# FOR TAX YEAR 2019

WELL AWARE, INC.

Rupert & Associates 217 Railroad St Buda, TX 78610 (512)282-2301

Form	99	90		Reti	urn of C	)raaniz	ation Exemp	ot From Ir	າດດກ	e Tax		-	OMB No. 15	545-0047
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(Rev.	Januar	y 2020)	Under				I) of the Internal Re				ndation	is)		-
Depart	ment of	the Treasury	Do not enter social security numbers on this form as it may be made public.										Open to I	
		ue Service	Image: Brvice         Go to www.irs.gov/Form990 for instructions and the latest information.           19 calendar year, or tax year beginning         , 2019, and ending										Inspect	tion
								, 2019, a	and end	ing			, 20	
_		applicable:		-	Well Aw	are, In	с.				D Empl	-	ntification nu	
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E	ame cha	0					ered to street address)		Room/su	ite	E Telep			21.2
	itial retu				t Blvd H		- <b>f i i i</b>				0		2)200-7	312
	mended	rn/terminated			8731-306		r foreign postal code				G Gros	s receipt		016
F		on pending			of principal offic					H(a) Is this a	\$	6	Ē.	7,816 s X No
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<u> </u>	ay-eyem	npt status: X 50	01(c)(3)	501(c) (	) 🗲 (ins	ert no.)	4947(a)(1) or	527					nstructions)	5 [ 140
	/ebsite:			areworld				521		H(c) Group				
		organization: X Co			Association	Other 🕨		L Year of formati	ion: 200		State of leg			
Pa		Summary												
	1	Briefly describe	e the orga	nization's n	nission or m	ost significa	ant activities: We	ll Aware p	rovid	es inno	vativ	e and	d susta:	inable
ø		solutions	to wat	ter scar	city an	d conta	mination in A							
anc							opment and bu							
Activities & Governance														
OVE	2	Check this box	▶ 🗌 if t	he organiza	ation discont	inued its op	perations or dispose	d of more than	25% of i	its net asse	ts.			
ڻ م	3	Number of voti	ng memb	ers of the g	overning bo	dy (Part VI,	line 1a) • • • •				. 3			6
es 5	4	Number of inde	ependent	voting mem	nbers of the	governing b	oody (Part VI, line 1t	)			4			6
viti	5	Total number o	of individu	als employe	ed in calend	ar year 201	9 (Part V, line 2a)				5			5
Acti	6	Total number o	of voluntee	ers (estimat	e if necessa	ıry) •••				• • • • •	· 6			150
-	7a	Total unrelated	lbusiness	s revenue fr	om Part VIII	, column (C	C), line 12 • • • •			• • • • •	- 7a			0
	b	Net unrelated b	ousiness t	taxable inco	ome from Fo	rm 990-T, l	ine 39 • • • • •		<u></u>		• 7b			0
										Prior Year			Current Yea	
Ċ,	8		-							942	,915		1,07	7,764
Revenue	9	•		•	•		••••••••••••••••••••••••••••••••••••••				756			28
eve	10						d) • • • • • • • •				10			24
R	11						)c, and 11e)							0
	12			•			II, column (A), line 1 s 1-3) •••••	,	_	943	,681		1,07	7,816
	14			• •	-	( ).	)							250
		•				( ).	column (A), lines 5-		:—	250	,581			0 19,890
ses							e)			209	,501			0
Expenses		Total fundraisir	•	•		,.	,	176,309						
ЦХр	17	Other expense							. —	608	,822		88	80,816
_	18						mn (A), line 25)		. —		,403			0,956
	19	Revenue less e	expenses	. Subtract I	ine 18 from	line 12					,278		-	3,140)
or									_	nning of Curr			End of Year	
sets -	20	Total assets (P	art X, line	e 16) ••							,150		14	8,471
Net Assets or Fund Balances	21	Total liabilities	(Part X, li	ne 26) 🛛 🔸						56	,235		5	3,696
	_				act line 21 fi	om line 20			•	127	,915		9	4,775
Pa		Signature												
							ing schedules and statem mation of which preparer I			owledge and b	elief, it is			
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Sig	•		e Saco	20										
-		Signature o									Da	ıe		
Her	Ð				utive D	irector								
		I ype or prin Print/Type prepa	nt name and	ulle	Proposa	's signature		Date				PTIN		
Paid	4			<b></b>	Fieparer	s signature			~~	Check	∐ if			
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030	υm	Firm's address	-		ailroad FX 78610	ъt			F	hone no.	E1 0		2201	
Mav	he IRS	 S discuss this re	turn with			ove? (see ir	nstructions) • • •				512-2			No

