990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c) 52	7, or 4947(a)(1) of the Internal	Povonuo Codo (oveent n	rivato foundations)
Under Section Jun(c), JZ	(, 01 4547(a)(1) 01 the internal	Revenue Coue (except p	invale iounualions)

2015

			e Treasury Service	 Do not enter social security numbers on this form as it may be m Information about Form 990 and its instructions is at www.irs.go 			Open to Public Inspection
-		, 20					
_			plicable:	ar year, or tax year beginning , 2015, and e C Name of organization Well Aware, Inc.	<u> </u>	DE	Employer identification no.
Π	Addres)-5025148	
П	Name		-	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		Telephone number
Ē	Initial r		-	3571 Far West Blvd PMB 229	1 controlling out to		512)200-7312
П			/terminated	City or town, state or province, country, and ZIP or foreign postal code			326,784
П	Ameno			Austin, TX 78731-3064		G	Gross receipts\$
П			pending	F Name and address of principal officer:			
			1 2 3		H(a) Is this a g subordin	group return fo ates?	or Yes X No
I	Tax-ex	empt	status: X	501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all su	bordinates in	icluded?
	Websi			wellawareworld.org	H(c) Group ex	lo," attach a l emption num	Included? Yes No list. (see instructions) liber
ĸ	Form o	of orga	anization: X	Corporation Trust Association Other L Year of formation: 2		te of legal dor	
	rt I		Summar		•		
	1	I E	Briefly descr	ibe the organization's mission or most significant activities: Well Aware prov	ides innova	ative a	nd
đ		s	sustaina	ble solutions to water scarcity and contamination in Af	Erica. We	fund an	nd implement
Governance		_		ing water systems to drive economic development and but		fficie	nt
irna			communit				
ove	2	2 0	Check this b	ox ► 🔲 if the organization discontinued its operations or disposed of more than 25%	of its net assets.		
Ŭ	3	3 N	Number of v	oting members of the governing body (Part VI, line 1a)		. 3	8
Activities &	4	1 N	Number of ir	dependent voting members of the governing body (Part VI, line 1b)		- 4	8
/it ie	5	5 T	lotal numbe	r of individuals employed in calendar year 2015 (Part V, line 2a)		. 5	6
cti	6	5 T	lotal numbe	r of volunteers (estimate if necessary)		- 6	40
<	7	7a ⊺	Total unrelat	ed business revenue from Part VIII, column (C), line 12		- 7a	0
		bΝ	Vet unrelate	d business taxable income from Form 990-T, line 34		• 7b	0
					Prior Year		Current Year
	8	30	Contribution	s and grants (Part VIII, line 1h) • • • • • • • • • • • • • • • • • • •	11	6,252	101,680
anu	9) F	Program ser	vice revenue (Part VIII, line 2g)			0
Revenue	10	D li	nvestment i	ncome (Part VIII, column (A), lines 3, 4, and 7d)		8	1
Re	11		Other revenu	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16	5,352	225,103
	12	2 T	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28	2,612	326,784
	13	3 (Grants and s	similar amounts paid (Part IX, column (A), lines 1-3) ••••••••••••••••••••	1:	1,200	0
	14	4 E	Benefits paid	to or for members (Part IX, column (A), line 4)			0
Ś	15	58	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10) • • • • • •	9:	1,937	149,947
Expenses	16	6a F	Professional	fundraising fees (Part IX, column (A), line 11e)			0
bei				sing expenses (Part IX, column (D), line 25) 115,740			
ũ	17			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	22	5,027	201,006
	18		•	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,164	350,953
	19	9 F	Revenue les	s expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·	(4)	5,552)	(24,169)
Net Assets or	lces				Beginning of Curre		End of Year
sets	20			(Part X, line 16)	7	5,497	52,154
et As	21			s (Part X, line 26)		1,778	3,404
				r fund balances. Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·	7.	4,719	48,750
	rt II			re Block are that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and halist	it io	
				laration of preparer (other than officer) is based on all information of which preparer has any knowledge.	knowledge and beller,	11 15	
			_	h Evans			
Sig	ın	Date					
He		K				Bato	
THC				h Evans, Executive Director print name and title			
				Data			
Pa	bi				Check	if PTIN	
	epar	er	Jonn-Pa Firm's name	Bupert & Associates PC 08-05-2016	self-emplo	yeu I	P00864109
	e Or		Firm's name		Phone no.		
		,	1 min s addres	Austin TX 78748		512-282	-2301
Max	the I	IRS	L discuss this	return with the preparer shown above? (see instructions)			
				on Act Notice, see the separate instructions.			Form 990 (2015)
EEA							

Form	m 990 (2015) Well Aware, Inc.	20-5025148 Page 2
	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III ••••••••••••••	<u></u>
1	Briefly describe the organization's mission:	
	Well Aware provides innovative and sustainable solutions to water scarcit	
	in Africa. We fund and implement life-saving water systems to drive econ	omic development and
	build self-sufficient communities.	
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 🗌 No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	· · · · · · · · · · Yes 🗌 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 me	easured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	is to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 213,099 including grants of \$) (Reve	nue \$)
	Completed Mbitini water well rehabilitation, serving 4,000+ people in Mak	
	Began the water well rehabilitation in Metta, serving 3,500+ people in Na	kuru County, Kenya.
	Completed the water well rehabilitation in Kalelwa, serving 4,000+ people	in Nakuru County,
	Kenya. Completed an expansion of rainwater harvesting and purification in	Mutaki, Kenya,
	serving an additional 150 students. Drilled new water well in Exrock to s	erve 5,000 people in
	Lakipia County, Kenya. Held 7th annual Shower Strike campaign and raised	
	more than 1500 donors. Hired first full-time project manager. Took two tr	ips to Kenya and one
	trip to Haiti for project work.	
4b	• (Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	: (Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
	L Other program convises (Describe in Schodule O.)	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e)
-+0		

