Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

and ending



D Employer identification number

Internal Revenue	Go to www.irs.gov/Form990 for instructions and		for instructions and					
A For the 20	022 calend	ar yea	r, or tax y	ear be	ginnin	ng	an	d
B Check if applicable:	C Name of	f organ	ization					
Address change	AQUA	TIC	CAPI	TAL	OF	AMERICA	FOUNDATIO	Ν
Name change	Doing bu	usiness	sas					
Initial return Final return/			reet (or P. APPI			s not delivered to s	street address)	
termin- ated Amended				vince,	count		reign postal code	

	Name Chang		45-30708	54			
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number			
	Final	6201 E. APPIAN WAY		562-595-			
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	55,173.		
	Amer	DONG BEACH, CA 90803		H(a) Is this a group re			
	Applica- pending F Name and address of principal officer: RICHARD FOSTER			for subordinates			
		6201 E. APPIAN WAY, LONG BEACH, CA 90	803	H(b) Are all subordinates in	cluded? Yes No		
11	ax-ex	xempt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. See instructions		
	Vebsi			H(c) Group exemption			
		f organization: X Corporation Trust Association Other	L Year	of formation: 2010 N	State of legal domicile: CA		
Pa	art I		<u></u>				
e	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O FOR TH.	<u>E</u>		
Governance		FOUNDATION'S MISSION.					
/ern	2	Check this box if the organization discontinued its operations or dispos					
ğ	3				23		
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			0		
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	0		
ť	6	Total number of volunteers (estimate if necessary)			0.		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	0	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)	-	69,956.	55,173.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		69,956.	55,173.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ŝ	15			21,011.	22,426.		
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 9, 8	17.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		35,134.	40,873.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		56,145.	63,299.		
	19	Revenue less expenses. Subtract line 18 from line 12		13,811.	-8,126.		
s or			Be	ginning of Current Year	End of Year		
alan	20	Total assets (Part X, line 16)		48,762.	36,136.		
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		4,500.	0.		
		Net assets or fund balances. Subtract line 21 from line 20		44,262.	36,136.		
D-	ort II	Signature Block					

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

Sign	Signature of officer			Date		
	ANDREW BARBER, TREASURER					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	ANDREW J. BARBER			• • • • • • • • • • • • • • • • • • •	P00192799	1
Preparer	Firm's name CRISELL & ASSOCIA	TES, CPA'S		Firm's EIN 95-	2642922	
Use Only	Firm's address 2199 E. WILLOW ST	•				
	SIGNAL HILL, CA 9	0755		Phone no. (562)595-0501	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990					Form 990 (20	022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	AQUATIC CAPITAL OF AMERICA FOUNDATION 45-3070854 Page 2
Ра	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR THE MISSION STATEMENT DETAIL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
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 \$ 30,219. including grants of \$) (Revenue \$)) (Revenue \$) "NAPLES ISLAND SWIM/SUP EVENT" - THE ORGANIZATION HELD ITS ANNUAL)
	AQUATIC MEET ON NAPLES ISLAND IN WHICH COMPETITORS SWAM AND PADDLED IN THE WATER SURROUNDING THE ISLAND. THE EVENT HIGHLIGHTS THE ACHIEVEMENTS
	OF SWIMMERS AND PADDLERS OF ALL AGES IN A COMPETITION THAT HAS BEEN A
	SUMMER STAPLE FOR DECADES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	(code) (Expenses #) (nevenue #)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 19,463. including grants of \$) (Revenue \$)
4e	Total program service expenses 49,682.
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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)?		v	
	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		- 23
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	· ·		
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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?			
40	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 23
1Lu	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	•		x
02000	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990	^ (2022)
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Form 990 (2	2022)	AQUATIC	CAPITAL	OF
Part IV	Checklist of	of Required Sch	edules (continu	ued)