OMB No. 1545-0047

Form	990 (2019) Well Aware, Inc. 20-5025148	B Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	· · · · <u> </u>
1	Briefly describe the organization's mission:	
	Well Aware provides innovative and sustainable solutions to water scarcity and contaminate	ation in
	Africa. We fund and implement life-saving water systems to drive economic development a	and build
	self-sufficient communities.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	x No
	If "Yes," describe these new services on Schedule O.	X NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
5	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:         ) (Expenses \$	)
	70 Communities served (total); 270,000 lives impacted (total); maintained 100% success in	rate;
	Platinum seal of transparency on Guidestar; 2019 Top Rated Nonprofit on Great Nonprofits	s (6th
	consecutive year); Grew The Village - recurring monthly donors - by 30%; First new bore	
	drilled in Tanzania; Elected a new Executive Director; Broke \$1 Million in revenue for t	the first
	time.	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	(), (	/
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
40		)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses  880,842	

Form	990 (2019) Well Aware, Inc. 20-5025	48	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? • • • • • • • • • • • • • • • • • • •	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III • • • • • •	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII • • • • • • • • • • • • • • • • • •	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
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	x	L
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
20 a		20a		x
b		20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II • • • • • • • • • • • • • • • • • •	21		х

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	• • • • •	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·		23		v
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23		<u>x</u>
<b>2</b> -70	\$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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·		25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	• • • • •	27		х
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, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	• • • • •	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	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 · · · ·	• • • • •	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>		22		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		32		<u>x</u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I • • • • • • • • • • • • • • • • • •		33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		- 33		X
54	or IV, and Part V, line 1.		34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? • • • • • • • • • • • • • • • • • • •		35a		x x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		000		
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		_		
-	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • 1a	18			
b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	х	

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Par	T V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return <b>2a</b>	5		
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 <i>e-file</i> (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	• 4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	- 6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	. 7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	-		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	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?			x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			x
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		x
9	Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	. 9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			x
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:	_		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	· 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • • • • • • • • • 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	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? If "No," provide an explanation on Schedule O			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		1	
	excess parachute payment(s) during the year?	. 15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		x
	If "Yes," complete Form 4720, Schedule O.		I	<u> </u>

Form 990	(2019)
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	1 990 (2019) Well Aware, Inc. 20-50251		P	age 6
Pa	rt 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.			
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year ••••••• 1a 6			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <b>······ 1b</b> 6			
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:	0.0		
a ⊾	The governing body?	8а оь	X	
р 9	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		x
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
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	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		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	х	
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			
	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	466		
Sec	organization's exempt status with respect to such arrangements?	16b		
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 X Upon request Other ( <i>explain on Schedule O</i> )			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
-	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Monica Duck (512)289-6095, 3571 Far West Blvd PMB 229, Austin, TX 78731			
	· · · · · · · · · · · · · · · · · · ·	<b>F</b> orm	000 (*	2010)

Form 990 (20	19) Well Aware, Inc.	20-5025148	Page 7						
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated Employe	es, and						
	Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	ection 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	r within the							

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than

\$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

organization's tax year.

