8879-EO

IRS e-file Signature Authorization for an Exempt Organization

| For calendar year 2017, or fire | scal vear beginning | , and ending |
|---------------------------------|---------------------|--------------|

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

▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service Name of exempt organization

Employer identification number

20-5025148

Name and title of officer

Well Aware, Inc.

Sarah Evans, Executive Director

Type of 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 check 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 leave 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. Do not complete more than one line in Part I.

| 1a Form 990 check here ▶ 🔯 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) · · · · | | 504,034 |
|---|----|---------|
| 2a Form 990-EZ check here ▶ ☐ b Total revenue, if any (Form 990-EZ, line 9) · · · · · · · · · · · | 2b | |
| 3a Form 1120-POL check here ▶ □ b Total tax (Form 1120-POL, line 22) · · · · · · · · · · · · | | |
| 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c) · · · · · · · · · · · · · · · · · · · | 5b | |
| | _ | |

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

| X | lauthorize Rupert & Associates | to enter my PIN | 25148 | as my signature |
|---|--|------------------------|--|-----------------|
| | ERO firm name | | Enter five numbers, but do not enter all zeros | • |
| | on the organization's tax year 2017 electronically filed return. If being filed with a state agency(ies) regulating charities as part of ERO to enter my PIN on the return's disclosure consent screen | of the IRS Fed/State p | | |

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of

the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

▶ ** Officer's signature 06-01-2018 Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

747123 48059 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 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.

John-Paul Zeller ERO's signature

Date > 05-30-2018

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

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

| <u> </u> | For | the 2 | 2017 calend | lar year, or t | ax year begin | ning | | , 2017, and e | nding | | | , 20 | į. |
|---------------|--------------|---------|------------------|-------------------|------------------------|-------------------------------|--|------------------------|-----------|----------------|-------------|---|---------------------|
| В | Check | k if ap | plicable: | C Name of org | ganization Well | Aware, Inc. | | | | | | D Employer | r identification no |
| | Addre | ss ch | ange | Doing busin | ness as | | | | | | | 20-502 | 5148 |
| Π | Name | | • | T T | | x if mail is not delivered to | street address) | | Room/s | suite | | E Telephone | |
| П | Initial | | • | | • | Blvd PMB 229 | , | | | | | | 00-7312 |
| 一 | | | /terminated | | | country, and ZIP or foreig | an nostal code | | | | 1 | G Gross rec | |
| 二 | | | | • | | | gri postar code | | | | | | • |
| 一 | Amen | | | | n, TX 7873 | | | | 1 | | | \$ | 504,034 Yes X No |
| Ш | Applic | cation | pending | F Name and a | address of principal | i oπicer: | | | ` ` | | | or subordinates? | H H |
| _ | | | | | <u> </u> | | | | | Are all subo | | | ∐ Yes ∐ No |
| | | | | 501(c)(3) | |) \P (insert no.) | 4947(a)(1) or | 527 | | | | a list. (see inst | ructions) |
| _ | Webs | | | | areworld.o | | | | | Group exe | | | |
| | | _ | anization: X | | Trust Ass | ociation Other | | L Year of formation: 2 | 2009 | M State | of lega | al domicile: | TX |
| Pa | art I | | Summar | , | | | | | | | | | |
| | ' | | • | • | | ion or most significa | | .1 Aware prov | | | | | |
| 9 | | _ | | | | | ty and contam | | | | | | plement |
| Governance | |] | life-sav | ing wate | r systems | to drive eco | onomic develo | pment and bu: | ild s | elf-suf | fic | ient | |
| ern | | 9 | communit | ies | | | | | | | | | |
| ò | 2 | | | _ | J | | erations or disposed | d of more than 25% | of its ne | et assets. | ı | İ | |
| <u>س</u> ه | ; | 1 8 | Number of v | oting membe | ers of the gove | rning body (Part VI, | line 1a) · · · · | | | | 3 | | |
| Activities & | 4 | 4 1 | Number of in | ndependent v | oting member | s of the governing b | oody (Part VI, line 1b |) | | | 4 | | 9 |
| Ę | | 5 7 | Total numbe | r of individua | als employed in | calendar year 2017 | 7 (Part V, line 2a) | | | | 5 | | 3 |
| Ę | (| 6 7 | Total numbe | r of voluntee | rs (estimate if ı | necessary) | | | | | 6 | | 125 |
| ⋖ | 7 | 7a ⊺ | Total unrelat | ed business | revenue from I | Part VIII, column (C |), line 12 | | | | 7a | | (|
| | | | | | | from Form 990-T, li | | | | | 7b | | (|
| | | | | | | · | | | | Prior Year | | Cur | rent Year |
| Revenue | 8 | 8 (| Contributions | s and grants | (Part VIII, line | 1h) | | | | | ,926 | | 502,949 |
| | | | | | | | | | | | 468 | | 1,085 |
| | 10 | | - | | • | • , | 1) | - | | | 100 | <u>, </u> | 1,005 |
| | 1. | | | | | | c, and 11e) | | | 220 | 070 | , | |
| Œ | 1: | | | | | | | F | | 239 | | | F04 034 |
| | _ | | | | • • | • | l, column (A), line 12 | <i>'</i> | | 4/4 | <u>,474</u> | <u> </u> | 504,034 |
| | 13 | | | | | | (1-3) | | | | | | 5,000 |
| | 14 | | | | | |) | | | | | _ | |
| S | 1 | | | • | | • | column (A), lines 5- | · | | 118 | ,113 | 3 | 128,877 |
| Expenses | 10 | | | _ | | |) | = | | | | | |
| g | . | | | | | | <u> </u> | | | | | | |
| Û | | | | | | | e) | T | | 274 | | | 444,912 |
| | 18 | | | | | | nn (A), line 25) • | - | | | ,225 | | 578 , 789 |
| | _ | 9 F | Revenue les | s expenses. | Subtract line | 18 from line 12 · · | | | | 82 | ,249 | 9 | (74,755 |
| ō | Ses | | | | | | | | Beginnir | ng of Curren | t Year | En | d of Year |
| sets | 튵 2 | 0 7 | Total assets | (Part X, line | 16) | | | | | 150 | ,714 | 4 | 75,194 |
| Net Assets or | <u>면</u> 2 | 1 7 | Total liabilitie | es (Part X, lin | ie 26) • • | | | [| | 19 | ,715 | 5 | 18,950 |
| | | | | | ces. Subtract l | ine 21 from line 20 | | | | 130 | ,999 | 9 | 56,244 |
| Pa | art II | ı | Signatu | re Block | | | | | | | | | |
| | | | | | | | ng schedules and statement mation of which preparer h | | y knowled | ge and belief, | it is | | |
| liuc | , cone | ot, an | iu complete. De | ciaration of prep | arer (other than on | icer) is based on all lillon | nation of which preparer i | ias arry knowledge. | | | 1 | | |
| | | | Sara | h Evans | | | | | | | | | |
| Sig | jn | | Signatur | re of officer | | | | | | | Date | e | |
| He | re | | Sara | h Evans, | Executive | e Director | | | | | | | |
| | | | | print name and t | | | | | | | | | |
| | | - ' | Print/Type pre | eparer's name | | Preparer's signature | | Date | | Check | if | PTIN | |
| Pai | id | | | ul Zelle | er EA | | | 05-30-2018 | | self-employe | | P0086 | 4109 |
| | par | rer | Firm's name | > | | Associates | | , | Firm's | | | | |
| | e O | | Firm's addres | ss > | | nchaca Rd | | | Phone | | | | |
| _ | - | • | 5 dddi 63 | ' | Austin T | | | | | | L2-2 | 82-2301 | L |
| Mav | / the | IRS | discuss this | return with t | | | structions) | | | | | 🛭 | |