Form 990 (2015)

Form	990 (2015) Well Aware, Inc.	20-502514	8	Р	age 3
Pa	rt IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	[2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,				
	Part III • • • • • • • • • • • • • • • • •		5		
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	Γ			
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •		8		Х
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? If "Yes," complete Schedule D, Part IV		9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted				
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable.				
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"				
	complete Schedule D, Part VI		11a	Х	
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		Х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX		11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		11e		Х
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)? If "Yes," complete Schedule D, Part X	/	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII		12a		Х
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		Х
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		Х
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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or				
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	Γ			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	Γ			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Γ			
	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 · · · · · · · · · · · · · · · · ·	<u> </u>	19		Х
EEA			Form	990 (2	2015)

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Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			37
~~	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		v
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	- 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	- 26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	280		v
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	- 28b		х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	. 200		
C	was an officer, director, trustee, or direct or indirect owner? If "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	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	- 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	. 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	• 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •			Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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,			
20	Part VI	• 37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		
	19? Note. All Form 990 filers are required to complete Schedule O	· 38	X	L

Form		20-5025148	Р	age 5
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ••••••••• 1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	••••• <u>1</u> c		
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	6		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•••••• 2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•••••• <u>3a</u>		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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			37
	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			Λ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
u	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?			Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	•••••••• 7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year ••••••••••••••••••••••••••••••••••••			
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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	d? •• 7g		Х
h		••••• 7h		Х
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.			37
a	Did the sponsoring organization make any taxable distributions under section 4966?	•••••• <u>9a</u>		X
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	••••••••••••••••••••••••••••••••••••••		Х
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) ••••••••••••••••••••••••••••••••••••			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year •••••• 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	· · · · · 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	••••• 14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	_	

	990 (2015) Well Aware, Inc. 20-502514		Р	age 6
Par	Tt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "I	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sec	tion A. Governing Body and Management			
	- a contraction of the set		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 8			
	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			
h	committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 8			
b 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	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			37
Sec	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Х
<u> </u>	tion D. Tonoico (This Section B requests information about policies not required by the internal Revenue Code.)		Vee	Na
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		- 21
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in 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 in Schedule O how this was done	12c		Х
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?	45.	37	
a	The organization's CEO, Executive Director, or top management official	15a	Х	v
b	Other officers or key employees of the organization	15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tua	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	Tou		
	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	I		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🔀 Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial 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:			
	Monica Duck (512)289-6095, 3571 Far West Blvd PMB 229, Austin, TX 78731		000 //	

Form 990 (201	5) Well Aware, Inc.	20-5025148	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		· · · · .
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete to organization's	his table for all persons required to be listed. Report compensation for the calendar year ending with or v tax year.	vithin the	

• 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

			pon		(C)	y ounc				
(A)	(B)				sition			(D)	(E)	(F)
(A) Name and Title	Average hours per week (list any hours for	box,	unle	ss pe	rson i	han one s both a r/trustee	n	Reportable compensation from the	(E) Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Melanie Fish President	2.00_	x						0	0	0
(2) Brian Schoenbaum Board Member	<u>2.00</u> _	X						0	0	0
(3) Lori Thomas Board Member	2.00_	X						0	0	0
(4) Stacy Sadler Board Member	2.00	x						0	0	0
(5) David Gatchell Board Member	2.00	x						0	0	0
(6) Ryan Patterson Board Member	2.00	x						0	0	0
(7) Erin Dempsey Board Member	2.00_	x						0	0	0
(8) Jeffrey Stukuls Board Treasurer	2.00_			x				0	0	0
(9) Sarah Evans Founder & Executive Director	40.00					х		36,000	0	0
(10)										
(11)										
(12)										
<u>(13)</u>										
<u>(14)</u>										
	1							1		E 000 (0045)

(16)		90 (2015) Well Aware, Inc.									20-50251	48	P	age 8
(a) (b) (c) (c) <td>Part</td> <td>VII Section A. Officers, Directors, Trustees,</td> <td>Key Employ</td> <td>/ees, a</td> <td>nd I</td> <td></td> <td></td> <td>Comp</td> <td>bens</td> <td>ated Employees</td> <td>(continued)</td> <td>i</td> <td></td> <td></td>	Part	VII Section A. Officers, Directors, Trustees,	Key Employ	/ees, a	nd I			Comp	bens	ated Employees	(continued)	i		
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1 1				r trus	al tru		oyee	omp						
(19)			inte)	tee	lstee			ensa				org	anizatioi	15
(19)								ted						
(19)														
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(25)														
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1b Sub-total	(25)													
c Total from continuation sheets to Part VII, Section A 36,000 0 0 d Total (add lines 1b and 1c) 36,000 0 0 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 5 X 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (a) (b) (c) 1 Complete this table for your five highest address Description of services Compensation 1 Name	<u>(25)</u>													
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		reportable compensation from the organization									0			
employee on line 1a? If "Yes," complete Schedule J for such individual 3 X 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (B) (C) (A) (B) (C) Name and business address Description of services Compensation (A) (B) (C) (A) (C) (C) (A) (C) (C) (A) </td <td>•</td> <td></td> <td>Yes</td> <td>No</td>	•												Yes	No
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Compensation Compensation	5	Did any person listed on line 1a receive or accrue of	ompensation	from a	any i	unre	late	d orga	iniza	tion or individual				
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Name and business address Description of services Compensation										(D)			(0)	
											services			n
Total number of independent contractors (including but not limited to those listed above) who												2 3.14	2140	
Total number of independent contractors (including but not limited to those listed above) who														
Total number of independent contractors (including but not limited to those listed above) who														
Total number of independent contractors (including but not limited to those listed above) who														
	2	Total number of independent contractors (including	hut not limite	d to th	060	lieto	d ar		who					