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

	leu organizat		mpe			any cui	Tem			
					(C)					
(A)	(B)	(do n	ot chr		sition	han one		(D)	(E)	(F)
Name and title	Average					s both a		Reportable	Reportable	Estimated amount
	hours	offic	er and	d a di	rector	/trustee)	)	compensation from the	compensation from related	of other compensation
	per week (list any							organization	organizations	from the
	hours for	Indi or d	Inst	Office	Key	emp	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidu	itutic	cer	em	bloye	mer			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ie com				
	below dotted line)	Istee	ruste		ě	pens				
	dotted line)		ĕ			Highest compensated employee				
						-				
(1) Kristen LeClair	2.00									
Finance Chair		х		x				0	0	0
(2) Shannon Owen	<u>2.00</u>							_		_
Fundraising General Member		х		x				0	0	0
(3) Geoffrey Ryder	2.00							_		_
Development Chair		х		x				0	0	0
(4) Andrew Schuster	2.00									
Fundraising General Member		х						0	0	0
(5) Tom Murphy	<u>2.00</u>									
Fundraising General Member		х						0	0	0
(6) Sarah Evans	40.00									
Board Chair				x				0	0	0
(7)										
<u>(8)</u>										
<u>(9)</u>										
(10)										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
										<b>E</b>

_	990 (2019) Well Aware, Inc.										0-5025	148	P	Page <b>8</b>
Part	VII Section A. Officers, Directors, Trustees	s, Key Empl	oyees	, and		-	st Cor	npei	nsated Employees	s (continue	ed)			
	(A) Name and title	(B) Average hours per week	box	, unles	Po ieck n ss pe	rson i	han one s both a r/trustee	in	(D) Reportable compensation from the organization	(E) Reporta compensa from rela organiza	able ation ated	COI	(F) nated am of other mpensat from the	r
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-		orga	anization d organiz	
(15)														
(16)														
<u>(17)</u>														
<u>(18)</u>														
<u>(19)</u>														
<u>(20)</u>														
<u>(21)</u>														
<u>(22)</u>														
<u>(23)</u>														
<u>(24)</u>														
(25)														
1b	Subtotal		• • •	•••	• •	•••	•••	• •						
c d	Total from continuation sheets to Part VII, Sec Total (add lines 1b and 1c)							:	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization		isted a	bove	e) w	ho re	eceive	d mo		of				0
3	Did the organization list any <b>former</b> officer, direct	or, trustee, k	ey emj	ploye	ee, c	or hiç	ghest o	com	pensated				Yes	No
	employee on line 1a? If "Yes," complete Schedule										• • • •	3		x
4	For any individual listed on line 1a, is the sum of r organization and related organizations greater that	•	•					•						
	individual • • • • • • • • • • • • • • • • • • •			• •	••	• •		• •				4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If</i> "Yes,							-				5		v
Sect	ion B. Independent Contractors	, complete (	Scheut	iie J	101 3	Such	perse	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>		x
1	Complete this table for your five highest compens													
	compensation from the organization. Report comp	pensation for	the ca	alenc	dar y	ear	ending	g witl I	-	inization's	tax year.	(0)		
	(A) Name and business addres	SS							(B) Description of service	es		(C) Compens		
2	Total number of independent contractors (includir	ng but not lim	nited to	thos	se li	sted	above	 .) wh	10					
-	received more than \$100,000 of compensation fro	-			•		22010	,						