) (Revenue \$

including grants of \$

352,730

Other program services (Describe in Schedule O.)

Total program service expenses

(Expenses \$

4e

7) Well Aware, Inc.
Checklist of Required Schedules Part IV

| | | | Yes | No |
|----------|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A · · · · · · · · · · · · · · · · · · | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Χ | |
| 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 | | X |
| 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 | | X |
| 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 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 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 | | X |
| 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 | 44. | v | |
| h | | 11a | X | |
| D | 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 | 110 | | |
| · | 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 | 110 | | 21 |
| _ | 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 | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |

7) Well Aware, Inc.
Checklist of Required Schedules (continued) Part IV

| | | | Yes | No |
|-----|--|------|-----|------|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| 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 | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Χ |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Χ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | Χ |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Χ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 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): | | | |
| а | 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 | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | 3.7 |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 20 | | 37 |
| 0.4 | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 24 | | v |
| 22 | | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 22 | | v |
| 22 | | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | Λ |
| J- | or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · · | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | 55a | | - 21 |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | Х |
| 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 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | - 50 | | -22 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| - | 19? Note . All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| | | | | |

Statements Regarding Other IRS Filings and Tax Compliance Part V

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|----------|--|------------|-----|---------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • 1a 20 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • • | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 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 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| _ | 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? | 3a | | X |
| 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 account)? | | | 3.7 |
| | , , | 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 | | | |
| E- | (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | Ec | | v |
| 5a h | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a 5b | | X |
| b | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5D 5C | | Λ |
| C Ga | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | 5 C | | |
| 6a | 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 | - Ua | | 2\(\(\) |
| b | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | UD | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| _ | and services provided to the payor? | 7a | | 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? | 7g | | Х |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 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 | | Х |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | Х |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | Х |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 40- | against amounts due or received from them.) | 40 | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b 12 | 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. Is the organization licensed to issue qualified health plans in more than one state? | 120 | | |
| а | is the eigenization has been qualified reading plane in his state. | 13a | | |
| h | Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| b | the organization is licensed to issue qualified health plans | | | |
| r | Enter the amount of reserves on hand | | | |
| с 14а | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | 22 |
| | , | | | ı |

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | Check if Schedule O contains a response or note to any line in this Part VI | | | . <u>X</u> |
|----------|---|-----|-----|------------|
| | acara containing acar, and analogous | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | 163 | 140 |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | 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 | | Х |
| 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 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | | Χ |
| 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 | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Χ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Χ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| 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 | | X |
| 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 | | X |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | 7. |
| b | Other officers or key employees of the organization | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 4.0 | | 7.7 |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | 401 | | |
| 500 | organization's exempt status with respect to such arrangements? | 16b | | |
| | | | | |
| 17 18 | | | | |
| 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) | | | |
| 10 | | | | |
| 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: | | | |
| 20 | Monica Duck (512)289-6095, 3571 Far West Blvd PMB 229, Austin, TX 78731 | | | |
| | TOTAL CONTINUE TO THE TOTAL TELL HOLD DIVE THE ZEST AUBILITY IN 10/31 | | | |

Form 990 (2017) Well Aware, Inc. 20-5025148 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

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

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

| Official this box is reduced the organization for any relate | 1 | | | | (C) | , | | ,, | | |
|--|---|-----------------------------------|-----------------------|---------|--------------|-----------------------------------|--------|---|--|---|
| (A) | (B) | | | Pos | sition | | | (D) | (E) | (F) |
| Name and Title | Average hours per week (list any hours for | box, offic | unles er and | ss per | rson i | han one is both a r/trustee | n | Reportable compensation from the | 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) Erin Dempsey Board Chair | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (2) Paul N Markovoch Finance Chair | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (3) Lori_Thomas | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (4) Geoffrey Ryder Development Co-Chair | 2.00 | Х | | Х | | | | 0 | 0 | 0 |
| (5) Tom Murphy Board Member | 2.00 | Х | | | | | | 0 | 0 | 0 |
| (6) Ryan Patterson Board Member | 2.00 | Х | | | | | | 0 | 0 | 0 |
| (7) Kathryn Bergman Board Member | 2.00 | X | | | | | | 0 | 0 | 0 |
| (8) Brian N Schoenbaum Board Member | 2.00_ | Х | | | | | | 0 | 0 | 0 |
| (9) Emily Twitchell Board Member | 2.00_ | Х | | | | | | 0 | 0 | 0 |
| (10)Sarah Evans Founder & Executive Director | 40.00 | | | Х | | | | 70,000 | 0 | 0 |
| (11) | | | | | | | | | | |
| <u>(12)</u> | | | | | | | | | | |
| <u>(13)</u> | | | | | | | | | | |
| (14) | | | | | | | | | | |

