	
20	Interest Payments to offiliates	1,430.		1,430.	
21	Payments to affiliates	123,119.	110,807.	6,156.	6,156.
22	Depreciation, depletion, and amortization	100,943.	93,950.	3,496.	3,497.
23	Other expanses, Itamiza expanses not severed	100,343.	93,930.	3,430.	J,431•
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) SUPPLIES AND MAINTENANC	153,846.	138,024.	6,126.	9,696.
a b	FOOD	63,134.	13,472.	895.	48,767.
D	DUES & SUBSCRIPTIONS	11,483.	9,673.	591.	1,219.
ن ب	OTHER EXPENSES	6,182.	5,526.	371.	656.
d	All other expenses	0,102.	3,320.		0.50 •
	Total functional expenses. Add lines 1 through 24e	2,327,399.	1,568,930.	251,559.	506,910.
<u>25</u> 26	Joint costs. Complete this line only if the organization	2,321,333.	1,500,550.	231,3376	300,710.
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II IUIIUWIIII 30F 98-2 (A5C 938-720)				Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or note to ar	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		745,291.	1	630,815.
	2	Savings and temporary cash investments		4,311,436.	2	1,826,472.
	3	Pledges and grants receivable, net		3,044,855.	3	2,728,159.
	4	Accounts receivable, net		104,986.	4	390,540.
	5	Loans and other receivables from any current or forme				
		trustee, key employee, creator or founder, substantial	contributor, or 35%			
		controlled entity or family member of any of these pers	ons		5	
	6	Loans and other receivables from other disqualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons described in sec	ction 4958(c)(3)(B)		6	
<u>s</u>	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	B ::		62,293.	9	71,931.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	10,939,968.			
	b	The second secon		2,151,636.	10c	8,433,702. 1,851,545.
	11	Investments - publicly traded securities		2,065,105.	11	1,851,545.
	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		21,114.	15	26,628.
	16	Total assets. Add lines 1 through 15 (must equal line		12,506,716.	16	15,959,792.
	17	Accounts payable and accrued expenses	219,255.	17	597,561.	
	18	Grants payable		F4.6. 0.04	18	254 242
	19	Deferred revenue		516,331.	19	371,843.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV			21	
es	22	Loans and other payables to any current or former office				
Liabilities		trustee, key employee, creator or founder, substantial				
jab		controlled entity or family member of any of these pers			22	
_	23	Secured mortgages and notes payable to unrelated th		220 160	23	0
	24	Unsecured notes and loans payable to unrelated third		220,160.	24	0.
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24). Complete Part X	103,509.	0.5	119,029.
	00			1,059,255.	25	1,088,433.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check her	¥	1,039,233.	26	1,000,433.
S		and complete lines 27, 28, 32, and 33.	e P A			
ü	27			3,034,588.	27	9,550,533.
sala	28	Net assets with donor restrictions Net assets with donor restrictions		8,412,873.	28	5,320,826.
P	20	Organizations that do not follow FASB ASC 958, ch		0/112/0/51	20	3/320/0201
필		and complete lines 29 through 33.	con nore			
p	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipme			30	
Ass	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		11,447,461.	32	14,871,359.
Z	33	Total liabilities and net assets/fund balances		12,506,716.	33	15,959,792.
	. 55	Total habilition and not according fully balances		,		

Form	990 (2021) SOUNDWATERS, INC.	06-	126394	7	Pag	_{le} 12
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	5,9			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,6			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,4			
5	Net unrealized gains (losses) on investments	5	<u>-2</u>	<u>13</u>	, 56	<u> 50.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	14,8	<u>71</u>	<u>, 35</u>	<u> </u>
Pa	rt XII Financial Statements and Reporting				,	
	Check if Schedule O contains a response or note to any line in this Part XII				 ,	<u> </u>
				Y	es	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				_	
b	Were the organization's financial statements audited by an independent accountant?		2	b -	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X 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				_	
	review, or compilation of its financial statements and selection of an independent accountant?			с -	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	•	t			
	Act and OMB Circular A-133?		3	а	\dashv	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		I			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			_		
			Fo	rm 9	90 (2	2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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.