	00 (2019) Well Aware, Inc.				20-50251	.48 Page \$
Part '	VIII Statement of Revenue					_
	Check if Schedule O contains a response or no	ote to any line in thi	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
Contributions, Gifts, Grants and Other Similar Amounts		458,188 619,576 \$ 211,789				
	h Total. Add lines 1a-1f	Business Code	1,077,764			
Program Service Revenue	2a Merchandise         b         c         d         e         f All other program service revenue         g Total. Add lines 2a-2f	453000	28	28		
	<ul> <li>3 Investment income (including dividends, interest, a other similar amounts)</li> <li>4 Income from investment of tax-exempt bond proce</li> <li>5 Royalties</li> </ul>	and ••••• •••	28	24		
	6a       Gross rents       6a       (i) Real         b       Less: rental expenses       6b       6b         c       Rental income or (loss)       6c       6c         d       Net rental income or (loss)	(ii) Personal				
venue	7a Gross amount from sales of assets other than inventory       (i) Securities         b Less: cost or other basis and sales expenses       7a         c Gain or (loss)       7c	(ii) Other				
Other Rev	d Net gain or (loss)	►				
	c Net income or (loss) from fundraising events         9a Gross income from gaming activities, See Part IV, line 19         b Less: direct expenses					
	<ul> <li>c Net income or (loss) from gaming activities</li> <li>10a Gross sales of inventory, less returns and allowances</li> <li>b Less: cost of goods sold</li> <li>c Net income or (loss) from sales of inventory</li> </ul>	· · · · · · · · · · ·				
Miscellanous Revenue	11a c d All other revenue	Business Code				
Σ	e Total. Add lines 11a-11d		1-077-816	52	0	0

019) Well Aware, Inc. Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all co Check if Schedule O contains a response or note to				[
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	250	250		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16 • • • •				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	215,079	120,509	38,112	56,458
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) ••				
9	Other employee benefits				
10	Payroll taxes • • • • • • • • • • • • • • • • • • •	14,811	8,267	2,581	3,963
11	Fees for services (nonemployees):				
а	Management • • • • • • • • • • • • • • • • • • •	6,557	5,003	613	941
b	Legal				
С	Accounting	9,600	5,358	1,673	2,569
d	Lobbying				
е	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.)	435,129	407,217	3,920	23,992
12	Advertising and promotion				
13	Office expenses	9,774	6,973	443	2,358
14	Information technology	20,736	7,938	194	12,604
15	Royalties				
16	Occupancy	9,072	5,063	1,582	2,427
17	Travel	86,134	84,331	71	1,732
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest • • • • • • • • • • • • • • • • • • •	3,459	1,931	603	925
21	Payments to affiliates				
22	Depreciation, depletion, and amortization •••••				
23	Insurance	1,881	1,050	328	503
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Field Team Fees	17,100	17,100		
b	Meals and Ent.	7,422	5,035	139	2,248
С	Supplies	19,510	10,697	531	8,282
d	In-kind expenses	211,789	190,443	2,260	19,080
e	All other expenses	42,653	3,677	755	38,221
25	Total functional expenses. Add lines 1 through 24e • •	1,110,956	880,842	53,805	176,309
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

# Form 990 (2019) W Well Aware, Inc.

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	72,532	1	137,861
	2	Savings and temporary cash investments	30,015	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,676	4	6,722
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	69,927	9	3,888
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D •••••• 10a			
	b	Less: accumulated depreciation • • • • • • • • • • • • • • • • • • •		10c	
	11	Investments - publicly traded securities		11	
	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 • • • • • • • • • • • • • • • • • •		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	184,150	16	148,471
	17	Accounts payable and accrued expenses ••••••••••••••••••••••••••••••••••	32,587	17	39,103
	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	
Liabilities	22	Loans and other payables to any current or former officer, director,			
oilit		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		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	23,648		14,593
	26	Total liabilities. Add lines 17 through 25	56,235	26	53,696
6		Organizations that follow FASB ASC 958, check here			
čě		and complete lines 27, 28, 32, and 33.			
alan	27	Net assets without donor restrictions	127,915	27	94,775
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
ц		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	127,915	32	94,775
	33	Total liabilities and net assets/fund balances	184,150	33	148,471

EEA

Form 990 (2019)

