Eorm 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000

Open to Public Inspection

OMB No. 1545-1150

2012

Department of the Treasury Internal Revenue Service

at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

, 20 For the 2012 calendar year, or tax year beginning 2012, and ending Name of organization D Employer identification number Check if applicable: Address change 20-5025148 Well Aware, Inc. Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return Terminated 3571 Far West Blvd PMB 229 (512)200-7312 City or town, state or country, and ZIP + 4 Amended return F Group Exemption Number **•** Application pending Austin, TX 78731-3064 **G** Accounting Method: ☐ Cash X Accrual Other (specify) H Check ▶ X if the organization is **not** Website: www.wellawareworld.org required to attach Schedule B J Tax-exempt status (check only one) - x 501(c) (3) 501(c)((insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF). K Check Lift the organization is not a section 509(a)(3) supporting organization or section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 129,257 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 1 45,093 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 5a Gross amount from sale of assets other than inventory 5a **b** Less: cost or other basis and sales expenses **c** Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than Revenue **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 84,161 c Less: direct expenses from gaming and fundraising events 6,496 d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 77,665 7a Gross sales of inventory, less returns and allowances 7a **b** Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 9 122,761 10 Grants and similar amounts paid (list in Schedule O) 10 75,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 14,400 11,469 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 10 767 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 15,114 Total expenses. Add lines 10 through 16 17 17 116,760 Excess or (deficit) for the year (Subtract line 17 from line 9) 6,001 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 14,066 20 Other changes in net assets or fund balances (explain in Schedule O) 20 (4,077)Net assets or fund balances at end of year. Combine lines 18 through 20 21 15,990

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Advisory Board Member

Advisory Board Member

Advisory Board Member

Advisory Board Member

Mike Mutuku

David Hall

Daniel Lupton

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20-5025148

Pa	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
	instructions for Fart V/ officert if the organization used confedure of to respond to any question in this Fart V	•••	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	olf "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		-
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			.,,
00	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	30		Λ
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	0.0		
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 • ; section 4912 • ; section 4955 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	406		Х
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Λ
·	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed TX			
42 a	The organization's books are in care of Monica Duck Telephone no. 512-28	39-609	95	
	Located at S771 Far West Blvd PMB 229 Austin, TX ZIP+4 78731			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	406	Yes	No X
	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:	42b		Λ
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			v
_	completed instead of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		^
a	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	Ju		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
_	Form 990-EZ (see instructions)	45b		Х