►

received more than	\$100,000 of	compensation fro	om the organization

Form 99							20-50251	48 Page 9
Part	VIII	Statement of Revenue	le					
		Check if Schedule O contair	ns a response or r	note to any line in th	is Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Its	1a	Federated campaigns • • •	••••• 1a					
iran our	b	Membership dues	1b					
An G	c	Fundraising events	· · · · · 1c					
Gift lar	d	Related organizations • • •	••••• 1d					
); Simi	e	Government grants (contributi						
er S	f	All other contributions, gifts, g						
Othu		and similar amounts not includ		101,680				
Contributions, Gifts, Grants and Other Similar Amounts	g b	Noncash contributions include Total. Add lines 1a-1f			101 600			
<u> </u>	h			Business Code	101,680			
anı	2a			Busiliess Code				
ever	b							
Ce R	c							
Servi	d							
am	е							
Program Service Revenue	f	All other program service rever	nue • • • • • •					
	g	Total. Add lines 2a-2f • • •						
	3	Investment income (including d						
		and other similar amounts)			1	1		
	4	Income from investment of tax-						
	5	Royalties • • • • • • • • • • • • • • • • • • •						
	60	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		. •				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses ••••						
		Gain or (loss)						
0		Net gain or (loss)		· · · · · · · · •				
Other Revenue	8a	Gross income from fundraising						
eve		events (not including \$	10					
r R		of contributions reported on line See Part IV, line 18 • • • • •		005 100				
Othe	Ь	Less: direct expenses		225,103				
U		Net income or (loss) from fundr			225,103			225,103
		Gross income from gaming act	•		2207200			2257200
		See Part IV, line 19 • • • •						
	b	Less: direct expenses •••	b					
	c	Net income or (loss) from gami	ng activities ••	<u></u> ▶				
	10a	Gross sales of inventory, less						
		returns and allowances • • •	a					
		Less: cost of goods sold ••		·				
	c	Net income or (loss) from sales	of inventory •					
	44-	Miscellaneous Revenue		Business Code				
	11a							
	b							
	c d	All other revenue				<u> </u>		
		Total. Add lines 11a-11d						
		Total revenue. See instruction			326,784	1	0	225,103

5) Well Aware, Inc. Statement of Functional Expenses

	Check if Schedule O contains a response or note to an	y line in this Part IX	<u></u>		<u></u>
	nclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	nd 10b of Part VIII. ants and other assistance to domestic organizations		expenses	general expenses	expenses
	d domestic governments. See Part IV, line 21 · · ·				
	ants and other assistance to domestic				
	ividuals. See Part IV, line 22 · · · · · · · · · · · ·				
	ants and other assistance to foreign anizations, foreign governments, and foreign				
0	ividuals. See Part IV, lines 15 and 16 • • • • • •				
	nefits paid to or for members				
	· · · · · · · · · · · · · · · · · · ·				
	mpensation of current officers, directors,	26,000	10 105	1 004	15 61
	stees, and key employees	36,000	19,185	1,204	15,61
	mpensation not included above, to disqualified				
	sons (as defined under section 4958(f)(1)) and				
•	sons described in section 4958(c)(3)(B) • • • • • •	104 000	60.257	10.010	20.00
		104,200	60,357	12,919	30,92
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	ner employee benefits				
		9,747	4,701	846	4,20
	es for services (non-employees):				
	nagement • • • • • • • • • • • • • • • • • • •				
-	gal • • • • • • • • • • • • • • • • • • •				
		6,780	3,755	944	2,08
	by ing				
	ofessional fundraising services. See Part IV, line 17				
	estment management fees				
-	ner. (If line 11g amount exceeds 10% of line 25, column				
	amount, list line 11g expenses on Schedule O.) • •	15,372		590	14,78
	vertising and promotion	1,010	1,010		
	ice expenses	6,206		679	5,52
	ormation technology	10,954	1,955	58	8,94
-	yalties • • • • • • • • • • • • • • • • • • •				
6 Occ	cupancy • • • • • • • • • • • • • • • • • • •	22,180	12,286	3,087	6,80
7 Tra		40,607	39,973	204	43
B Pay	yments of travel or entertainment expenses				
for	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings				
0 Inte	erest • • • • • • • • • • • • • • • • • • •				
1 Pay	yments to affiliates				
2 Dep	preciation, depletion, and amortization ••••••	1,533	1,533		
3 Insu	urance • • • • • • • • • • • • • • • • • • •	1,593	882	222	48
4 Oth	ner expenses. Itemize expenses not covered				
abo	ove (List miscellaneous expenses in line 24e. If				
line	e 24e amount exceeds 10% of line 25, column				
(A)	amount, list line 24e expenses on Schedule O.)				
a <u>Pr</u>	oject Contract Services	59,623	59,623		
b Bar	nk Fees	7,141	437	112	6,59
c Su	pplies	15,818	5,779	822	9,21
d Fa	cility and Equipment Renta	7,800	452		7,34
	other expenses	4,389	1,171	427	2,79
5 Tot	tal functional expenses. Add lines 1 through 24e •	350,953	213,099	22,114	115,74
	int costs. Complete this line only if the				
	anization reported in column (B) joint costs				
	m a combined educational campaign and draising solicitation. Check here				
	owing SOP 98-2 (ASC 958-720)				