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       1         1       Total expenses (must equal Part VII, column (A), line 25)       2       1,110,255         2       Total expenses (must equal Part VII, column (A), line 25)       3       (33,140)         4       127,915       3       (33,140)         5       Revenue less expenses. Subtract line 2 from line 1       3       (33,140)         4       127,915       Set unrealized gains (losses) on investments       6         6       7       6       6       7         7       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0         2       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0         11       Accounting method used to prepare the Form 990:       Cash       Accrual       Other       1         11       Accounting method used to prepare the Form 990:       Cash       Accrual	Form	990 (2019) Well Aware, Inc. 2	0-5025148	3	Pa	ige <b>12</b>
1       Total revenue (must equal Part VIII, column (A), line 12)       1       1,077,816         2       Total expenses (must equal Part IX, column (A), line 25)       2       1,110,956         3       3       3       13,140,956         Revenue (less expenses, Subtract line 2 trom line 1       3       (33,140)         4       127,915       5       Net unrealized gains (losses) on investments       5         5       Donated services and use of facilities       7       7         7       1       7       7       7         8       Prior period adjustments       8       9       0         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pai	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       1,110,956         3       Revenue less expenses. Subtract line 2 from line 1       3       (33,140)         4       127,915       5       Net unrealized gains (losses) on investments       5         6       Donated services and use of facilities       6       6         7       7       8       6         8       0       0       9       0         10       Net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       94,775         Part XII       Financial Statements and Reporting       10       94,775         7       Accounting method used to prepare the Form 900:       Cash       Accrual       Other         1       Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       x         1       Yee, 'hock a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis, or both:       2b       x         1       Yee, 'hock abox		Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
3       Revenue less expenses. Subtract line 2 from line 1       3       (33,140)         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       127,915         5       Net unrealized gains (losses) on investments       5       6       6         7       7       7       7         8       9       0       0         10       Net assets or fund balances (explain on Schedule O)       8       9       0         10       Net assets or fund balances (explain on Schedule O)       8       9       0         22, column (B)	1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,0	077,	816
4       127,915         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       127,915         5       Bonated services and use of facilities       6       7         6       7       7       8         7       7       8       9       0         9       0 ther changes in net assets or fund balances (explain on Schedule O)       9       0       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       94,775         Part XII       Financial Statements and Reporting       10       94,775         Check if Schedule O contains a response or note to any line in this Part XII       10       94,775         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       x         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       x         11       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       x       x         11	2		2	1,	110,	956
5       Net unrealized gains (losses) on investments       5         6       6         7       6         7       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       9         10       94,775         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash         2       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         2       Were the organization's financial statements combiled or separate basis.       Consolidated basis, or both:         2       Separate basis       Consolidated basis, or both:       2b       x         3       Separate basis       Consolidated basis, or both:       2c       x         3       Separate basis       Consolidated basis, or both:       2b       x     <	3	Revenue less expenses. Subtract line 2 from line 1	3		(33,	140)
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       94,775       9         Part XII       Financial Statements and Reporting       10       94,775         Part XIII       Financial Statements complete or note to any line in this Part XII       1       10       94,775         Part XII       Financial Statements complete or note to any line in this Part XII       1       10       94,775         Part XII       Financial Statements complete or reviewed or the contains a response or note to any line in this Part XII       10       94,775         2a       X       Yes       No       1       10       94,775         2a       X       Yes       No       10       10       10       10       10       10       10       10       10       10	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		127,	915
Investment expenses       7         8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       9         10       Net assets or fund balances (explain on Schedule O)       10         9       Column (B)       94,775         Part XII       Financial Statements and Reporting       10         Check if Schedule O contains a response or note to any line in this Part XII       10         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         If "Yes," the k abox below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee tha	5	Net unrealized gains (losses) on investments	5			
8 Prior period adjustments   9 Other changes in net assets or fund balances (explain on Schedule O)   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line   32. column (B)) 10   9 94.775   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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? If "Yes," to line 2a or 2b, does the organization required to undergo an audit or audits as set forth in the single Audit Act and OMB Circular A-133? May a set organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the single Audit Act and OMB Circular A-133? May a set organi	6	Donated services and use of facilities	6			