| Fait | Section A. Officers, Directors, Trustees, | Key Employ | ees, a | na i | High | est | Comp | ens | ated Employees (| continuea) | | |
|-------------|--|-----------------------------|-----------------------------------|-----------------------|---------|----------------|------------------------------|--------|---------------------------------|---------------------------|----------|-----------------------|
| | (A) Name and title | (B) Average | ١, | | | tion ore th | nan one both an | | (D) Reportable | (E) Reportable | Es | (F) |
| | | hours per week (list any | office | r and | a dire | ector/ | (trustee) | | compensation from | compensation from related | ar | nount of other |
| | | hours for | or c | Inst | Officer | Ke) | Hig em | Former | the | organizations | com | pensation |
| | | related organizations | ividu: | titutio | cer | em) | hest ploye | mer | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | rom the ganization |
| | | below dotted | Individual trustee or director | nal t | | ≺ey employee | com | | (** 2/1000 MICO) | | an | d related |
| | | line) | stee | nstitutional trustee | | ō | Highest compensated employee | | | | org | anizations |
| | | | | е | | | ated | | | | | |
| | | | | | | | | | | | | |
| <u>(15)</u> | | | | | | | | | | | | |
| <u>(16)</u> | | | | | | | | | | | | |
| <u>(17)</u> | | | | | | | | | | | | |
| <u>(18)</u> | | | | | | | | | | | | |
| <u>(19)</u> | | | | | | | | | | | | |
| <u>(20)</u> | | | | | | | | | | | | |
| <u>(21)</u> | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | |
| (23) | | | | | | | | | | | | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | | |
| 1b | Sub-total | | | | | | | ▶ | | | | |
| С | Total from continuation sheets to Part VII, Section | | | | | | | ▶ | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | 70,000 | | | 0 |
| 2 | Total number of individuals (including but not limited | I to those list | ed abo | ve) | who | rec | eived ı | more | than \$100,000 of | | | |
| | reportable compensation from the organization | | | | | | | | | 0 | | Yes No |
| 3 | Did the organization list any former officer, director, | or trustee. k | ev em | vola | ee. c | or hi | ahest (| comi | pensated | | | 100 110 |
| | employee on line 1a? If "Yes," complete Schedule J | | | | | | - | | | | 3 | Х |
| 4 | For any individual listed on line 1a, is the sum of rep | oortable com | pensat | ion | and | othe | er com | pens | ation from the | | | |
| | organization and related organizations greater than | | | | | | | | | | | |
| _ | individual | | | | | | | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes," | | | - | | | - | | ion or individual | | 5 | Х |
| Section | on B. Independent Contractors | complete oci | ledule | J 10 | i suc | лιр | CISOII | ' | | | <u> </u> | Λ |
| 1 | Complete this table for your five highest compensat | ed independ | ent coi | ntrac | ctors | tha | t recei | ved ı | more than \$100,00 | 00 of | | |
| | compensation from the organization. Report compeyear. | nsation for th | ne cale | nda | r yea | ar er | nding v | vith c | or within the organ | zation's tax | | |
| | (A) | | | | | | | | (B) | | | (C) |
| | Name and business address | | | | | | | | Description of | services | Comp | ensation |
| | | | | | | | | | | | | |
| | | | | | | | | | + | | | |
| - | | | | | | | | | 1 | | | |
| - | | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | but not limite | d to th | ose | liste | d at | oove) v | vho | • | | | |
| | received more than \$100,000 of compensation from | the organiza | ation | \blacktriangleright | | | | | | | | |

Form 990 (2017) Well Aware, Inc.
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or | 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 |
| | 1a | Federated campaigns 1a | | | | | 0.201. |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues · · · · · · · · · · · · · · · · · · · | | | | | |
| ية ق | c | Fundraising events 1c | + | | | | |
| ifts, r A | d | Related organizations | | | | | |
| nia G | | Government grants (contributions) - 1e | + | | | | |
| ons | e • | | | | | | |
| outi ther | † | All other contributions, gifts, grants, | 162 550 | | | | |
| ΞĎ | _ | and similar amounts not included above 1f | | | | | |
| a S | g | Noncash contributions included in lines 1a-1f: \$ | | 500 040 | | | |
| | h | Total. Add lines 1a-1f | | 502,949 | | | |
| e | | | Business Code | 1 00= | 1 00= | | |
| veni | | Merchandise | 453000 | 1,085 | 1,085 | | |
| Re | ı | | | | | | |
| ZiČ | °. | | | | | | |
| Se | a | | | | | | |
| Program Service Revenue | e | | | | | | |
| Prog | | All other program service revenue | L | | | | |
| | g | Total. Add lines 2a-2f | | 1,085 | | | |
| | 3 | Investment income (including dividends, interest | | | | | |
| | ١. | and other similar amounts) | | | | | |
| | l _ | Income from investment of tax-exempt bond pro | | | | | |
| | 5 | Royalties · · · · · · · · · · · · · · · · · · · | · · · · · · · · • | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | |
| | | Less: rental expenses · · · · | | | | | |
| | | Rental income or (loss) · · · | | | | | |
| | d | Net rental income or (loss) | · · · · · · · · · · · · · · · · · · · | | | | |
| | 7a | 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) | | | | | |
| o. | | Net gain or (loss) | · · · · · · · • | | | | |
| enne | 8a | Gross income from fundraising | | | | | |
| eve | | events (not including \$ 339,197 | | | | | |
| Other Rev | | of contributions reported on line 1c). | | | | | |
| the | | See Part IV, line 18 · · · · · · · · a | | | | | |
| 0 | | Less: direct expenses b | | | | | |
| | l | Net income or (loss) from fundraising events | · · · · · · · • | | | | |
| | 9a | Gross income from gaming activities. | | | | | |
| | | See Part IV, line 19 · · · · · · · · a | | | | | |
| | | Less: direct expenses b | | | | | |
| | С | Net income or (loss) from gaming activities • | · <u>· · · · · · · · · · · · · · · · · · </u> | | | | |
| | 10a | Gross sales of inventory, less | | | | | |
| | | returns and allowances | | | | | |
| | I | Less: cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of inventory - | | | | | |
| | <u> </u> | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | C | All of | | | | | |
| | I | All other revenue | | | | | |
| | | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | 🟲 | 504,034 | 1,085 | 0 | 0 |