Form 990 (2015) Well Aware, Inc. Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
		Out and the the test	Beginning of year		End of year
	1	Cash - non-interest-bearing	51,260	1	40,634
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,015	4	15
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		5	
		Complete Part II of Schedule L		Э	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges	4 415	9	0.001
٩	9 10a	Land, buildings, and equipment: cost or	4,415	9	2,231
	IVa				
	b	other basis. Complete Part VI of Schedule D10a10,732Less: accumulated depreciation10b3,258	9,007	10c	7,474
	11	Investments - publicly traded securities	9,007	11	/,1/1
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,800	15	1,800
	16	Total assets. Add lines 1 through 15 (must equal line 34)	76,497	16	52,154
	17	Accounts payable and accrued expenses	1,778	17	3,404
	18	Grants payable	•	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
iab.		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,778	26	3,404
s		Organizations that follow SFAS 117 (ASC 958), check here > X and			
JCe	27	complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	CO CO	27	48 504
alaı	27 29	Temporarily restricted net assets	68,698	27	47,594
Ä	28 29	Permanently restricted net assets	6,021	28 29	1,156
ů.	25	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
orF		complete lines 30 through 34.			
its	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	74,719	33	48,750
	34	Total liabilities and net assets/fund balances	76,497	34	52,154

Form 990 (2015)

EEA

Form	990 (2015) Well Aware, Inc. 20-5025148	3	Pa	age 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			-
1	Total revenue (must equal Part VIII, column (A), line 12)	3	26,7	784
2	Total expenses (must equal Part IX, column (A), line 25) •••••••••••••••••••••••••••••••••••	3	50,9	953
3	Revenue less expenses. Subtract line 2 from line 1	(24,1	<u> (69</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		74,7	719
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments ••••••••••••••••••••••••••••••••••••		(1,8	300)
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B)) • • • • • • • • • • • • • • • • • •		48,7	750
Pa	t XII Financial Statements and Reporting			
	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: 🗌 Cash 🛛 🖾 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
EEA		Form	990 (2	2015)

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury

OMB	No. 1545-0047
	2015

Open to Public

Interna	al Rev	venue Service Information	about Schedule A (Fo	rm 990 or 990-EZ) and its i	nstructions	s is at www.	irs.gov/form990.	Inspection	
Name	of th	e organization					Employer identifi		
		ware, Inc.			- 1 - 1 - 1	1 hio	20-50251		
Pa		Reason for Public Cha		•			t.) See instructio	ns.	
	orga	nization is not a private foundation b	,	-	•				
1	Н	A church, convention of churches,				1)(A)(i).			
2	Ц	A school described in section 170							
3	Ц	A hospital or a cooperative hospita	-			• •			
4	\Box	A medical research organization of	perated in conjunction	n with a hospital describe	d in sectio	on 170(b)([,]	1)(A)(iii). Enter the		
_	hospital's name, city, and state:								
5	Ш	An organization operated for the b	-	university owned or opera	ated by a g	overnmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete							
6	Ц	A federal, state, or local governme	•						
7	Χ	An organization that normally rece	•		vernmenta	l unit or fro	om the general public		
		described in section 170(b)(1)(A)(
8	Ц	A community trust described in see							
9	П	An organization that normally rece	. ,					SS	
		receipts from activities related to it							
		support from gross investment inco				,	from businesses		
		acquired by the organization after							
10	Н	An organization organized and ope	•						
11	Ш	An organization organized and ope	•						
		one or more publicly supported org						Спеск	
	_	the box in lines 11a through 11d th				•	•	_	
	а	Type I. A supporting organizat				-		•	
		the supported organization(s)			ity of the d	irectors or	trustees of the suppo	orting	
		organization. You must comp			h :40 a		instinute) but barries		
	b	Type II. A supporting organiza	•			•	.,		
		control or management of the			ersons that	control or	manage the support	ð	
	_	organization(s). You must con	•						
	С	Type III functionally integrate		•				in,	
		its supported organization(s) (s		•				- (-)	
	d	Type III non-functionally inte		•				. ,	
		that is not functionally integrate	-			•	nt and an attentivene	SS	
		requirement (see instructions).							
	е	Check this box if the organizat				sa iypei,	туре II, туре III		
		functionally integrated, or Type		0 11 0 0					
	1	Enter the number of supported org Provide the following information a						•••••	
	<u>g</u>) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	rachization	(v) Amount of monetary	(vi) Amount of	
	(y Name of supported organization		(described on lines 1-9		ir governing	support (see	other support (see	
				above (see instructions))	docum	nent?	instructions)	instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Total