			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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	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? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
02	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? <i>If "Yes," complete Schedule R, Part I</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			<u> </u>
04	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	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	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)
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022)	AQUATIC	CAPITAL	OF	AMERICA	FOUNDATION
Statements R	legarding Otl	her IRS Filin	gs ai	nd Tax Com	oliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	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?	60		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		- 23
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
	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?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
-	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
a	Note: See the instructions for additional information the organization must report on Schedule O.	.04		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			l I
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	12-13-22	Form	990	(2022)

Form 990 (2022)

Part V

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Form 990	(2022)
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AQUATIC CAPITAL OF AMERICA FOUNDATION

Check if Schedule O contains a response or note to any line in this Part VI

X

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.

			Yes	N					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23								
	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.								
	Enter the number of voting members included on line 1a, above, who are independent 1b 23								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			,					
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		XX					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6 70	Did the organization have members or stockholders?	0							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
-	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	N					
l0a	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 chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х					
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c		X					
13	Did the organization have a written whistleblower policy?	13		Х					
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 approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		Х					
b	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ıd finaı	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	CRISELL & ASSOCIATES - 562-595-0501								
	2199 E. WILLOW STREET, SIGNAL HILL, CA 90755								
32006	5 12-13-22	Form	9 90	(202					
		1							
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Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest (Compensated
	່ Em	ployees, and	d Independe	ent Contra	ctors			

Check if Schedule O contains a response or note to any line in this Part VI

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, box 6 of 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.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e.	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	onal		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD FOSTER	4.00	<u> </u>		0	\geq	Ξē	5			
EXECUTIVE COMMITTEE		x		x				0.	0.	0.
(2) ANDREW BARBER	1.00									
TREASURER		X		X				0.	0.	0.
(3) MATT GRUNEISEN	1.00									
VICE PRESIDENT		X		X				0.	0.	0.
(4) KIM ONISKO	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(5) DAINA GROVER	1.00									
SECRETARY		Х		Х				0.	0.	0.
		<u> </u>								
		1								
		1								
232007 12-13-22										Form 990 (2022)

232007 12-13-22

Form **990** (2022)

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Par	t VII Section A. Officers, Directors, Tru		ploy	ees,			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than on box, unless person is both officer and a director/trustee (e) embloyee Highest counters Highest counters				than (is bot	n an	(D)(E)Reportable compensation fromReportable compensation from related organization: (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organization: 1099-NEC)			other compensation		
						<u> </u>								
											_			
	Subtotal Total from continuation sheets to Part								0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but	not limited to th	iose	liste	ed at	oove	e) wh	io r	eceived more than \$100	,000 of reportabl	е			0
	compensation from the organization												Yes	0 No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for	such individual										3		X
4	For any individual listed on line 1a, is the and related organizations greater than \$1											4		х
5	Did any person listed on line 1a receive o	r accrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		F		X
Sec	rendered to the organization? <i>If "Yes," co</i> tion B. Independent Contractors	mpiete Schedul	901	or st	icn p	Jers	<u>. 100</u>					5		21
1	Complete this table for your five highest of										ipensa	ation fi	rom	
	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE								C	(C omper		n		
								_						
		(in all other and the			al +	41-				4h				
2	Total number of independent contractors \$100,000 of compensation from the orga		ot III	nite	u tõ	tho:		stec	a above) who received h	IORE THAN		Form	990 (2022)