Page **10**

Part IX Statement of Functional Expenses

 $\underline{\textit{Section 501(c)(3)} \textit{ and 501(c)(4)} \textit{ organizations must complete all columns. All other organizations must complete column (A).}$

| | Check if Schedule O contains a response or note to | any line in this Part IX | | | |
|----------|--|--------------------------|--------------------------|---------------------------------|---------------------------|
| Do I | ot include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | (D) Fundraising |
| 8b, | b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 5,000 | 5,000 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 70,000 | 48,228 | (2,713) | 24,485 |
| 6 | Compensation not included above, to disqualified | , | • | , , , , | • |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 49,071 | 13,562 | 11,474 | 24,035 |
| 8 | Pension plan accruals and contributions (include | 13,071 | 15,502 | 11,171 | 24,033 |
| Ů | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes · · · · · · · · · · · · · · · · · · · | 0.006 | 4 010 | 1 000 | 2.005 |
| | • | 9,806 | 4,819 | 1,082 | 3,905 |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 12,143 | 6,092 | 1,267 | 4,784 |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) • • | 228,911 | 182,402 | 5,602 | 40,907 |
| 12 | Advertising and promotion | 2,393 | 2,169 | | 224 |
| 13 | Office expenses | 8,900 | | 628 | 8,272 |
| 14 | Information technology | 20,177 | 4,191 | 141 | 15,845 |
| 15 | Royalties · · · · · · · · · · · · · · · · · · · | | | | |
| 16 | Occupancy · · · · · · · · · · · · · · · · · · · | 21,600 | 10,837 | 2,254 | 8,509 |
| 17 | Travel | 74,174 | 63,648 | 1,914 | 8,612 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,533 | 1,533 | | |
| 23 | Insurance | 1,714 | 860 | 179 | 675 |
| 24 | Other expenses. Itemize expenses not covered | , | | | |
| | above (List miscellaneous expenses in line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | Memberships and dues | 1,104 | 554 | 115 | 435 |
| b | Bank Fees | 10,998 | 887 | 28 | 10,083 |
| C | Supplies | 17,295 | 2,944 | 3,110 | 11,241 |
| d | Facility and Equipment Renta | | 4,314 | 3,110 | |
| | | 23,609 | E 004 | 1 000 | 23,609 |
| e 25 | All other expenses Total functional expenses. Add lines 1 through 24e | 20,361 | 5,004 | 1,229 | 14,128 |
| 25 26 | Joint costs. Complete this line only if the | 578,789 | 352,730 | 26,310 | 199,749 |
| 20 | organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here 🕨 📙 if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | Form 990 (2017 |

Part X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|-----------------------------|-----|---|--------------------------|-----|--------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 72,357 | 1 | 38,043 |
| | 2 | Savings and temporary cash investments | 727557 | 2 | 5 |
| | 3 | Pledges and grants receivable, net | 50,000 | 3 | |
| | 4 | Accounts receivable, net | 30,000 | 4 | 12,236 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | 12/230 |
| | • | trustees, key employees, and highest compensated employees. | | | |
| | | Complete Part II of Schedule L | | 5 | |
| | 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 | 20,616 | 9 | 18,702 |
| ` | 10a | Land, buildings, and equipment: cost or | 20,010 | | 207.02 |
| | | other basis. Complete Part VI of Schedule D · · · · 10a 10,732 | | | |
| | b | Less: accumulated depreciation · · · · · · · · · 10b 6,324 | 5,941 | 10c | 4,408 |
| | 11 | Investments - publicly traded securities | 3,711 | 11 | 1,100 |
| | 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) | 150,714 | 16 | 75,194 |
| | 17 | Accounts payable and accrued expenses | 5,715 | 17 | 9,416 |
| | 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 | |
| Se | 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 | 14,000 | 25 | 9,534 |
| | 26 | Total liabilities. Add lines 17 through 25 | 19,715 | 26 | 18,950 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ 🗓 and | | | |
| ces | | complete lines 27 through 29, and lines 33 and 34. | | | |
| lan | 27 | Unrestricted net assets | 109,480 | 27 | 38,067 |
| Ва | 28 | Temporarily restricted net assets | 21,519 | 28 | 18,177 |
| nd | 29 | Permanently restricted net assets | | 29 | |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here and | | | |
| S O | | complete lines 30 through 34. | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| - | 33 | Total net assets or fund balances | 130,999 | 33 | 56,244 |
| | 34 | Total liabilities and net assets/fund balances | 150,714 | 34 | 75,194 |

| | 990 (2017) Well Aware, Inc. | 20-502514 | 8 | Pa | age 12 |
|------------|---|-----------|----------|-------|---------------|
| Part | Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | | | . 🗌 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | . 1 | 5 | 04,0 | 34 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | . 2 | 5 | 78,7 | 789 |
| 3 F | Revenue less expenses. Subtract line 2 from line 1 | . 3 | (| 74,7 | 755) |
| 4 1 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | - 4 | 1 | 130,9 | 999 |
| 5 1 | Net unrealized gains (losses) on investments | . 5 | | | |
| 6 [| Donated services and use of facilities | - 6 | | | |
| 7 I | Investment expenses | . 7 | | | |
| 8 F | Prior period adjustments | - 8 | | | |
| 9 (| Other changes in net assets or fund balances (explain in Schedule O) | . 9 | | | 0 |
| 10 1 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| ; | 33, column (B)) | . 10 | | 56,2 | 244 |
| Part | 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 X Accrual Other | | | | |
| ı | 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 | | X |
| J | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| ı | 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 |
| ļ | 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: | | | | |
| ſ | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| c I | 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. | | | | |
| | 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 |
| | 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

Form 990 (2017)

SCHEDULE A

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.