14 OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization SOUNDWATERS INC. 06-1263947 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 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 10 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 on 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1155974.	2654295.	2332371.	6665947.	5119274.	17927861 .
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	1155974.	2654295.	2332371.	6665947.	5119274.	17927861.
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)						5021238.
	Public support. Subtract line 5 from line 4.						12906623.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1155974.	2654295.	2332371.	6665947.	51192/4.	17927861.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	EE 711	60 716	60 461	FF 400	EC 407	207 026
_	and income from similar sources	55,744.	60,716.	69,461.	55,428.	30,407.	297,836.
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	60,194.	56,527.	28,108.	19,608.	52 977	217,314.
	assets (Explain in Part VI.)	00,194.	30,327.	20,100.	19,000.		18443011.
	Total support. Add lines 7 through 10	ata (aga inaturatio	ma)				,900,551.
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			iourth or fifth toy v			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
13	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			ightharpoonup
Sec	etion C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	69.98 %
	Public support percentage from 2020					15	78.17 %
	6a 33 1/3% support test - 2021. 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						
b	33 1/3% support test - 2020. If the c		-				
17a	and stop here. The organization qualifies as a publicly supported organization						
	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 te			-			. —
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu		•				>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s

Schedule A (Form 990) 2021 SOUNDWATERS, INC. 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 be Section A. Public Support	siow, piease com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			, ,		'	,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(=,) == : :	(-,	(-)	(,	(5)	(-)
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2021 (li	ne 8, column (f), o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the						7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization quali	fies as a publicly s	upported organiza	ation	
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organizatio						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
ı	3a		
	3b		
	20		
ŀ	3c		
	4a		
	4b		
	4c		
	5a		
ŀ	5b		
	5c		
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	9с		
	10a		
مارر	10b A (Forn	n QQAN	2021

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	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			
			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 on line 2, above, 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			
Sact	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 holow.	j .		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	16)	
2	Activities Test. Answer lines 2a and 2b below.	su action	Yes	No
– a	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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 "Ves " describe in Part VI the role played by the organization in this regard	3b	ı I	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi:	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mu		•	·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 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-function	ally integrator	Type III supporting orga	nization (see	

Schedule A (Form 990) 2021

instructions).

	t V Type III Non-Functionally Integrated 509(nizations / //		0-1203947 Page 7
		(a)(3) Supporting Orga	mizations (continu	ued)	Commant Vacu
	ion D - Distributions			_	Current Year
1	Amounts paid to supported organizations to accomplish exer	<u> </u>		1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	,	3	
	Amounts paid to acquire exempt-use assets	es or supported organizations	<u> </u>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	Ovide details iii i dit vi)		6	
7	Total annual distributions. Add lines 1 through 6.			7	
. 8	Distributions to attentive supported organizations to which the	ne organization is responsive		<u> </u>	
Ū	(provide details in Part VI). See instructions.	to organization to respondive		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
b	Excess from 2018				
<u> </u>	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

e Excess from 2021

Part VI

06-1263947 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 2017 AMOUNT: \$ 60,194. 2018 AMOUNT: \$ 19,017. 2019 AMOUNT: \$ 28,108. 19,608. 2020 AMOUNT: \$ 2021 AMOUNT: \$ 2,365. FUNDRAISING INCOME 37,510. 2018 AMOUNT: \$ 2021 AMOUNT: \$ 33,000. FEE BASED RESERCH 17,512. 2021 AMOUNT: \$

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.

Schedule B

(Form 990)

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

23 OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Schedule B (Form 990) (2021)

	SOUNDWATERS, INC.	06-1263947					
Organization type (check	Organization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	I					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule. See instructions.					
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions t ny one contributor. Complete Parts I and II. See instructions for determining a contri	· · ·					
Special Rules							
sections 509(a)(1 contributor, durin	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \bigcup \$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Page **2**

Name of organization

SOUNDWATERS, INC.