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Form	1 99	0 (;	2022) AQUATIC CAP	TI	AL OF A	MERICA	FOUN	IDATION	45-3070	854 Page 9
Pa	rt \	/	Statement of Revenue							
			Check if Schedule O contains a respo	nse	or note to any	line in this Pa	art VIII			
						(A)	(B)	(C)	(D) Revenue excluded
						Total re	venue	Related or exempt function revenue		
										sections 512 - 514
nts its	1	а	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b							
а.			Fundraising events 1c							
ar /			Related organizations 1d			_				
s, O			Government grants (contributions) 1e							
io Si			All other contributions, gifts, grants, and			-				
but		-	similar amounts not included above 1f		55,173					
ē		g	Noncash contributions included in lines 1a-1f		•	-				
anc		-					,173.			
<u> </u>					Business Cod					
đ	0	а			Buoiness Cou					
Program Service Revenue	2	b								
Ser										
E S		C d								
gra Re		d								
Pro		e				_				
_		f	All other program service revenue							
	-	g	Total. Add lines 2a-2f							
	3		Investment income (including dividends, in							
			other similar amounts)							
	4		Income from investment of tax-exempt bo							
	5		Royalties		(ii) Personal					
	-				(II) Personal	_				
	6		Gross rents 6a			_				
			Less: rental expenses 6b			_				
			Rental income or (loss) 6c							
			Net rental income or (loss)							
	7	а	Gross amount from sales of (i) Securit	es	(ii) Other	4				
			assets other than inventory 7a			_				
•		b	Less: cost or other basis							
evenue			and sales expenses 7b			_				
eve			Gain or (loss)							
Ř			Net gain or (loss)							
Other R	8	а	Gross income from fundraising events (not							
Ò			including \$ of							
			contributions reported on line 1c). See							
			Part IV, line 18			_				
			Less: direct expenses	8b						
		С	Net income or (loss) from fundraising ever	nts						
	9	а	Gross income from gaming activities. See							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gaming activities	<u> </u>						
	10	а	Gross sales of inventory, less returns							
			and allowances			_				
		b	Less: cost of goods sold	10b						
		с	Net income or (loss) from sales of inventor	у						
S					Business Cod	e				
Miscellaneous Revenue	11	а								
lan		b								
lev sev		с								
Mis		d	All other revenue	,						
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions			55	,173.	0.	0.	0.
23200	9 12	2-13								Form 990 (2022

9

Part IX Statement of Functional Expenses

AQUATIC CAPITAL OF AMERICA FOUNDATION

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	22,426.	14 050		7 176
7	Other salaries and wages	22,420.	14,950.		7,476
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
9	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,281.	1,140.		1,141
13	Office expenses	2,312.	543.	1,769.	
14	Information technology				
15	Royalties				
16	Occupancy	900.		900.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,261.	1,130.	1,131.	
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.)				
я	NAPLES ISLAND SWIM/SUP	30,219.	30,219.		
b	CRM + EVENT MANAGEMENT	2,400.	1,200.		1,200
c	DONATIONS AND SCHOLARSH	500.	500.		, = - •
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	63,299.	49,682.	3,800.	9,817
26	Joint costs. Complete this line only if the organization				· ·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11471114 601812 10102

10 2022.05000 AQUATIC CAPITAL OF AMERICA Form **990** (2022)

10102__1

		controlled entity or family member of any of thes	se persons		5	
	6	Loans and other receivables from other disquali	fied persons (as defined			
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
sse	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		48,762.	16	36,136.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
es	22	Loans and other payables to any current or form	ner officer, director,			
abilities		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
iab		controlled entity or family member of any of thes	se persons		22	
-	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			_
		of Schedule D		4,500.	25	0.
	26	Total liabilities. Add lines 17 through 25		4,500.	26	0.
s		Organizations that follow FASB ASC 958, che	eck here			
JCe		and complete lines 27, 28, 32, and 33.				
alar	27	Net assets without donor restrictions			27	
d Bá	28	Net assets with donor restrictions			28	
Fund Balances		Organizations that do not follow FASB ASC 9	58, check here			
or F		and complete lines 29 through 33.				•
	29	Capital stock or trust principal, or current funds		0.	29	0.
sse	30	Paid-in or capital surplus, or land, building, or ec	quipment fund	0.	30	0.
Net Assets	31	Retained earnings, endowment, accumulated in	44,262.	31	36,136.	
Ne	32	Total net assets or fund balances		44,262.	32	36,136.
	33	Total liabilities and net assets/fund balances		48,762.	33	36,136.
						Form 990 (2022)

Check if Schedule O contains a response or note to any line in this Part X

1 Cash - non-interest-bearing

4 Accounts receivable, net

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

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(B) End of year

36,136.