OMB No. 1545-0047 2017

Open to Public

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization Employer identification number Well Aware, 20-5025148 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 Χ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

| Sec | tion A. Public Support | | | | | | |
|------------|--|-------------------|-----------------|----------|------------------|-----------------|---------------------------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 280,518 | 325,063 | 326,782 | 488,005 | 504,034 | 1,924,402 |
| 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 · · · · · · | 280,518 | 325,063 | 326,782 | 488,005 | 504,034 | 1,924,402 |
| 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) | | | | | | 87,627 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 1,836,775 |
| | tion B. Total Support | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| Calei 7 | Amounts from line 4 | ` ' | | | 488,005 | | (f) Total |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from | 280,518 | 325,063 | 326,782 | 488,005 | 504,034 | 1,924,402 |
| | similar sources | 2 | 8 | 1 | 1 | | 12 |
| 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 • | | | | | | 1,924,414 |
| 12 | Gross receipts from related activities, etc. (s | see 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 | | | (0) | | | 0/ |
| 14 | Public support percentage for 2017 (line 6, | ` ' | • | ` '' | | | 95.45 % |
| 15 | Public support percentage from 2016 Sched | * * * | | | | | 89.66 % |
| 16a | 33 1/3% support test - 2017. If the organization qualification qualification and standard form and sta | | | | · | ck inis | ▶ 🏻 |
| h | box and stop here . The organization qualifi 33 1/3% support test - 2016 . If the organiz | | | | | | · · · · · · · · · · · · · · · · · · · |
| b | this box and stop here. The organization qu | | | | | | |
| 17a | 10%-facts-and-circumstances test - 2017 | | | | | | |
| 174 | 10% or more, and if the organization meets | • | | | | | |
| | Part VI how the organization meets the "fac | | • | | • | | |
| | organization | | J | • | . , | | ▶ □ |
| b | 10%-facts-and-circumstances test - 2016 | | | | | | |
| ~ | 15 is 10% or more, and if the organization n | • | | | | | |
| | Explain in Part VI how the organization mee | | | • | • | clv | |
| | supported organization | | | | | | ▶ □ |
| 18 | Private foundation. If the organization did | | | | | | |
| | instructions | | | | | | ▶ □ |
| | | | | | | | |

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

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

OMB No. 1545-0047

2017

Employer identification number

Well Aware, Inc. 20-5025148 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 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 K 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ・・・・・・・・・・・・・・・・・・・ト \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number
Well Aware, Inc. 20-5025148

Well Aware, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 1 xxxxxxxxxxxxxxxx **Payroll** Noncash 10,000 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 xxxxxxxxxxxxxxxxx **Payroll** Noncash 25,100 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) XXXXXXXXXXXXXXXXXX (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 3 xxxxxxxxxxxxxxxxx **Payroll** Noncash 27,500 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxxx (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 4 xxxxxxxxxxxxxxxxxxx **Payroll** П Noncash 23,023 xxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person** Χ 5 xxxxxxxxxxxxxxx **Payroll** Noncash 20,687 xxxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxx (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Χ 6 XXXXXXXXXXXXXXXXXX **Payroll** Noncash xxxxxxxxxxxxxxx 13,500 (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxxx

Name of organization Employer identification number
Well Aware, Inc. 20-5025148

Well Aware, Inc. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 7 xxxxxxxxxxxxxxxx **Payroll** Noncash 13,000 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 8 xxxxxxxxxxxxxxxxx **Payroll** Noncash 10,000 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) XXXXXXXXXXXXXXXXXX (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 9 xxxxxxxxxxxxxxxxx **Payroll** Noncash 10,000 xxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxxx (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 10 xxxxxxxxxxxxxxxxxxx **Payroll** П Noncash 9,058 xxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person** Χ 11 xxxxxxxxxxxxxxx **Payroll** Noncash 9,000 xxxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxx (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Χ 12 XXXXXXXXXXXXXXXXXX **Payroll** Noncash xxxxxxxxxxxxxxx 7,500 (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxxx

Name of organization Employer identification number 20-5025148

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 13 xxxxxxxxxxxxxxxx **Payroll** Noncash 7,000 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 14 xxxxxxxxxxxxxxxxx **Payroll** Noncash 6,250 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) XXXXXXXXXXXXXXXXXX (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person 15 xxxxxxxxxxxxxxxxx **Payroll** Noncash 6,230 xxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) XXXXXXXXXXXXXXXXXX (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person X 16 xxxxxxxxxxxxxxxxxxx **Payroll** П Noncash 6,015 xxxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person** Χ 17 xxxxxxxxxxxxxxx **Payroll** Noncash 6,000 xxxxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxx (d) (a) (b) (c) Total contributions Type of contribution Name, address, and ZIP + 4 No. Person Χ 18 XXXXXXXXXXXXXXXXXX **Payroll** Noncash xxxxxxxxxxxxxxx 5,960 (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxxx

Name of organization Employer identification number 20-5025148

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (d) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 19 xxxxxxxxxxxxxxxxx **Payroll** Noncash 5,135 xxxxxxxxxxxxxxxx (Complete Part II for noncash contributions.) XXXXXXXXXXXXXXXXX (b) (d) (a) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 20 xxxxxxxxxxxxxxxxx **Payroll** Noncash 5,500 XXXXXXXXXXXXXXXXXX (Complete Part II for noncash contributions.) xxxxxxxxxxxxxxxx (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