Employer identification number

06-1263947

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,875,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$ 125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 115,757.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.

Page **3**

Name of organization

Employer identification number

SOUNDWATERS, INC.

06-1263947

Partii	Noticasti Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PUBLICLY TRADED STOCK		
3			
		\$\$	11/04/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		Ι φ	

Employer identification number

Name of organization

Page 4

SOUNDW	ATERS, INC.				06-1263947	
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following	na line entry. For a	organizations	at total more than \$1,000 for the year	
	Use duplicate copies of Part III if additional	space is needed.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transf		elationship of tran	sferor to transferee	
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Descri	ription of how gift is held	
-	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		R	elationship of tran	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Desci	ription of how gift is held	
		(e) Transf	or of gift			
	Transferee's name, address, ar			elationship of tran	sferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Descr	ription of how gift is held	
	(e) Transfer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of tran	sferor to transferee	

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.

Inspection

Name of the organization

SOUNDWATERS, INC.

Employer identification number 06-1263947

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		r Similar Funds	or Accou	nts. Complete if the
	organization answered Tee Sitt offit 600, Fart IV, IIII	(a) Donor adv	vised funds	(b) Fur	nds 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 v		held in donor advis	sed funds	
	are the organization's property, subject to the organization's	exclusive legal contro	l?		Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for	any other purpose	conferring	
	impermissible private benefit?				
Pai	t II Conservation Easements. Complete if the org	ganization answered '	Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that app	y)		
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area
	Protection of natural habitat		Preservation o	f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation conf	ribution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a			I	
	listed in the National Register			<u>2d</u>	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or terminated by the	e organization	during the tax
	year >				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
•	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations	, and enforcing con	servation ease	ements during the year
-	Amount of company in an arithming in an artist in a			.4:	da alcuita a dha casa a
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	aling of violations, and	enforcing conserva	ttion easemen	its during the year
8	Does each conservation easement reported on line 2(d) above	o oatiafy the requirem	anta of acation 170	(b)(4)(D)(i)	
0		•			Yes No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation				
9	balance sheet, and include, if applicable, the text of the footn				
	organization's accounting for conservation easements.	lote to the organization	ili S Ililailolai Statelli	ents that desi	STIDES THE
Pai	t III Organizations Maintaining Collections of	Art, Historical T	reasures, or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement a	and balance s	heet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educat	ion, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that	describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue statement and	balance sheet	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furt	herance of pu	blic service,
	provide the following amounts 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 trea				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1	-			\$
b	Assets included in Form 990, Part X				

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	Other	r Simila	r Assets	s (continu	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that n	nake si	gnificant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange progran	n				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization	's exen	npt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	fart, historical treas	sures, or other	similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	lection?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements. Complet	te if the organization	n answered "Y	'es" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other asse	ts not i	included			
	on Form 990, Part X?							Yes	X No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					. 1c			
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	orovided on Pa	art XIII				
Par	t V Endowment Funds. Complete if	the organization ans	wered "Yes" on Fo	rm 990, Part I\	/, line 1	10.			
		(a) Current year	(b) Prior year	(c) Two years	back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	2,128,911.	1,724,936.	1,671,	792.	1,5	69,358.	8	395,281.
	Contributions	50,000.						5	595,008.
С	Net investment earnings, gains, and losses	-255,382.	421,916.	93,	291.	1	.02,434.		79,069.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs			40,	147.				
f	Administrative expenses	20,696.	17,941.						
g	End of year balance	1,902,833.	2,128,911.	1,724,	936.	1,6	71,792.	1,5	69,358.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	49.9700	%	•					
b	Permanent endowment ► 50.0300	%	_						
С	Term endowment	 %							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held an	d administered	d for th	e organiz	ation		
	by:							Y	res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as require	al and Order all de DO					3b	
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.						
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, F	Part X,	line 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value
		basis (investm	ent) basis ((other)	de	preciation			
1a	Land								
	Buildings		2,13	9,236.	2,1	139,2	36.		0.
	Leasehold improvements								
d	Equipment			5,853.		236,7		1,209	
_е	Other			4,879.		130,3		7,224	
	Add lines 1a through 1e (Column (d) must on		(a a luma m /D) lin = 1/	٦. ١		-		8.433	

Schedule D (Form 990) 2021 SOUNDWATERS Part VII Investments - Other Securities.	, INC.	06	-1263947 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-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" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-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" of		1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)	>	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DEFERRED COMPENSATION			119,029.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

119,029.