(A)

Beginning of year

48,762.

1 2

3

4

Form 990 (2022)

Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 12) 2 63, 2299. 2 Revenue less expenses. Subtract line 2 from line 1 3 -8, 1226. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 44, 262. 5 Net urrealized gains (losses) on investments 6		990 (2022) AQUATIC CAPITAL OF AMERICA FOUNDATION	45-30	70854	Paç	ge 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 1 55,173. 2 Total expenses (must equal Part IX, column (A), line 25) 2 63,299. 3 Revenue less expenses. Subtract line 2 from line 1 3 -8,126. 4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 44,262. 5 Net unrealized gains (losses) on investments 6 - 6 7 investment expenses 7 7 7 - 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)) 36,136. Part XII Financial Statements and Reporting - - 7 1 Accounting method used to prepare the Form 990: X Cash Accrual Other - 11 Total expenses consolidated basis, or both: Separate basis - - 2a X 11 Accounting method used to prepare the Form 990: X Cash Accrual Other - - 2a X 11 <th>Pa</th> <th>rt XI Reconciliation of Net Assets</th> <th></th> <th></th> <th></th> <th></th>	Pa	rt XI Reconciliation of Net Assets								
2 Total expenses (must equal Part IX, column (A), line 25) 2 63, 299. 3 Revenue less expenses. Subtract line 2 from line 1 3 -8, 126. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 44, 262. 5 Net unrealized gains (losses) on investments 6 -7 6 7 -8 -7 7 -8 -7 -8 8 9 0ther 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 36 , 136. Yes Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 36 , 136. Part XII -7 Check if Schedule O contains a response or note to any line in this Part XII -7 1 Accounting method used to prepare the Form 990: X Cash Accrual Other -7 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X </th <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI								
2 Total expenses (must equal Part IX, column (A), line 25) 2 63, 299. 3 Revenue less expenses. Subtract line 2 from line 1 3 -8, 126. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 44, 262. 5 Net unrealized gains (losses) on investments 6 -7 6 7 -8 -7 7 -8 -7 -8 8 9 0ther 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 36 , 136. Yes Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 36 , 136. Part XII -7 Check if Schedule O contains a response or note to any line in this Part XII -7 1 Accounting method used to prepare the Form 990: X Cash Accrual Other -7 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X </th <th></th> <th></th> <th></th> <th>_</th> <th></th> <th></th>				_						
3 Revenue less expenses. Subtract line 2 from line 1 3 -8,126. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 444,262. 5 Net unrealized gains (losses) on investments 5 6 6 7 7 7 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 0. 10 36,136. 7 8 Part XIII Financial Statements and Reporting 7 10 36,136. Check if Schedule O contains a response or note to any line in this Part XII 7 7 10 36,136. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 7 2a X 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 2a X 1f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis. 2b X 1f "Yes," check a box below to indicate whether the financial statements for th	1									
4 44,262. 5 Net unrealized gains (losses) on investments 6 5 7 6 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 10 10 Net assets or fund balances (explain on Schedule 0) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (8)) 36, 1366. Part XII Financial Statements and Reporting 10 36, 1366. Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization shancial statements compiled or reviewed by an independent accountant? 2a X If "Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Dothonsolidated and separate basis. 2b	2									
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 Accounting method used to prepare the Form 990: X 1 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 5 9 0 1 1 1 1 2 2 2 2 3 4 4 5 5 5 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 <tr< th=""><td>3</td><td colspan="8"></td></tr<>	3									
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 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 36 , 136 . Part XII Financial Statements and Reporting 10 36 , 136 . Check if Schedule O contains a response or note to any line in this Part XII	4		-	4	4,2	62.				
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)) 9 0. Part XII Financial Statements and Reporting 10 36 , 136 . Check if Schedule O contains a response or note to any line in this Part XII 10 36 , 136 . 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 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: 2a 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: 2b 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: 2b X If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b	5		-							
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 36, 136. Part XIII Financial Statements and Reporting 10 36, 136. Check if Schedule O contains a response or note to any line in this Part XII 10 36, 136. 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 If the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Doth consolidated and separate basis 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated and separate basis 2b X 1 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth consolidated and separate basis 2b X 16 "Yes," check a box below to indicate whether the financial s	6		-							
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 36,136. Part XII Financial Statements and Reporting	7	Investment expenses	7							
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 36, 136. Part XII Financial Statements and Reporting	8		-							
column (B) 10 36,136. Part XII Financial Statements and Reporting Image: Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 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: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes" to line 2a or 2b, does the organization have a committee that a	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Donoslidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Donoslidated basis Dot previewed and separate basis Dot previewed basis, consolidated basis, or both: 2b 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: 2b 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: 2c 2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of	10									
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Form **990** (2022)