| We: | ll Aware, Inc. | 20-5025148 |
|-----|--|---------------------------------------|
| | rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account | ts. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 6. | |
| | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | (2) |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised | |
| · | funds are the organization's property, subject to the organization's exclusive legal control? | ∏Yes ∏No |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used | i les ino |
| Ū | only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose | |
| | conferring impermissible private benefit? | ···· |
| Pa | rt II Conservation Easements. | i i i i i i i i i i i i i i i i i i i |
| · u | Complete if the organization answered "Yes" on Form 990, Part IV, line 7. | |
| _ | · • | |
| 1 | Purpose(s) of conservation easements held by the organization (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or education) | • |
| | ☐ Protection of natural habitat ☐ Preservation of a certified hist | oric structure |
| _ | Preservation of open space | |
| 2 | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons | |
| | easement on the last day of the tax year. | Held at the End of the Tax Year |
| a | Total number of conservation easements | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| С | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 7/25/06, and not on a | |
| | historic structure listed in the National Register | 2d |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organiz | ation during the |
| | tax year | |
| 4 | Number of states where property subject to conservation easement is located | |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it holds? | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation | easements during the year |
| | <u> </u> | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ease | ements during the year |
| | ▶ \$ | |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) |)(i) |
| | and section 170(h)(4)(B)(ii)? | |
| 9 | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement | ent, and |
| | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that | describes the |
| | organization's accounting for conservation easements. | |
| Pa | rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth | er Similar Assets. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and | balance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt | herance of |
| | public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items | S. |
| b | If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bal | ance sheet |
| | works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furt | herance of |
| | public service, provide the following amounts relating to these items: | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | · · · · · > \$ |
| | (ii) Assets included in Form 990, Part X | ···· ▶ \$ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, p | rovide the |
| | following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | ▶ \$ |
| h | Assets included in Form 000. Part V | |

| e D (| Form 990) 2017 | Well Aware, I | inc. | | 20-5025148 | Page 2 |
|-------|----------------|---------------------|---------------------|-----------------------------|---------------------------|-------------|
| III | Organi | zations Maintaining | Collections of Art. | Historical Treasures | , or Other Similar Assets | (continued) |

| | | | | | | | | | Page 2 |
|--|--|-----------------------|------------------|-----------|----------------|------------|---------------------|------------------|---------------|
| Pai | rt III Organizations Maintaining C | ollections of A | rt, Histori | cal Tr | easures, | or Oth | er Similar A | ssets (co | ontinued) |
| 3 | Using the organization's acquisition, accession, a | and other records, c | heck any of t | he follov | ving that are | a signific | ant use of its | | |
| | collection items (check all that apply): | _ | | | | | | | |
| а | Public exhibition | d Loa | n or exchang | e progra | ıms | | | | |
| b | Scholarly research | e Othe | er | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's collec | tions and explain ho | w they furthe | r the org | ganization's | exempt p | urpose in Part | | |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or red | ceive donations of a | rt, historical t | reasures | s, or other si | milar | | | |
| | assets to be sold to raise funds rather than to be | maintained as part | of the organi | zation's | collection? | | | ٠ | Yes 🗌 No |
| Pai | rt IV Escrow and Custodial Arrang | jements. | | | | | | | |
| | • | swered "Yes" o | n Form 99 | 0, Part | t IV, line 9 | , or rep | orted an amo | ount on F | orm |
| | 990, Part X, line 21. | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian of | or other intermediary | for contribut | ions or o | other assets | not | | | |
| | included on Form 990, Part X? | | | | | | | · · · 🔲 ՝ | Yes 🗌 No |
| b | If "Yes," explain the arrangement in Part XIII and | complete the follow | ing table: | | | | | | |
| | | | | | | | A | mount | |
| С | 3 3 | | | | | | | | |
| d | Additions during the year | | | | | 1d | | | |
| е | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Form | 990, Part X, line 21 | , for escrow o | or custod | dial account | liability? | | 🗌 , | Yes No |
| b | If "Yes," explain the arrangement in Part XIII. Che | eck here if the expla | nation has be | een prov | ided on Par | t XIII | | | 🗌 |
| Pai | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organization an | swered "Yes" o | n Form 99 | 0, Part | t IV, line 1 | 0. | | | |
| | | (a) Current year | (b) Prior y | ear | (c) Two year | s back | (d) Three years bac | k (e) Fou | ır years back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | F | | | | | | | | |
| | losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | · | | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| а | · | | | | | | | | |
| 2 | , | vear end balance (li | ne 1a. colum | n (a)) he | eld as: | | | | |
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| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assots (Continue and Competence of Continue and Continue and Competence of Continue and Continu | | | | | | | | | |
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hedule D (Form 990) 2017 Well Aware, Inc. 20-5025148 Page 3

| Schedule D (Form | 990) 2017 | well Aware, inc. | 20-5025148 | Page |
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| Part VII | Investments | - Other Securities. | | |

| (2) Closely-held equity interests | (including name of security) (1) Financial derivatives | 33. |
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| (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | 800 |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | ,000 |
| 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, | |
| (1) Federal income taxes (2) Accrued Bonus (3) Sales Tax payable (4) Payroll Liabilities (5) (6) (7) (8) | | |
| (2) Accrued Bonus 3,200 (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| (3) Sales Tax payable 44 (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| (4) Payroll Liabilities 6,290 (5) (6) (7) (8) | | |
| (5) (6) (7) (8) | | |
| (6) (7) (8) | | |
| (7) (8) | | |
| (8) | | |
| | | |
| | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2017 Well Aware, Inc. 20-5025148 Page 4

| Par | Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | Return. |
|-----|---|-------------|
| 4 | · | 4 |
| 1 | Total revenue, gains, and other support per addited infamolal statements | 1 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | |
| а | Net unrealized gains (losses) on investments | |
| b | Donated services and use of facilities | |
| С | Recoveries of prior year grants | |
| d | Other (Describe in Part XIII.) | |
| е | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e |
| 3 | Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · · | 3 |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a | |
| b | Other (Describe in Part XIII.) • • • • • • • • • • • • • • • • • • • | |
| С | Add lines 4a and 4b · · · · · · · · · · · · · · · · · · · | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 |
| Par | t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p | per Return. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | |
| а | Donated services and use of facilities | |
| b | Prior year adjustments | |
| С | Other losses | |
| d | Other (Describe in Part XIII.) | |
| | Add lines 2a through 2d · · · · · · · · · · · · · · · · · · | 2e |
| 3 | Subtract line 2e from line 1 | 3 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| | Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a | |
| | Other (Describe in Part XIII.) | |
| | Add lines 4a and 4b | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 |
| | t XIII Supplemental Information. | 3 |
| | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. | rt X, line |
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EEA Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