Form	990-EZ (2012) Well Aware, Inc.					20-50	12514	8		age
40	مله اما	a construction and the sale, and in all the sale, in		on babalf of	i.a iki .	_				Yes	No
46		e organization engage, directly or indirectly, in	.hd. d O. Dd. l						46		v
Do		didates for public office? If "Yes," complete So	,	• • • • • •	• • • • • •	• • • • • •	• • • • • •	• •	46		X
Pai	rt VI	Section 501(c)(3) organizations	-	iono 17 10	Ob and EQ	and com	alata tha ta	ablaa	for li	200	
		All Section 501(c)(3) organization	s must answer quest	IONS 47-48	90 and 52,	and com	piete the ta	abies	IOI II	nes	
		50 and 51									П
		Check if the organization used Sc	nedule O to respond	to any qu	estion in t	nis Part v		• • •	• • •		<u>- </u>
										Yes	No
47		e organization engage in lobbying activities or	have a section 501(h) electi	ion in effect d	luring the tax						
	year?	If "Yes," complete Schedule C, Part II .		• • • • • •	• • • • •		• • • • •	• •	47		X
48	Is the	organization a school as described in section ⁻	170(b)(1)(A)(ii)? If "Yes," co	mplete Sched	dule E				48		X
49a	Did the	e organization make any transfers to an exem	ot non-charitable related org	ganization?					49a		X
b	If "Yes	s," was the related organization a section 527 of	organization?						49b		
50	Compl	lete this table for the organization's five highes	t compensated employees	(other than of	fficers, directo	rs, trustees a	and key				
	emplo	yees) who each received more than \$100,000	of compensation from the	organization.	If there is no	ne, enter "No	ne."				
					portable	(d) Health					
		(a) Name and title of each employee	(b) Average hours per week		pensation		s to employee	· ' '	Estimate		
		paid more than \$100,000	devoted to position	1	·2/1099-MISC)		nsation	·	other co	niipens	alion
NON	E										
f		number of other employees paid over \$100,00									
51	Compl	lete this table for the organization's five highes	t compensated independen	t contractors	who each red	eived more t	han				
	\$100,0	000 of compensation from the organization. If	there is none, enter "None.	"			1				
(a) Name a	and address of each independent contractor paid mo	re than \$100 000	(h) Type of servi	ce	,,	c) Com	pensati	on	
	,				, .,,		,	-,	,		
NON	E										
d	Total r	number of other independent contractors each	receiving over \$100 000		>		1				
52		e organization complete Schedule A? Note		anizations ar	nd 4947(a)(1)						
02		empt charitable trusts must attach a complete			• • • • •		h	• X	Yes		No
Linda		<u> </u>					v knowlodeo or				140
		s of perjury, I declare that I have examined this retu					y knowledge ar	ia belle	T, IT IS		
true, o	correct, a	and complete. Declaration of preparer (other than of	ficer) is based on all informatio	n of which prep	parer nas any k	nowleage.					
0:		Sarah Evans Signature of officer				Date					
Sig		(Date					
Her	е	Sarah Evans, Executive Dir	ector								
		Type or print name and title			Τ_	ı					
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTI	N		
Paid		Timothy F Schaffner CPA	Timothy F Schaffner	CPA	05-10-201	3	elf-employed	P00	35981	.5	_
Prep	arer	Firm's name Rupert & Associat	es PC			Firm's	EIN •				
Use	Only	Firm's address 10616 Manchaca Ro	<u> </u>								
	-	Austin TX 78748				Phone	no. 512-2	282-2	301		
May	the IRS	discuss this return with the preparer shown at	oove? See Instructions)	X	Yes	П	No
,		and the second s		- · · ·	· ·	- · · · ·	- · · · ·				

SCHEDULE A

(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name	of the	organization							Employer	identification	number		
Wel:	l Av	are, Inc.							20-5025148				
Pai	rt I	Reason for F	Public Charity	Status (All organiza	ations m	ust comp	olete this	part.) S	ee instru	uctions.			
The	orgar	nization is not a private	foundation becaus	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1	Ц	A church, convention	n of churches, or a	association of churches o	described in	section 1	170(b)(1)(<i>l</i>	A)(i).					
2	Ш	A school described	in section 170(b)(1)(A)(ii). (Attach Schedu	ıle E.)								
3		A hospital or a coop	erative hospital se	rvice organization descri	ibed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ated in conjunction with a	a hospital d	escribed ir	section :	170(b)(1)(A)(iii). Ent	er the			
hospital's name, city, and state:													
5 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6													
7													
described in section 170(b)(1)(A)(vi). (Complete Part II.)													
8	П			n 170(b)(1)(A)(vi). (Com	nolete Part	II.)							
9	П	•		1) more than 33 1/3% of it	•	,	utions. mer	nbership fe	es. and ar	oss			
		•	,	npt functions - subject to c				•					
		•		nd unrelated business tax			. ,						
						`		,					
10	П	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
11	П	•	·	•	•	•			ıt the				
• •	ш	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 that describes the type of supporting organization and complete lines 11e through 11h.											
		a Type I	b Typ	· · ·	III-Function		•	d [1	Non-funtion	nally inte	arated	
е	П			ganization is not controlled		, ,			• • • • • • • • • • • • • • • • • • • •		rially lifto	gratoa	
·	ш			er than one or more public									
		or section 509(a)(2).	rmanagoro ana our	or than one or more public	ory oupporte	a organiza		1000	11011 000(a)	(1)			
f			coived a written dete	ermination from the IRS th	at it is a Tv	na I Tvna I	Lor Type I	Il eunnortin	na				
•		organization, check t			iat it is a Ty	pc i, Typc i	i, or Type i	п зарроги	9				Г
~				ation accepted any gift or c	ontribution	from any o	f tho	• • • • •	• • • • •	• • • • •	• • • •	• • •	••-
g		following persons?	oo, nas the organiza	tion accepted any gift of c	Onlindution	iioiii aiiy o	i uic						
		٥.	liroetly or indirectly o	controls, either alone or to	aothor with	norcone do	scribod in	ii) and				Yes	Na
		• • •	•	e supported organization?	_	persons de	scribed ii i	ii) ai iu			11~(1)	res	No
		` ,		0	•	• • • • •	• • • • •		• • • • •	• • • • •	11g(i)		
		` '	er of a person descr	**		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(ii)	\vdash	
		• •		described in (i) or (ii) abou		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(iii)		
_ <u>h</u>	<i>(</i>) N			he supported organization	Ť		() 5:1				1		
	(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the or in col. (i) list	-	(v) Did yo	u notity iization in	(vi) l	s tne tion in col.	(vii) Amou	unt of mo support	netary
				above or IRC section	governing document? col. (i) of		of your (i) org		ed in the				
				(see instructions))		T		port?		S.?	_		
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
					1						-		
(E)													
T - •													
Tota	ı												