232012 12-13-22

(Form 990)

Total

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-FZ

	OMB No. 1545-0047
	2022
	Open to Public Inspection
ər	identification number

		of the Treasury nue Service		Open to Public Inspection						
Nam	e of	the organizati			Form990 for instructio			ion nutron.	Employer	identification number
		and di gamzati		тс съртта	L OF AMERICA	FOIN	סדידעתו	N		5-3070854
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									10.	
	Jigan				(For lines 1 through 12, o					
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2					Attach Schedule E (Forr					
3		•	•		anization described in so				VIII) Enter	the heavitally a succ
4			-	cation operated in co	njunction with a hospita	l described	u in secuo		J(III). Enter	the hospital's hame,
-		city, and stat								a al lia
5		-	-		ollege or university owne	d or opera	lied by a g	overnmentai	unit descrit	
~				Complete Part II.)			70/1-1/41/41	4.3		
6				-	nental unit described in					
7					antial part of its support	from a gov	renmental	unit or from	ine general	public described in
~				complete Part II.)						
8					(1)(A)(vi). (Complete Par					
9		-		-	l in section 170(b)(1)(A)		-		-	-
			or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, cit	y, and state c	f the colleg	e or
40	X	university:								
10	- 22				than 33 1/3% of its sup					
					ct to certain exceptions;					
					e (less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	atter June 30, 1975.
				mplete Part III.)	ively to toot for public of	fatu Caa	agation Fl	O(a)(4)		
11 12	\square	-	-		sively to test for public sa	•			orre out the	numpeope of one or
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а					supervised, or controlled					
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f	Ento				many integrated support					
				n about the supporte						
9		(i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A (Form 990) 2022 AQUATIC CAPITAL OF AMERICA FOUNDATION 45-3070854 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (14	%
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s

Schedule A (Form 990) 2022

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AQUATIC CAPITAL OF AMERICA FOUNDATION 45-3070854 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	52,457.	44,864.	66,112.	69,956.	55,173.	288,562.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
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	52,457.	44,864.	66,112.	69,956.	55,173.	288,562.
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support. (Subtract line 7c from line 6.)						288,562.
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	52,457.	44,864.	66,112.	69,956.	55,173.	288,562.
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 regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)	52,457.	44,864.	66,112.	69,956.	55,173.	288,562.
14 First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	501(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2022 (I	line 8, column (f), d	ivided by line 13, c	column (f))			100.00 %
16 Public support percentage from 2021	Schedule A, Part	III, line 15			16	100.00 %
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	•00 %
18 Investment income percentage from 2	2021 Schedule A, I	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did n	ot check the box c	on line 14, and line	15 is more than 3	3 1/3% , and line 1	
more than 33 1/3%, check this box a	nd stop here. The o	organization qualif	ies as a publicly su	upported organiza	tion	X
b 33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a,	, and line 16 is mo	re than 33 1/3%, a	and
line 18 is not more than 33 1/3% , che	eck this box and sto	op here. The organ	nization qualifies as	s a publicly suppo	rted organization	
20 Private foundation. If the organizatio	n did not check a l	oox on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	
232023 12-09-22					Schedule A	(Form 990) 2022
			15			

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Schedule A (Form 990) 2022 Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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 disgualified 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.)