9       Other changes in net assets or fund balances (explain on Schedule O)       9       0         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       94,775         Part XII       Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII       1       10       94,775         1       Accounting method used to prepare the Form 990:       Cash       Cash       Accrual       Other       10       10       94,775         2       Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Yes       No         2a       X       If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. or both:       2a       X         1       Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. consolidated basis.       Both consolidated and separate basis       2b       X         1       Were the organization's financial statements and idependent accountant?       2c       2c       1         16       Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis.       Both consolidated and separate basis       2b       X       16 </th <th>7</th> <th></th> <th>7</th> <th></th> <th></th> <th></th>	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       94,775         Part XII       Financial Statements and Reporting       94       94       94         Check if Schedule O contains a response or note to any line in this Part XII       94       94       94         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       94       94         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10       94       75         2a       x       If the organization's financial statements compiled or reviewed by an independent accountant?       2a       x       1         2a       were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x       1         3       Were the organization's financial statements combiled or reviewed by an independent accountant?       2b       x       1       1       2b       x       1       1       2b       x       1       1       1       2b       x       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1 </th <th>8</th> <th>Prior period adjustments</th> <th>8</th> <th></th> <th></th> <th></th>	8	Prior period adjustments	8			
32, column (B))       94,775         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII       Image: Check a lock of Check and the ther the financial statements for the year were compiled or reviewed on a separate basis.       Consolidated basis.       Consolidated basis.       Consolidated basis.       Check and Che	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
Check if Schedule O contains a response or note to any line in this Part XII       Yes         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construction of the construction of t			10		94,	775
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pai	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other		Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
If the organization changed its method of accounting from a prior year or checked "Other," explain in       2a         Schedule O.       2a         Vere the organization's financial statements compiled or reviewed by an independent accountant?       2a         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a         Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b         X       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?       2c       2c         If the organizatio			,		Yes	No
Schedule O.       2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       x         If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Both consolidated and separate basis       2b       x         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       2c         If the organization changed either its oversight process or selection process during the tax ye	1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_			
2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       x         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         If "Yes," check a box below to indicate whether the financial statements accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         c       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       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x <tr< th=""><th></th><th>If the organization changed its method of accounting from a prior year or checked "Other," explain in</th><th></th><th></th><th></th><th></th></tr<>		If the organization changed its method of accounting from a prior year or checked "Other," explain in				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Image: Consolidated basis, or consolidated basis, or both:       Image: Consolidated basis, consolidated basis, or both:       Image: Con		Schedule O.				
reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis         b       Separate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2c       2c         c       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       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       x         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
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b       Were the organization's financial statements audited by an independent accountant?       2b       x         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       x         c       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       x         is generate basis       Consolidated basis       Both consolidated and separate basis       2b       x         c       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       2c         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       3b		reviewed on a separate basis, consolidated basis, or both:				
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:       Image: Consolid		Separate basis Consolidated basis Both consolidated and separate basis				
separate basis, consolidated basis, or both:   Separate basis   C 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?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	b	Were the organization's financial statements audited by an independent accountant?		2b		x
Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis       Consolidated basis <th></th> <th>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a</th> <th></th> <th></th> <th></th> <th></th>		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
c       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 on Schedule O.       2c         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits       3b       3b						
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 on Schedule O.       2c         3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       x         b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b						
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Schedule O.       3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       x         Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       3b		the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b		If the organization changed either its oversight process or selection process during the tax year, explain on				
Single Audit Act and OMB Circular A-133?       3a       x         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3a       x		Schedule O.				
b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b	3a					
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		-		3a		x
	b					
		required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form 990 (2019)