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Well Aware, Inc. 20-5025148 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 28,620 45,500 100,934 129,254 304,308 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 28,620 45,500 100,934 129,254 304,308 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) Public support. Subtract line 5 from line 4 . . 304,308 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (f) Total (c) 2010 (d) 2011 (e) 2012 28,620 45,500 100,934 129,254 304,308 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 . 11 304,311 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14		0.00	%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15			%
16a	33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, ch	eck th	is		
	box and stop here . The organization qualifies as a publicly supported organization)	▶ □
b	33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more	e,			
	check this box and stop here . The organization qualifies as a publicly supported organization				▶ □
17a	10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line				
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explai	n in			
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported				
	organization				▶ □
b	10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and	line			
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.				
	Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly				
	supported organization				▶ □
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see)			
	instructions)	▶ □

EEA

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. See separate instructions.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

Well Aware, Inc.					20-502	5148
Part I Fundraising Activities	. Complete if	the organi	zation ans	swered "Yes" to F	orm 990, Part IV, I	ine 17.
Form 990-EZ filers are no			•			
1 Indicate whether the organization raise	ed funds through a	_	-			
a Mail solicitations				of non-government grar	nts	
b Internet and email solicitations				of government grants		
c Phone solicitations		g 🗌	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written or	oral agreement wit	h any individu	ual (including	officers, directors, trust	tees	
or key employees listed in Form 990, F	Part VII) or entity in	connection v	vith professio	nal fundraising service	s? 🗌 Ye	es 🗌 No
b If "Yes," list the ten highest paid individ	luals or entities (fu	ndraisers) pui	suant to agre	eements under which th	ne fundraiser is to be	
compensated at least \$5,000 by the or	ganization.					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		coi. (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
0						
	l					
otal					t in account from	
3 List all states in which the organization i registration or licensing.	s registered or lice	insea to solici	t contribution:	s or has been notined i	t is exempt from	

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through Annual Fundr None col. (c)) (event type) (total number) (event type) Revenue Gross receipts 84,161 84,161 Less: Contributions Gross income (line 1 minus 84,161 84,161 4 Cash prizes Noncash prizes Rent/facility costs Direct Expenses 7 Food and beverages Entertainment Other direct expenses 6,469 6,469 Direct expense summary. Add lines 4 through 9 in column (d) 6,469 Net income summary. Combine line 3, column (d), and line 10 77,692 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes % Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

EEA Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Attach to Form 990 or 990-EZ. Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Activity

20-5025148 Well Aware, Inc.