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10b Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

45-3070854 Page 5 AQUATIC CAPITAL OF AMERICA FOUNDATION Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	l in Part VI.	11c		
Sec	ction	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.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

۱h organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section	C. Typ	be il Supportin	g Organizations	

			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
600	tion D. All Type III Supporting Organizations			

Sei	cion D. An Type in Supporting Organizations		
			Yes
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		

supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С
- Activities Test. Answer lines 2a and 2b below. 2
- 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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1

2

3

2a

2b

За

3b

Schedule A (Form 990) 2022

Yes No

1.4

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No

(Form 990) 2022	
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AQUATIC CAPITAL OF AMERICA FOUNDATION

Pa	rt v i ype ill Non-Functionally integrated 509(a)(3) Supportil	ng Orga	inizations					
1	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 mus	st complet	te Sections A through E.					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	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	Τ						
	emergency temporary reduction (see instructions).	6						

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

Schedule A (Form 990) 2022

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AQUATIC CAPITAL OF AMERICA FOUNDATION 45-

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		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 organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			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.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

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	Supplemental Part IV, Section A, I	intormation. Pro	ovide the explan	ations requestions requests and the second sec	uired by Part II	, line 10; Part II, ; Part IV, Sectio	line 17a or n B. lines 1	17b; Part III and 2 [.] Part	, line 12; IV. Section C
	line 1; Part IV, Sect	ion D, lines 2 and 3;	Part IV, Section	n E, lines 1o	c, 2a, 2b, 3a, a	nd 3b; Part V, lir	ne 1; Part \	Section B,	line 1e; Part V
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V	, Section E, lines	s 2, 5, and	6. Also comple	te this part for a	any additio	nal informati	on.
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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization 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.



AQUATIC CAPITAL OF AMERICA FOUNDATION

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AQUATIC CAPITAL OF AMERICA FOUNDATION'S MISSION IS TO PROMOTE THE

MYRIAD OF AQUATIC ACTIVITIES OFFERED IN LONG BEACH, CALIFORNIA; TO

RECOGNIZE, HONOR AND SUPPORT THE CITY OF LONG BEACH AND ITS AQUATIC

ATHLETES, COACHES AND ORGANIZATIONS; AND TO PROMOTE WATER SAFETY AND

EDUCATION. THE FOUNDATION ALSO SUPPORTS COMMUNITY AND REGIONAL EFFORTS

TO CLEANSE LOCAL WATERWAYS AS WELL AS TO INCREASE THE NUMBER OF LOCAL

AQUATIC FACILITIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES INCLUDE SUPPORT TO THE LONG BEACH GIVES

CAMPAIGN, SCHOLARSHIPS TO VARIOUS STUDENTS RECOGNIZED BY COACHES AND

TEACHERS FOR OUTSTANDING ACCOMPLISHMENTS IN AQUATIC ENDEAVORS, AND

SUPPORT TO LOCAL AQUATIC PROGRAMS.

EXPENSES \$ 19,463. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE FORM 990 WAS PROVIDED TO THE BOARD FOR REVIEW AT A MONTHLY MEETING AND

ALL QUESTIONS AND COMMENTS WERE ADDRESSED PRIOR TO FILING.

FORM 990, PART VI, SECTION C, LINE 18:

COPIES OF FORMS 990 AND THE ORGANIZATION'S GOVERNING DOCUMENTS ARE

AVAILABLE UPON REQUEST.

FORM 99	0, PART	RT VI, SE	ECTION C,	LINE	19:
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

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Schedule O (Form 9											Page
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