SCI	IED	ULE	Α
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# **Public Charity Status and Public Support**

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Complete if the organization

OMB No. 1545-0047

2019

Inspection

i is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	2019
Attach to Form 990 or Form 990-EZ.	Open to Public

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

Name	me of the organization Employer identification number							
Wel	ell Aware, Inc. 20-5025148							
	rt I	Reason for Public Charity	<b>y Status</b> (All or	ganizations must c	omplete	this par	t.) See instructions	3.
The	orgai	nization is not a private foundation bec	ause it is: (For line	s 1 through 12, check on	ly one box	.)		
1		A church, convention of churches, or	association of chui	ches described in <b>sectio</b>	on 170(b)(′	l)(A)(i).		
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ).)			
3		A hospital or a cooperative hospital se	ervice organization	described in section 17	0(b)(1)(A)	(iii).		
4	4 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 bene	efit of a college or ι	iniversity owned or opera	ted by a g	overnment	al unit described in	
		section 170(b)(1)(A)(iv). (Complete F	Part II.)					
6		A federal, state, or local government	or governmental ur	nit described in section 1	70(b)(1)(A	.)(v).		
7	х	An organization that normally receive	s a substantial part	of its support from a gov	vernmental	unit or fro	m the general public	
		described in section 170(b)(1)(A)(vi)	. (Complete Part II.	)				
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II.)				
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ated in con	junction w	th a land-grant college	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter th	e name, ci	ty, and sta	te of the college or	
		university:						
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributio	ons, memb	ership fees, and gross	
		receipts from activities related to its early	xempt functions - s	ubject to certain exception	ons, and (2	) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	1511 tax) f	rom businesses	
	_	acquired by the organization after Jur	ne 30, 1975. See <b>s</b>	ection 509(a)(2). (Comp	lete Part II	.)		
11		An organization organized and operation	ted exclusively to te	est for public safety. See	section 5	09(a)(4).		
12		An organization organized and operation	ted exclusively for	the benefit of, to perform	the function	ons of, or to	carry out the purpose	S
		of one or more publicly supported org	anizations describ	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section 509(a)(3)	
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	anization a	nd comple	te lines 12e, 12f, and 1	2g.
	а	<b>Type I.</b> A supporting organization	operated, supervi	sed, or controlled by its s	upported of	organizatio	n(s), typically by giving	
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	rectors or	trustees of the	
		supporting organization. You mu	st complete Part I	V, Sections A and B.				
	b	<b>Type II.</b> A supporting organization	n supervised or co	ntrolled in connection with	h its suppo	rted organ	ization(s), by having	
		control or management of the sup	oporting organization	on vested in the same pe	rsons that	control or	manage the supported	
		organization(s). You must comp	lete Part IV, Section	ons A and C.				
	С	Type III functionally integrated.	A supporting orga	nization operated in conr	nection with	n, and fund	tionally integrated with	3
		its supported organization(s) (see	e instructions). You	must complete Part IV	, Sections	A, D, and	Ε.	
	d	Type III non-functionally integra	ated. A supporting	organization operated in	connectio	n with its s	upported organization(	s)
		that is not functionally integrated.	<b>v</b>			•	nt and an attentiveness	5
		requirement (see instructions). Ye	-					
	е	Check this box if the organization				s a Type I,	Type II, Type III	
		functionally integrated, or Type III	•	• • • •				
	f	Enter the number of supported organi		• • • • • •				••••
	g	Provide the following information about						
	(1	) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	•	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum		instructions)	instructions)
					Yes	No		
					162	NO		
(A)								
(B)								
(B)								
(C)								
<u> </u>								
(D)								