	ule A (Form 990 or 990-EZ) 2015 Well	Aware, Inc.				20-5025148	Page 2
Pa							
	(Complete only if you chec						y under
	Part III. If the organization	ails to qualify	under the tests	s listed below, p	please complet	e Part III.)	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100,934	129,254	280,518	325,063	326,782	1,162,551
2	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						
4	Total. Add lines 1 through 3	100,934	129,254	280,518	325,063	326,782	1,162,551
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)						120,250
6	Public support. Subtract line 5 from line 4 • •						1,042,301
	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends,	100,934	129,254	280,518	325,063	326,782	1,162,551
0	payments received on securities loans, rents, royalties and income from similar sources		3	2	8	1	14
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 .						1,162,565
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here	•••••					► 🗌
	tion C. Computation of Public Su						
14 15	Public support percentage for 2015 (line 6, o Public support percentage from 2014 Scher						<u>89.66 %</u>
15 160	33 1/3% support test - 2015. If the organization						86.00 %
16a	box and stop here. The organization qualifi						▶ ⊠
b	33 1/3% support test - 2014. If the organization						
D.	check this box and stop here. The organiza					, 	
17a	10%-facts-and-circumstances test - 2015	•		0			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fac				• •		
	organization		-				🕨 🔲
b	10%-facts-and-circumstances test - 2014						
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee				-	cly	
	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 A (Form 990 or 990-EZ) 2015

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2015

Name of t	he organ	ization
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Employer identification numbe
20-5025148

Well	Aware,	Inc.
Organi	ization typ	e (check one):

►

Filers of:	Section:
Form 990 or 990-EZ	501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 99	90, 990-EZ	, or 990-PF)	(2015)
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Name of organization

Employer identification number	

Well Aware, Inc.

20-5025148

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
<u> 1 </u>	<u>Alan Blake</u> <u>PO Box 200753</u> <u>Austin, TX 78720</u>	\$5,000	Person Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	The Stahl Family Foundation FSR 1605 Austin, TX 78701	\$10,000	Person X Payroll I Noncash I (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_3	Don and Trish Stricklin 600 N Tumbleweed Trl Austin, TX 78733	\$ <u> </u>	Person Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	Start Something That Matters Founda 9100 Wilshire Blvd Suite 1000W Beverly Hills, CA 90212	\$5,000	Person Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
_5	Rotary Club of Emerald City Foundat PO Box 21943 Seattle, WA 98111-3943	\$6,020	Person Image: Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6	James Waltrip 6109 Mountain Villa Circle Austin, TX 78731	\$50,000	Person Image: Complete Payroll Image: Complete Noncash Image: Complete (Complete Part II for noncash contributions.)					

Schedule B (F	orm 990, 990-	EZ, or 990-PF	²) (2015)
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Page	2

Employer identification number

Name of organization Well Aware, Inc.

20-5025148

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_7	John Post 190 Jacoby Run Rd Mount Bethel, PA 18343-5792	\$6,500	Person Image: Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	Dayna Manning 4112 Bee Creek Road Spicewood, TX 78669	\$5,300	Person X Payroll I Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

SCł	IEDULE D	Supplen	nental Finan	cial Statements		OMB N	lo. 1545-0047
(Fo	m 990)	Complete if the complete of	e organization and	swered "Yes" on Form 990			2015
		Part IV, line 6, 7,		1c, 11d, 11e, 11f, 12a, or 12	2b.		
Depart	ment of the Treasury		Attach to Form			-	n to Public
	Revenue Service	Information about Schedule D (Form 990) and its	instructions is at www.irs.	<u> </u>		ection
_	of the organization	Inc.			-	loyer identification num $0 - 5025148$	ber
Pa		tions Maintaining Donor Advise	d Funds or Othe	er Similar Funds or Acc		0-3023140	
		if the organization answered "Yes			e uniter		
	•			advised funds	(b	Funds and other accou	nts
1	Total number at en	nd of year • • • • • • • • • • • • •					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value o	f grants from (during year) • •					
4		t end of year					
5		on inform all donors and donor advisors				г	<u>а.,</u> п.,
^		nization's property, subject to the organ				••••• [Yes No
6	•	on inform all grantees, donors, and don purposes and not for the benefit of the					
	•	issible private benefit?		• • •			Yes □No
Pa		vation Easements.					
		e if the organization answered "Ye	s" on Form 990,	Part IV, line 7.			
1	Purpose(s) of cons	servation easements held by the organ	ization (check all tha	at apply).			
	Preservation of	of land for public use (e.g., recreation or	r education)	Preservation of a historic	cally impor	ant land area	
	Protection of n	atural habitat	[Preservation of a certifie	d historic s	tructure	
	Preservation of	of open space					
2		through 2d if the organization held a qu	ualified conservatior	n contribution in the form of a	a conserva		
		ast day of the tax year.				Held at the End o	of the Tax Year
a		onservation easements			· · · 2a		
b	-			n (a)	···2b		
d		vation easements on a certified historic vation easements included in (c) acquir					
u		sted in the National Register			2d		
3		vation easements modified, transferred				u durina the	
	tax year 🕨		, , . .	, ,	9	3	
4		where property subject to conservation	easement is located	d ►			
5	Does the organiza	tion have a written policy regarding the	periodic monitoring	, inspection, handling of			
	violations, and enfo	orcement of the conservation easemen	ts it holds? • •			[🗌 Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting	ng, handling of viola	tions, and enforcing conserv	ation ease	ments during the ye	ar
_	▶ <u> </u>	—					
7		es incurred in monitoring, inspecting, h	andling of violations	, and enforcing conservation	easemen	s during the year	
8	►\$	 vation easement reported on line 2(d) a	above esticity the reg	nuiromants of saction 170/h)	(4)(P)(i)		
0	and section 170(h)						∏Yes ∏No
9	. ,	be how the organization reports conser				-	
-	,	d include, if applicable, the text of the fo		•	,		
		ounting for conservation easements.	Ũ				
Pa	t III Organi	izations Maintaining Collecti	ons of Art, His	torical Treasures, or	Other S	imilar Assets.	
	Comple	te if the organization answered "Y	es" on Form 990,	Part IV, line 8.			
1a	If the organization	elected, as permitted under SFAS 116	(ASC 958), not to re	eport in its revenue statemer	nt and bala	nce sheet	
		ical treasures, or other similar assets h	•			ice of	
_		vide, in Part XIII, the text of the footnote					
b	•	elected, as permitted under SFAS 116					
		rical treasures, or other similar assets h		non, education, or research	in iurtnerar		
	•	vide the following amounts relating to tl ided on Form 990, Part VIII, line 1				Þ ¢	
		ed in Form 990, Part X • • • • • •					
2		received or held works of art, historical					
-	-	required to be reported under SFAS 11		-	, p. 51.0	-	
а	-	on Form 990, Part VIII, line 1 • • •	· · ·	-		► \$	
b		Form 990, Part X					
For F		ion Act Notice, see the Instructions f					D (Form 990) 2015