2017

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

| Well Aware, Inc. | | | | | 25148 |
|--|------------------------------|--------------------------|--|---|----------------------------------|
| | | es Outside the | e United States. Complet | e if the organization ansv | vered "Yes" on |
| Form 990, Part IV, I | | | | | |
| 1 For grantmakers. Does the organistance, the grantees' eligibil | | | - | | |
| grants or assistance? | | | | | . 🛛 Yes 🗌 No |
| granto or abbiotarioo: | | | | | - 25 100 |
| 2 For grantmakers. Describe in F | Part V the organ | ization's procedu | res for monitoring the use of it | ts grants and other | |
| assistance outside the United S | | | | | |
| | | | | | |
| 3 Activities per Region. (The follow | | | | | (D. T.). |
| (a) Region | (b) Number of offices in the | (c) Number of employees, | (d) Activities conducted in the region (by type) (such as, | (e) If activity listed in (d) is a program service, | (f) Total expenditures for |
| | region | agents, and independent | fundraising, program services, investments, grants to recipients | describe specific type of service(s) in the region | and investments in the region |
| | | contractors | located in the region) | service(s) in the region | in the region |
| | | in the region | | | |
| (1)Sub-Saharan Africa | | 2 | Program services | Water systems sol | uti 205,765 |
| | | | | | , |
| (2) | | | | | |
| | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| _(4) | | | | | |
| (5) | | | | | |
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| (6) | | | | | |
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| (7) | | | | | |
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| (11) | | | | | |
| (12) | | | | | |
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| (14) | | | | | |
| (15) | | | | | |
| (10) | | | | | |
| (16) | | | | | |
| | | | | | |
| (17) | | | | | |
| 3a Sub-total · · · · · · · · · | | 2 | | | 205,765 |
| b Total from continuation | | | | | |
| sheets to Part I | | 2 | | | 205 765 |

Well Aware, Inc. 20-5025148 Schedule F (Form 990) 2017

| | | ell Aware, Inc. | | | | | 20-502 | | Page 2 |
|---------|-----------------------------|--|---|----------------------|--------------------------|---------------------------------------|--|---|--|
| Part II | Grants and Othe | r Assistance to Or | ganizations or Entities (| Outside the Uni | ted States. Comp | olete 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 | 00. Part II can be | e duplicated if add | litional 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 noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
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| (9) | | | | | | | | | |
| (10) | | | | | | | | | ļ |
| (11) | | | | | | | | | |
| (12) | | | | | | | | | |
| (13) | | | | | | | | | |
| (14) | | | | | | | | | |
| (15) | | | | | | | | | |
| (16) | | | | | | | | | |
| by | the IRS, or for which the g | grantee or counsel has pr | ove that are recognized as charit ovided a section 501(c)(3) equiva | alency letter . | | | : | | |
| | ISIAI HAIHDOI OI OUIOI O | .gaattorio or ortitioo | | | | - | • | | |

Schedule F (Form 990) 2017 Well Aware, Inc. 20-5025148

Part III Can be duplicated if additional space is needed.

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

| Fait iii can be dupiicated | if additional space is needed. | _ | | 1 | | 1 | 1 |
|---------------------------------|--------------------------------|--------------------------|-------------------------------------|---------------------------------------|--|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| _(1) | | | | | | | |
| _(2) | | | | | | | |
| _(3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
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| (17) | | | | | | | |
| (18) | | | | | | | |

Schedule F (Form 990) 2017 Well Aware, Inc.
Part IV Foreign Forms

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | \boxtimes | No |
|---|---|-----|-------------|----|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X | No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) | Yes | X | No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) | Yes | X | No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) | Yes | X | No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) | Yes | X | No |

EEA Schedule F (Form 990) 2017 Schedule F (Form 990) 2017 Page **5**

| Part V | Supplemental Information |
|--------|--|
| | Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and |
| | Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. |
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EEA Schedule F (Form 990) 2017