(9)

Pai	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,781,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-213,560.		
b			56,500.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-5,196.		
е	Add lines 2a through 2d			2e	-162,256.
3	Subtract line 2e from line 1			3	5,944,161.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,		20,696.	-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	20,696.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	5,964,857.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statem		1 Expenses per 1	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1 . 1	2 250 007
1	Total expenses and losses per audited financial statements			1	2,358,007.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1	F.C. F.O.O.		
a			56,500.	-	
b	, , ,			-	
С				-	
	Other (Describe in Part XIII.)				F.C. F.O.O.
_	Add lines 2a through 2d			2e	56,500.
3	Subtract line 2e from line 1			3	2,301,507.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	20 606		
	Investment expenses not included on Form 990, Part VIII, line 7b		20,696. 5,196.	-	
	Other (Describe in Part XIII.)		•	-	25 002
	Add lines 4a and 4b			4c	25,892. 2,327,399.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	4,341,333.
		+ I\/ linco 1h	and Oh: Dort V. line 4	I. Dort \	/ line 0: Dort VI
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par			; Part)	K, line 2; Part XI,
iines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	ditional infor	mation.		
рΔΙ	RT V, LINE 4:				
1 71	KI V, DINE 4.				
тні	E ORGANIZATION'S ENDOWMENT CONSISTS OF IND	TVTDIIA	I. FIINDS EST	'ART.	ISHED FOR
	D ONGINIBILITION D DINDOMININI CONDIDID OF THE	1 1 1 1 1 1 1 1	L TONDO LOI		IDIIDD I OIL
Δ 7	VARIETY OF PURPOSES.				
	VINCIBIT OF FORFORDS.				
PAI	RT X, LINE 2:				
	,				
THI	E ORGANIZATION EVALUATES ALL SIGNIFICANT T	AX POS	ITIONS AS R	EOU:	IRED BY
AC	COUNTING PRINCIPLES GENERALLY ACCEPTED IN	THE UN	ITED STATES	OF	AMERICA.
AS	OF JUNE 30, 2022, THE ORGANIZATION DOES N	OT BEL	IEVE THAT I	т на	AS TAKEN
					
AN	Y POSITIONS THAT WOULD REQUIRE THE RECORDI	NG OF	ANY ADDITIO	NAL	TAX
	~				
LIZ	ABILITY NOR DOES IT BELIEVE THAT THERE ARE	ANY U	NREALIZED T	'AX I	BENEFITS

THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR.

Schedule D (Form 990) 2021 SOUNDWATERS, INC.	06-1263947 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
INDIRECT FUND EXPENSES	-5,196.
	·
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INDIRECT FUND. EXPENSES	5,196.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

32 OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number SOUNDWATERS, INC. 06-1263947 Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b 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. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 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.