For Paperwork Reduction Act Notice, see the Instructions for	Fo
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	le D (Form 990) 2015 Well Aware, Inc.						20-502			Page 2
Pa	t III Organizations Maintaining Coll	ections of A	rt, Histo	orical Tr	easures,	or Oth	er Similar A	ssets (c	ontinu	ed)
3	Using the organization's acquisition, accession, and	l other records, ch	neck any o	of the follow	ving that are	a signific	cant use of its			
	collection items (check all that apply):	_								
а	Public exhibition	d 🗌 Loar	or excha	nge progra	ams					
b	Scholarly research	e 🗌 Othe	er							
С	Preservation for future generations									
4	Provide a description of the organization's collection	ns and explain ho	w they fur	ther the org	ganization's	exempt p	ourpose in Part			
	XIII.									
5	During the year, did the organization solicit or receiv	ve donations of ar	t, historica	al treasures	s, or other si	milar		_		
	assets to be sold to raise funds rather than to be ma		of the orga	anization's	collection?	• •		🗌	Yes	No
Pa	t IV Escrow and Custodial Arrangen		_	_					_	
	Complete if the organization answ	vered "Yes" or	Form	990, Par	t IV, line 9), or rep	orted an amo	ount on l	Form	
	990, Part X, line 21.									
1a	Is the organization an agent, trustee, custodian or of							_		_
	included on Form 990, Part X?				• • • • •			••••	Yes	No
b	If "Yes," explain the arrangement in Part XIII and con	mplete the followi	ng table:				-			
							A	mount		
С	Beginning balance					-				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form 990					•				
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explai	nation has	s been prov	ided on Par	t XIII				
Pa				000 D	+ I) / 1:m = 4	0				
	Complete if the organization answ	rece res or	Form	990, Par						
		a) Current year	(b) Pri	or year	(c) Two year	's back	(d) Three years bac	:k (e) Fo	our years b	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
Ч	Grants or scholarships									
d										
е	Other expenditures for facilities and programs									
f	Administrative expenses									
י מ	End of year balance									
g 2	Provide the estimated percentage of the current year	r end balance (lir		ump (a)) be	l ald as:					
- 2	Board designated or quasi-endowment		ic ig, coi		510 03.					
b	Permanent endowment %	/0								
c	Temporarily restricted endowment	%								
Ŭ	The percentages in lines 2a, 2b, and 2c should equa									
3a	Are there endowment funds not in the possession of		that are I	held and ac	dministered f	for the				
ou	organization by:	r the erganization	indiate and i						Yes	No
	(i) unrelated organizations							· · · 3a(i	-	
	(ii) related organizations							· · · 3a(i	<u> </u>	
b	If "Yes" on 3a(ii), are the related organizations listed	l as required on S	chedule F	۲?				3b		
4	Describe in Part XIII the intended uses of the organi	•								
Pa	t VI Land, Buildings, and Equipmen									
	Complete if the organization answ		Form	990, Par	t IV, line 1	1a. See	e Form 990, I	Part X, li	ne 10.	
	Description of property	(a) Cost or othe			r other basis	1	Accumulated		ook value	
		(investme			other)		epreciation			
1a	Land	•								
b	Buildings									
с	Leasehold improvements	•								
d	Equipment	•			10,732		3,258		7,4	474
е	Other						5			
Tota	. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X,	column (E	3), line 10c	.)		►		7,4	474
EEA								Schedule D		

Schedule D (Form 990) 2015

Schedule D (Form		2.	20-5025	148 Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answere	d "Yes" on Form 990, F	art IV, line 11b. See Form 990, F	art X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	d "Yes" on Form 990, P	art IV, line 11c. See Form 990, F	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market val	ue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, F	art IV, line 11d. See Form 990, F	art X, line 15.
	(a) D	Description		(b) Book value
(1) Secur	ity Deposit Held			1,800
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 15.)		1,800
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	d "Yes" on Form 990, P	Part IV, line 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal i	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)			
	uncertain tax positions. In Part XIII, provide the te	xt of the footnote to the organi	zation's financial statements that reports t	he