01. List of grants and similar amounts paid (Part I, line 10)

Water well in Kisserian, Kenya

Street	Kisserian
City, State, Zip	KE Kenya .
Amount	39,500
Activity	Water well in Ndatani, Kenya
Street	Ndatani
City, State, Zip	KE Kenya .
Amount	24,000
Activity	Water pipeline in Tot, Kenya
Street	Tot
City, State, Zip	KE Kenya .
Amount	11,500
02. Descript	ion of other expenses (Part I, line 16)
Description	Amount
Bank Fees	1,745
Computer Services	1,140
Insurance	1,225
Memberships and due	es 585
Travel	9,711
Telephone	547

Schedule O (Form 990 or 990-EZ) (2012)	Pa	age 2
Name of the organization	Employer identification number	
Well Aware, Inc.	20-5025148	
Supplies 161		
03. Other changes in net assets or fund balances (Part	I, line 20)	
•	•	
Description Amount		
Prior year adjustment (4,077)		
		-
04. Description of other assets (Part II, line 24)		
Category Beginning of Year End of Year		
Accounts Receivable 0 5,362		
Accounts Receivable 0 5,362		

IRS e-file Signature Authorization for an Exempt Organization

101 411 = 20	mpt organization	
or calendar year 2012, or fiscal year beginning	, and ending	

2012

Department of the Treasury

Do not send to the IRS. Keep for your records.

OMB No. 1545-1878

Internal Revenue Service	, 20 1101 00 110 1110 1110 1100 p 101 y 011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-						
Name of exempt organization		Employer ider	ntification number					
Well Aware, I	inc.	20-50	25148					
Name and title of officer								
Sarah Evans,	Executive Director							
	Return and Return Information (Whole Dollars Only)							
Check the box for the return	for which you are using this Form 8879-EO and enter the applicable amount,	if any, from the return. If	you					
	heck the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then							
eave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0-								
on the applicable line below	w. Do not complete more than 1 line in Part I.							
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line	12)	1b					
2a Form 990-EZ check her		• • • • • • • • • •	2b 122,761					
3a Form 1120-POL check h			3b					
4a Form 990-PF check here								
5a Form 8868 check here	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)							
3a Tomi oooo cheek here	b balance bue (1 offit 6000, 1 art 1, line 60 of 1 art 11, line 60)	• • • • • • • •						
Part II Declarat	ion and Signature Authorization of Officer							
	declare that I am an officer of the above organization and that I have examine	ad a conv of the						
	nic return and accompanying schedules and statements and to the best of my		ev					
	ete. I further declare that the amount in Part I above is the amount shown on the		-,					
organization's electronic retu	urn. I consent to allow my intermediate service provider, transmitter, or electror	nic return originator (ERC						
	return to the IRS and to receive from the IRS (a) an acknowledgement of							
	eason for any delay in processing the return or refund, and (c) the date of		e, I					
	and its designated Financial Agent to initiate an electronic funds withdrawal (dindicated in the tax preparation software for payment of the organization's fede							
	tution to debit the entry to this account. To revoke a payment, I must contact th		al					
Agent at 1-888-353-4537 no	plater than 2 business days prior to the payment (settlement) date. I also author	orize the financial instituti	ions					
	f the electronic payment of taxes to receive confidential information necessary							
	e payment. I have selected a personal identification number (PIN) as my signat	ure for the organization's	;					
Officer's PIN: check one	icable, the organization's consent to electronic funds withdrawal.							
	box offiny							
X Lauthorize Rup	pert & Associates PCto enter my PIN _ 251	48 as my sign	nature					
		numbers, but er all zeros						
on the evacuization								
	's tax year 2012 electronically filed return. If I have indicated within this return t ate agency(ies) regulating charities as part of the IRS Fed/State program, I als							
	IN on the return's disclosure consent screen.	o data on 20 the diorenter						
·								
As an officer of the	organization, I will enter my PIN as my signature on the organization's tax yea	r 2012 electronically filed	d return.					
	vithin this return that a copy of the return is being filed with a state agency(ies)	regulating charities as pa	art of					
the IRS Fed/State p	orogram, I will enter my PIN on the return's disclosure consent screen.							
Officer's signature		Date ▶ 05-1	0-2013					
Part III Certifica	ation and Authentication							
EDOIS EFINIDIN Fatering	vyr aiv, diait alaatrania filing idantifiaati							
	RO's EFIN/PIN. Enter your six-digit electronic filing identification umber (EFIN) followed by your five-digit self-selected PIN.							
loci (Li ii v) lollowod by	, sa saga son sonotica i iit.	doı	not enter all zeros					

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Timothy F Schaffner CPA

Date \blacktriangleright 05-10-2013

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So