2 Less 3 Gro 4 Cas 5 Non 8 Ente 9 Oth 10 Direc 11 Net Part III	of fundraising event contributions and gr	•	·	· ·	·
2 Less 3 Groot 3 Groot 4 Cas 5 None 6 Ren 7 Food 8 Enter 9 Other 10 Direct 11 Net Part III 1 Groot 2 Cas 3 None 4 Ren 5 Other 6 Volut 7 Direct 8 Net 9 Enter the original in the origi		(a) Event #1 TALL SHIPS BALL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2 Less 3 Groot 3 Groot 4 Cas 5 None 6 Ren 7 Food 8 Enter 9 Other 10 Direct 11 Net Part III 1 Groot 2 Cas 3 None 4 Ren 5 Other 6 Volut 7 Direct 8 Net 9 Enter the original in the origi		(event type)	(event type)	(total number)	COI. (C))
3 Ground	ross receipts	344,473.			344,473.
4 Case 5 None 6 Ren 7 Food 8 Enter 9 Other 10 Direct 11 Net 12 Case 3 None 4 Ren 5 Other 6 Volution 7 Direct 8 Net 9 Enter the last he or in the list he	ess: Contributions	311,473.			311,473.
5 None 6 Render 7 Food 8 Enter 9 Other 10 Direct 11 Net Part III	ross income (line 1 minus line 2)	33,000.			33,000.
6 Ren 7 Foo 8 Ente 9 Oth 11 Net Part	ash prizes				
8 Enter the a sthe or b If "No,"	oncash prizes	30.			30.
8 Enter the a sthe or b If "No,"	ent/facility costs	30,111.			30,111.
8 Enter the a sthe or b If "No,"	ood and beverages	47,863.			47,863.
9 Enter th a ls the or b lf "No,"	ntertainmentther direct expenses	•			
Part III Part I	irect expense summary. Add lines 4 throug			>	78,004.
Benter the a ls the or b lf "No,"	et income summary. Subtract line 10 from				-45,004.
Bender the a street of b if "No," Bender the a way are an area of the content of	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
2 Cas 3 Non 4 Ren 5 Oth 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	\$15,000 on Form 990-EZ, line 6a.	1	# > Dull take (instead		(N Tatal manais a faula)
2 Cas 3 Non 4 Ren 5 Oth 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
3 Non 4 Ren 5 Oth 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	ross revenue				
5 Othe 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	ash prizes				
5 Othe 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	oncash prizes				
5 Othe 6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	ent/facility costs				
6 Volu 7 Dire 8 Net 9 Enter th a Is the or b If "No,"	ther direct expenses				
7 Dire 8 Net 9 Enter th a Is the or b If "No," 10a Were an		Yes %	Yes %	Yes %	
9 Enter th a Is the or b If "No,"	olunteer labor	No No	No No	No No	
9 Enter th a Is the or b If "No,"	irect expense summary. Add lines 2 throug	h 5 in column (d)		>	
a Is the or b If "No," 10a Were an	et gaming income summary. Subtract line	7 from line 1, column (d)		>	
a Is the or b If "No," 10a Were an					
	the state(s) in which the organization cond organization licensed to conduct gaming a ," explain:	_	states?		Yes No
	any of the organization's gaming licenses r s," explain:	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No

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:				
	The organization's facility	13a			%
	An outside facility	13b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	a 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 \$ and the amount				
	of gaming revenue retained by the third party > \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation > \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	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				
D -	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, Iin	es 9,	9b, 10	lb,

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

36 OMB No. 1545-0047

2021

Open to Public Inspection

Internal Revenue Service Name of the organization

SOUNDWATERS, INC.

Employer identification number 06-1263947

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	<u> </u>
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEIGH SHEMITZ	(i)	144,680.	72,000.	20,091.	4,896.	5,876.	247,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(') (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 4B:
THE ORGANIZATION DID NOT MAKE ANY CONTRIBUTIONS DURING THE CALENDAR YEAR TO
THE PRESIDENT'S 457(F) DEFERRED COMPENSATION PLAN.
SCHEDULE J, PART II, COLUMN (B)(III):
THE AMOUNT IN THIS COLUMN REPRESENTS CONTRIBUTIONS TO 457(B)
RETIREMENT PLAN AND TAXABLE PORTION OF GROUP TERM LIFE INSURANCE.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