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule F Statement of Activities Outside the United States				OMB No. 154	5-0047
(Fo	(Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.				
Dena	rtment of the Treasury	Attach to Form 990.		Open to	Public
	al Revenue Service	Information about Schedule F (Form 990) and its instructions is at www.irs.gov/formation about Schedule F (Form 990) and its instructions is at www.irs.gov/formation	orm990.	Inspecti	ion
Name	e of the organization		Employer ider	ntification num	ber
Wel	l Aware, Inc.		20-5025	148	
Pa	rt I General	Information on Activities Outside the United States. Complete if the organization	ation answer	ed "Yes" o	n
	 Form 99	0, Part IV, line 14b.			
1	For grantmakers.	Does the organization maintain records to substantiate the amount of its grants and other			
	assistance, the grai	ntees' eligibility for the grants or assistance, and the selection criteria used to award the			
	grants or assistance	e?		• 🔀 Yes	🗌 No
2	For grantmakers.	Describe in Part V the organization's procedures for monitoring the use of its grants and othe	r		

assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in	(e) If activity listed in (d) is	(f) Total
	offices in the region	employees, agents, and	region (by type) (e.g., fundraising, program services,	a program service, describe specific type of	expenditures for and investments
		independent	investments,	service(s) in region	in region
		contractors in region	grants to recipients located in the region)		
(1)Sub-Saharan Africa			Program services	Water systems sol	uti 157,040
_(2)					
_(3)					
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
<u>(17)</u>					
3a Sub-total	·				157,040
b Total from continuation					
sheets to Part Ic Totals (add lines 3a and 3b)	•				157,040
C I Juais (aud intes sa allu su)					15/,040

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

Schedule F (Form 990) 2015

Part II

Well Aware, Inc.

20-5025148

Page 2

Part II	Grants and Othe	r Assistance to Or	ganizations or Entities C	Dutside the Unit	ted States. Comp	lete if the orga	nization answered	d "Yes" on Fo	orm 990,
	Part IV, line 15, fo	r any recipient who	received more than \$5,00	0. Part II can be	duplicated if addi	tional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2015

SCHEDULE G	Supplemer	ntal Informati	on Regar	ding Fur	draising or Gan	ning Ac	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		organization ent	ered more tha ttach to Form	an \$15,000 or 990 or Form	990, Part IV, lines 17, 18 n Form 990-EZ, line 6a. n 990-EZ. its instructions is at <i>w</i>			2015 Open to Public Inspection
Name of the organization		about Schedule S	(10111 330 01	550-LZ) and		ww.n 3.90v		entification number
Well Aware, Inc.							20-50	25148
Fundraisi	•	. Complete if trequired to co	-		swered "Yes" on	Form 9		
		•	•	•	vities. Check all that a	vlaa		
a Mail solicitations	3		· _	-	of non-government gr			
b Internet and emain	il solicitations		=		of government grants			
c 🗌 Phone solicitation	IS		g 🗌	Special fund	draising events			
d 🗌 In-person solicita	tions							
2a Did the organization	have a written or	oral agreement	with any indiv	vidual (inclue	ding officers, directors	trustees	_	_
or key employees lis	ted in Form 990,	Part VII) or entity	in connectio	n with profe	ssional fundraising se	rvices?	ע ∐	′es 📙 No
b If "Yes," list the ten h	0 1	,	fundraisers)	pursuant to	agreements under wh	ich the fu	ndraiser is to	be
compensated at leas	st \$5,000 by the c	organization.						
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have control of utions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) ser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			,oi. (I)	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total				►				
 List all states in which registration or licensir 	•	is registered or li	icensed to so	olicit contribu	utions or has been not	ified it is e	exempt from	

Well Aware, Inc.

20-5025148 Page 2

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

		gross receipts greater than	<i>ve</i> , <i>eee</i> .			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Shower Strik	The Village	7	(add col. (a) through col. (c))
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	97,361	51,465	76,277	225,103
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	97,361	51,465	76,277	225,103
	4	Cash prizes				
	5	Noncash prizes				
sese	6	Rent/facility costs • • • • • • •				
Direct Expenses	7	Food and beverages • • • • •				
Direc	8	Entertainment				
	9	Other direct expenses • • • • •				
	10	Direct expense summary. Add lines			-	
Do	11 rt II	Net income summary. Subtract line Gaming. Complete if the c				225,103
	II L II			res to Form 990, Part	iv, line 19, or reported i	nore
ra		than \$15 000 on Form 990				
		than \$15,000 on Form 990	J-EZ, line 6a.	(b) Dull take (in stand		
		than \$15,000 on Form 990	J-E∠, IINE 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		than \$15,000 on Form 990			(c) Other gaming	
Revenue	1	Gross revenue			(c) Other gaming	
		Gross revenue			(c) Other gaming	
Revenue	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
Revenue		Gross revenue			(c) Other gaming	
	2	Gross revenue • • • • • • • • • • • • • • • • • • •			(c) Other gaming	
Revenue	2 3	Gross revenue	(a) Bingo	bingo/progressive bingo		
Revenue	2 3 4	Gross revenue			(c) Other gaming	
Revenue	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	%	
Revenue	2 3 4 5	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	
Revenue	2 3 4 5 6 7	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	
Revenue	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
b c Direct Expenses Revenue	2 3 4 5 6 7 8 En 1 s 1	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
6 Direct Expenses Revenue	2 3 4 5 6 7 8 En 1 s 1	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
b c Direct Expenses Revenue	2 3 4 5 6 7 8 En 1 st	Gross revenue	(a) Bingo	bingo/progressive bingo	☐ Yes% ☐ No	col. (a) through col. (c))
b c Direct Expenses Revenue	2 3 4 5 6 7 8 En 1 Is 1 9 If "	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))
a b Direct Expenses Revenue	2 3 4 5 6 7 8 En 1 Is 1 9 If "	Gross revenue	(a) Bingo	bingo/progressive bingo	Yes%	col. (a) through col. (c))

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. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Well Aware, Inc.