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Na

| Name of the organization | | | | | | Employer idei | ntification number |
|---|------------------------|----------------|-------------------------|--------------------------|------------------|-------------------------|-------------------------------|
| Well Aware, Inc. | | | | | | 20-502 | |
| Part I Fundraising Activities | s. Complete if | the organ | ization an | swered "Yes" on | Form 99 | 0, Part IV | , line 17. |
| Form 990-EZ filers are no | ot required to con | mplete this | part. | | | | |
| 1 Indicate whether the organization ra | sed funds through | any of the fo | ollowing acti | vities. Check all that a | apply. | | _ |
| a Mail solicitations | | е 🗌 | Solicitation | of non-government gr | rants | | |
| b Internet and email solicitations | | f□ | Solicitation | of government grants | | | |
| c Phone solicitations | | | | draising events | | | |
| d In-person solicitations | | 9 🗆 | opoolal lank | araioning overtice | | | |
| 2a Did the organization have a written of | or oral agreement v | with any indiv | idual (inclue | ling officers directors | tructoos | | |
| or key employees listed in Form 990 | • | • | • | - | | ∏ Y€ | es 🗌 No |
| | , . | | • | • | | _ | _ |
| b If "Yes," list the 10 highest paid indiv | | unuraisers) | bursuant to a | agreements under wh | lich the lund | laiser is to b | ЭЕ |
| compensated at least \$5,000 by the | organization. | | | | | | |
| | | _ | | | | | |
| (i) Name and address of individual | | | draiser have | (iv) Gross receipts | | int paid to ined by) | (vi) Amount paid to |
| or entity (fundraiser) | (ii) Activity | 1 ' | r control of utions? | from activity | | er listed in | (or retained by) organization |
| | | COILLID | utions: | | col | . (i) | organization |
| | | Yes | No | | | | |
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| 10 | | | | | | | |
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| | .1 | | l | | | | |
| Total | | | • | | | | |
| 3 List all states in which the organizatio | n is registered or li | icensed to so | olicit contribu | itions or has been not | tified it is ev | empt from | |
| registration or licensing. | ir is registered or ii | iccriscu to st | JIIGIT GOLITIDE | dions of has been not | tilled it is ext | sinpt iroin | |
| registration of licensing. | | | | | | | |
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| | | (Form 990 or 990-EZ) 2017 Wel | l Aware, Inc. | | | 5025148 Page 2 |
|-----------------|--------|--|-------------------------------|--|--------------------------|--|
| Pa | ırt II | | - | | | |
| | | than \$15,000 of fundraising | | a gross income on Form | 1 990-E∠, lines 1 and 6t | o. List events with |
| | | gross receipts greater than | | # N F + 110 | () 011 | |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | Shower Strik | The Village | 6_ | (add col. (a) through col. (c)) |
| a) | | | (event type) | (event type) | (total number) | . , , |
| Revenue | 1 | Gross receipts | 130,763 | 62,156 | 110,891 | 303,810 |
| Seve | • | Gross receipts 1 1 1 1 1 1 1 1 | 130,763 | 02,150 | 110,091 | 303,610 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus | | | | |
| | | line 2) | 130,763 | 62,156 | 110,891 | 303,810 |
| | | | - | | - | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| | _ | | | | | |
| ses | 6 | Rent/facility costs | | | | |
| per | _ | Food and haverages | | | | |
| Ű | 7 | Food and beverages · · · · · | | | | |
| Direct Expenses | 8 | Entertainment | | | | |
| | | | | | | |
| | 9 | Other direct expenses | | | | |
| | | | | | | |
| | 10 | Direct expense summary. Add lines | 4 through 9 in column (d) | | | |
| | 11 | Net income summary. Subtract line | | | | 303,810 |
| Pa | ırt II | | | 'Yes" on Form 990, Part | IV, line 19, or reported | more |
| | 1 | than \$15,000 on Form 990 | J-EZ, line oa. | | | |
| ine | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | | | (, , , |
| ď | 1 | Gross revenue | | | | |
| | | | | | | |
| w | 2 | Cash prizes | | | | |
| enses | | | | | | |
| xpe | 3 | Noncash prizes | | | | |
| Direct Exp | | | | | | |
|) jre | 4 | Rent/facility costs | | | | |
| | _ | Other dimentary | | | | |
| | 5 | Other direct expenses | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | | No No | |
| | | volumeer laber | |] | | |
| | 7 | Direct expense summary. Add lines | 2 through 5 in column (d) | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subt | ract line 7 from line 1, colu | mn (d) • • • • • • • • • | | |
| | | | | | | |
| 9 | | ter the state(s) in which the organiza | | | | |
| a | | the organization licensed to conduct | | | | · · · · 🗌 Yes 🗌 No |
| t | ıt" | No," explain: | | | | |
| | _ | | | | | |
| 10a | We | ere any of the organization's gaming | icenses revoked, suspend | ed or terminated during the | tax vear? | · · · · · Yes No |
| ŀ | | Vac " avaloin: | • | ed of terminated during the | • | |
| | _ | · | | | | |
| | | | | | | |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

20-5025148 Well Aware, Inc. 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. 04. List of other fees for services expenses (Part IX, line 11g) Program Services: \$195,964; Fundraising: \$40,907; Management: \$5,602

| 990 | Overflow Statement | 2017 Page 1 |
|----------------------------|--------------------|--------------------------------|
| Name(s) as shown on return | | FEIN |
| Well Aware, Inc. | | 20-5025148 |
| Telecom | Total: | * 285 2,540 54 2,125 \$ 5,004 |
| Tolophono | Total: | * 52 874 303 \$ 1,229 |
| Description | | Amount |

| Description | | Amount |
|-------------------------|------|--------|
| Postage and Mailing | \$ | 2,117 |
| Meals and entertainment | | 11,759 |
| Small equipment | | 197_ |
| Facility and Equipment | | 55 |
| Total: | \$\$ | 14,128 |

Depreciation Detail Listing

Program Services

2017

PAGE 1

Name(s) as shown on return

* Item was disposed

of during current year.

For your records only

Social security number/EIN

| Description Date Cost Adjustment percentage 179 depreciation Basis Life Method Rate Depreciation Depreciation Depreciation Current | | ell Aware, Inc. | | | | | | | | 0-5025148 | |
|--|-----|-----------------------|----------|--------|------|--------------|------|--------|----------|-----------|--------------------|
| 10.00 10.732 7 SL MQ 14.286 4,791 1,533 6,324 1.5 | lo. | Description | Date | Cost | | | Life | Method | Rate | I | AMT Current |
| | 1 8 | Solar Reverse Osmosis | 12312013 | 10,732 | | depreciation | 7 | SL 1 | MQ 14.28 | | 1,533 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

1,533

| Next Year's Depreciation Worksheet (Keep for your records) | | | | | | | | | | 7 | | |
|---|------------------|-------------|---------|-----------|--------|--------|--------|--------|----------|---------------|--|--|
| Name(s) a | s ahown on retu | rn | | | | | | | Tax ID N | Tax ID Number | | |
| Well | Well Aware, Inc. | | | | | | | | 20- | 20-5025148 | | |
| Form | Multi-Form | Description | | | Date | | Basis | Method | Life | Deduction | | |
| PRG | 1 | Solar | Reverse | Osmosis W | a 12 | 312013 | 10,732 | SL | 7 | 1,533 | | |

| | as ahown on retu | | | | | | | | Tax ID N | lumber |
|-----|------------------|-------------|---------|----------|-------|---------------|--------------|--------|-----------|-----------|
| | Aware | | | | | l | l | l | 20- | 5025148 |
| | | Description | | Oamoaia | TuT o | Date 12312013 | Basis 10,732 | Method | Life 7 | Deduction |
| PRG | 1 | Solar | Reverse | USINOSIS | Wa | 12312013 | 10,732 | SL | / | 1,533 |
| | | TOTAL | | | | | | | | 1,533 |
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