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

39 OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

Employer identification number

S	SOUNDWAT	ERS, INC.						06	-12	639	47		
			01(c)(3	3), sect	ion 501(c)(4), and sec	ction	n 501(c)(29) orga	nizatio	ns on	ly).			
Complete if the o	organization an	swered "Yes" on I	orm 9	990, Pa	art IV, line 25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1	(b	(b) Relationship between disqualified person and organization (c) Description of transaction			_		(d)	Corre	cted?				
(a) Name of disqualified p) Name of disqualified person		ganiza	ation	(0	;) D	escription of trar	ISactic	on 		Y	es	No
												_	
2 Enter the amount of tax i	incurred by the	organization man	agers	or disc	qualified persons duri	ng t	the year under						
									S				
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	ed by	the or	ganization				> \$				
Part II Loans to and	d/or From Ir	nterested Pers	enne										
					Dort V line 20e er F		o OOO Doet IV lie	~ OC	or if th		ni=atio		
		90, Part X, line 5, 6			, Part V, line 38a or F	OIII	1 990, Part IV, III	e 26, (וו נוו	e orga	nızatıc	ori	
(a) Name of	(b) Relationshi		_	oan to or	(e) Original	11	f) Balance due	(a) In	(h) Ap	proved	(i) W	/ritten
interested person	with organization		1 * frame than 1 '		principal amount	١,	(.,		default?		by board or committee?		ment?
			То	From	1				No	Yes	No	Yes	No
								Yes					
						L							
						<u> </u>							
						L							
						<u> </u>							
						_							
Total Cronto or Ac	oiotopoo B	anafitina Intor		d Day	> \$								
		enefiting Inter											
		swered "Yes" on I					/ n =				١. ٥		•
(a) Name of interested p	person	(b) Relationship interested pers			(c) Amount of assistance		(d) Type assistan) Purp assista		T
		the organiza		ıu	400,014,700								
	+												
									-+				

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

Schedule L (Form 990) 2021

	(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	c) Amount of	(d) Description of		aring of
	(a) Hame of interested person	person and the organization	transaction	transaction	reven	zation's nues?
TOE	FULLER, JR.	FORMER BOARD MEMBER	319 993.	ARCHITECHTU	Yes	No X
001	FULLER, UK.	FORMER BOARD MEMBER	319,993.	ARCHITECHIO		Α_
Part		onses to questions on Schedule L (see in	structions).			
SCH	L, PART IV, BUSINESS T	RANSACTIONS INVOLVING	G INTERESTE	ED PERSONS:		
(A)	NAME OF PERSON: JOE FU	JLLER, JR.				
(D)	DESCRIPTION OF TRANSAC	CTION: ARCHITECHTURAL	FEES PAID	TO FULLER &		
	NGELO WHERE JOSEPH FULL					
				110 110 10 11		
FOR	MER BOARD MEMBER OF THE	ORGANIZATION.				

SCHEDULE M (Form 990)

Noncash Contributions

41 OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Inspection Employer identification number

	SOUNDWATERS,	INC.			06	5-12639	947	
Par	rt I Types of Property		_					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor	(d) of determini ntribution an	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	10	408,692.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by			· · · · · · · · · · · · · · · · · · ·				
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	cked,			
	describe in Part II							

Part II	Suppl is repor this par	ting in	Part I, o	column	ı (b), tr	ne numb	de the per of c	inform ontrib	nation r utions,	equire the nu	d by Pa ımber d	rt I, line of items	es 3 s re	30b, 32b ceived, d	, and 3 or a cor	3, and nbinati	wheth on of b	er the o	organiza Iso com	ition plete
SCHED	ULE M	, PA	ART :	I, C	OLU	MN ((B):													
THE AI									THE	NUN	1BER	OF	С	ONTR	IBUI	ORS	•			

SCHEDULE 0 (Form 990)

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 Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

SOUNDWATERS, INC.