Open to Public Inspection

OMB No. 1545-0047

2015

Employer identification number

20-5025148

01. Form 990 governing body review (Part VI, line 11)

Board members review form 990 prior to filing.

02. CEO, executive director, top management comp (Part VI, line 15a)

Compensation for the Executive Director is based on comparative pay for the area.

03. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are available to the public on request.

Form	4562			ciation							OMB No. 1545	-0172
			(Including					operty)			2015	
Depart	ment of the Treasury			Attach t							Attachment	
	Revenue Service (99)	Information	about Form 45	62 and its sep				-	v/form4	562.	Sequence No.	1/9
```	s) shown on return	_						his form relates			Identifying number	4.0
	l Aware,		- Contoin Du			M 99		1			20-50251	48
Par		•	e Certain Pro									
		•	d property, comp								i	
1	Maximum amount	·	,						t t	1		
2	Total cost of section			•	,				• • •	2		
3	Threshold cost of s								••••	3		
4	Reduction in limitat			-				••••		4		
5	Dollar limitation for									_		
	separately, see ins	tructions • • •								5		
6		(a) Description of pr	operty		(b) Cost (b)	usiness use	only)	(c) Elec	cted cost			
							_					
7	Listed property. En						7					
8	Total elected cost o	•	1 2		( )/			• • • • • •	ł	8		
9	Tentative deduction								- F	9		
10	Carryover of disallo		•						t t	10		
11	Business income li				•	,		`	í í	11		
12	Section 179 expen								• • •	12		
13	Carryover of disallo					•	13					
	Do not use Part II											
Par					-				sted prop	perty.)	(See instructions.	)
14	Special depreciation	on allowance for	qualified property	/ (other than lis	sted prope	erty) place	ed in s	service				
	during the tax year	·	,						ł	14		
15	Property subject to						•••			15		
16	Other depreciation									16	1,	533
Par		5 Depreciati	ON (Do not inc	lude listed pro	perty.) (Se	e instruc	tions.)	)				
					ection A							
17	MACRS deduction	•			•				•••	17		
18	If you are electing	• • •	•	-	•			-				
	asset accounts, ch											
	Sec		Placed in Servi			ar Using	the G	eneral Depr	eciation	Syste	em	
	(a) Classification of p		(b) Month and year placed in service	(c) Basis for dep (business/investr only-see instru-	nent use	(d) Recov period	ery (e	e) Convention	(f) Meth	od	(g) Depreciation ded	uction
19a	3-year property											
b	5-year property											
С	7-year property											
d	10-year property											
е	15-year property											
f	20-year property											
g	25-year property					25 yr	s.		S/	L		
h	Residential rental					27.5 y	rs.	MM	S/	L		
	property					27.5 y	rs.	MM	S/	L		
i	Nonresidential real					39 yr	s.	MM	S/	L		
	property							MM	S/I			
	Sec	tion C - Assets	Placed in Servic	e During 201	5 Tax Yea	r Using t	he Al	ternative De	preciatio	on Sy	stem	
20a	Class life								S/I	L		
b	12-year					12 yr:	s.		S/I	L		
	40-year					40 yr	s.	MM	S/I	L		
Par	t IV Summa	ary (See instrue	ctions.)									
21	Listed property. Er	nter amount from	line 28 • • •							21		
22	Total. Add amount	s from line 12, lin	nes 14 through 1	7, lines 19 and	20 in colu	umn (g), a	and lir	e 21. Enter				
	here and on the ap	propriate lines o	f your return. Pai	rtnerships and	S corpora	itions - se	e inst	ructions		22	1,	533
23	For assets shown a	above and place	d in service durir	ng the current y	/ear, enter	the						
	portion of the basis	attributable to s	ection 263A cost	s • • • • •			23					

For Paperwork Reduction Act Notice, see separate instructions.

990 Overflow Statement	<b>2015</b> Page 1
Name(s) as shown on return Well Aware, Inc.	FEIN 20-5025148
Description Telecom Food and Beverage Shipping and delivery Total:	Amount \$ 535 585 51 <b>\$ 1,171</b>
Description Small Equipment Membership and Dues Food and Beverages Total:	<u>    221    106                          </u>
Description Memberships and Dues Meals and entertainment Tax Total:	

	Item was disposed     Depreciation Detail Listing       of during current year.     Program Services       For your records only						<b>2015</b> PAGE 1								
Name	e(s) as shown on return						For you	r reco	ras only				Soci	al security number/EIN	
V	Well Aware, Inc.						-				-			20-5025148	
No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	Solar Reverse Osmosis	12312013	10,732		100.00		10,732	2 7	SL MQ	14.28	5 1,533	3,258			1,533
	Totals		10,732	1			10,732	2			1,533	3,258			1,5

# Next Year's Depreciation

2015

<u></u>										
Name Woll	7	Tna						FEIN	2	0 5005140
	Aware Multi-Form	<u>, INC.</u> Description				Date	Basis	Method	∠ Life	0-5025148 Deduction
PRG	1		Poverse	Osmosis V		12312013		SL	7	1,533
FKG		JULAL	Reverse	USHIOSIS /	a	12312013	10,752		'	,555
		TOTAL								1,533
		101111								1,000
					'				•	