Employer identification number 06-1263947

5001(5)11121(5) 11(0)								
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								
ACTION SINCE 1989.								
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:								
MENTORING FOR HIGH SCHOOL STUDENTS; 4) SUMMER ENRICHMENT FOR ALL								
STUDENTS; 5) MARITIME SKILLS TRAINING FOR YOUTH 18-24; 6) OUTREACH/								
EVENTS FOR THE BROADER COMMUNITY INCLUDING PUBLIC SAILS, PADDLE SPORTS,								
MARINE DEBRIS REMOVAL ACTIVITIES AND MORE.								
SOUNDWATERS ANNUAL REACH IS TREMENDOUS: 111 SCHOOLS, 37 TOWNS, 225								
PUBLIC SAILS, 270 VOLUNTEERS, THOUSANDS OF ATTENDEES AT PUBLIC EVENTS.								
WE ANNUALLY REACH 40,000 ADULTS AND CHILDREN. MORE THAN 50% OF CHILDREN								
WE SERVE ARE FROM LOW INCOME HOUSEHOLDS. SOUNDWATERS IS COMMITTED TO								
ENSURING THAT NO CHILD OR SCHOOL WILL BE EXCLUDED FROM OUR PROGRAMS DUE								
TO AN INABILITY TO PAY.								
SOUNDWATERS INNOVATES CONSTANTLY TO DEVELOP NEW WAYS TO IMPROVE LONG								
ISLAND SOUND. CURRENT RESEARCH PROJECTS INCLUDE AQUACULTURE, WITH A								
FOCUS ON OYSTERS AND KELP (SEAWEED). BOTH PROJECTS INVOLVE GROWING A								
CROP THAT BOTH IMPROVES WATER QUALITY AND IS ECONOMICALLY VIABLE. AT								
BOTH OUR OYSTER UPWELLER AND OUR KELP FARM, SOUNDWATERS IS EXPLORING								
NEW WAYS TO IMPROVE THE SOUND AND ENGAGE THE PUBLIC.								
LIKE MOST ORGANIZATIONS AND PEOPLE, SOUNDWATERS WAS DEEPLY AFFECTED BY								
THE COVID-19 PANDEMIC, BEGINNING IN MARCH, 2020 MOST SCHOOL-BASED								

PROGRAMS WERE CANCELLED. WE PIVOTED TO REMOTE PROGRAMS AND WERE ABLE TO

Schedule O (Form 990) 2021 Page 2

Name of the organization SOUNDWATERS, INC.

Employer identification number 06-1263947

EDUCATE THOUSANDS OF CHILDREN ON AN EXCITING NEW, VIRTUAL PLATFORM.

SOUNDWATERS IS CURRENTLY COMPLETING THE MULTIYEAR HARBOR AMBITIONS

CAMPAIGN TO BUILD A STATE-OF-THE-ART HARBOR CENTER AT BOCCUZZI PARK IN

STAMFORD (WITH COMPLETION EXPECTED IN FALL 2022) AND TO LAUNCH, EXPAND

AND ENDOW STUDENT ACCESS TO NEW ENVIRONMENTAL AND LIFE-CHANGING

PROGRAMS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT AND WAS REVIEWED BY

THE FINANCE COMMITTEE IN A FORUM OPEN TO ALL BOARD MEMBERS AND SUBSEQUENTLY

DISTRIBUTED TO THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED ANNUALLY TO ALL BOARD DIRECTORS AND THE PRESIDENT BY THE NOMINATING & GOVERNANCE COMMITTEE OF THE ORGANIZATION. THE QUESTIONNAIRE RESPONSES ARE THEN REVIEWED BY THE EXECUTIVE COMMITTEE AND THE BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15A:

THE COMPENSATION FOR THE PRESIDENT WAS INFORMED BY THE FOLLOWING AND

PRESENTED TO THE FULL BOARD FOR APPROVAL: 1) PERFORMANCE AGAINST GOALS

ESTABLISHED FOR THE PERFORMACE YEAR JULY 2021-JUNE 2022; 2) COMPREHENSIVE

ANALYSIS OF SALARIES FOR EQUIVALENT ROLES CONSIDERING: SIZE OF ORGANIZATION

- STAFF AND ASSETS, LOCATION - LOCAL AND BROADER REGION, ORGANIZATION FOCUS

- ENVIRONMENT, EDUCATION, ETC.; 3) DESIRED RETENTION DURING GROWTH PERIOD