(E) Total

	(Complete only if you checked th	hov on line		Part I or if the			
	Part III. If the organization fails to				•		
50	ction A. Public Support	yuany unue		ieu below, pi	ease comple	le Fait III.)	
		() 0045	(1) 0040	() 0047	( 1) 00 ( 0)	( ) 0040	
-	endar year (or fiscal year beginning in)►	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	326,782	488,005	504,034	784,406	1,077,764	3,180,991
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	326,782	488,005	504,034	784,406	1,077,764	3,180,991
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)						E0 710
6	Public support. Subtract line 5 from line 4						52,718
	ction B. Total Support						3,128,273
	endar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4 · · · · · · · · · · · ·						
7		326,782	488,005	504,034	784 <b>,</b> 406	1,077,764	3,180,991
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
	similar sources	1	1		10	24	36
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.)					28	28
11	5						3,181,055
12	Gross receipts from related activities, etc. (s					12	
13							
_	organization, check this box and stop here						►
Se	ction C. Computation of Public Suppo						
14	Public support percentage for 2019 (line 6, c					14	98.34 %
15	Public support percentage from 2018 Sched					15	95.81 %
16a	a 33 1/3% support test - 2019. If the organization						
box and stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check							
this box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is							
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						
ł	0 10%-facts-and-circumstances test - 2018.	If the organiza	tion did not ch	eck a box on li	ne 13, 16a, 16	b, or 17a, and	line
	15 is 10% or more, and if the organization m	eets the "facts-	-and-circumsta	ances" test, che	eck this box ar	nd stop here.	
	Explain in Part VI how the organization meet						
	supported organization						_
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, or	r 17b, check th	is box and see	•
	instructions						▶ □

M 990 or 990-EZ) 2019Well Aware, Inc.20-5025148Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Page 2

Schedule A (Form 990 or 990-EZ) 2019

Part II

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury Internal Revenue Service

Well Aware

Name of the organizatio

# Schedule of Contributors

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

to	www.irs.gov/Fe	o <i>rm990</i> for t	he latest	information.

anization	Employer ide	ntification number
, Inc.	20-50	25148

#### Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<b>X</b> 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

► Go

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

**X** 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.

**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).

Schedule B	(Form	990,	990-EZ,	or 990	)-PF)	(2019)

Page 2 Employer identification number

Well Aware, Inc.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>81,711</u>	Person x Payroll Noncash (Complete Part II for				
	***********************		noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_2_	<u>*************************************</u>	\$ 36,513	Person <u>⊾</u> Payroll ⊡ Noncash ⊡				
	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$7,100	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>57,750</u>	PersonxPayrollNoncash(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_5_	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$25,000	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$16,000	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)				

Page 2

Well Aware, Inc.

Employer identification number 20-5025148

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_7	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$12,362	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>12,500</u>	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$10,000	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>    10     </u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$11,500	Person     Image: Complete       Payroll     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>11</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u> </u>	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>12</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$10,407	Person x Payroll Noncash (Complete Part II for noncash contributions.)		

Page 2 Employer identification number

Well Aware, Inc.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>13</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>10,264</u>	Person     x       Payroll        Noncash        (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_14	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>15</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$10,000	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for       noncash     contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_16	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>7,272</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>17</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>20,750</u>	Person     Image: Complete       Payroll     Image: Complete       (Complete     Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
<u>18</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$10,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)				

Page 2 Employer identification number

Well Aware, Inc.

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>19</u>	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>9,602</u>	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_20	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_21	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>6,276</u>	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_22	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>5,565</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>7,620</u>	Person     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_24	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$20,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 Employer identification number

Well Aware, Inc.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_25	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_26	<u>*************************************</u>	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_27	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_28	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
29	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u> </u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
30	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$ <u>5,110</u>	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)				

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Page 2 Employer identification number

Well Aware, Inc.

Part I	<b>Contributors</b> (see instructions). Use duplicate copie	s of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<u>*************************************</u>	\$5,233	Person     Image: Complete       Payroll     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$5,000	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	<u>xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</u>	\$5,000	Person     Image: Complete       Noncash     Image: Complete       (Complete     Part II for       noncash     contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D	
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the

# **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

2019

Open to Public Inspection

•	Go to www.irs.gov/Form990 for instructions and the latest informa	tion.
		Employer identification

Name	or the organization			mployer identification number
	1 Aware, Inc.			20-5025148
Pa				nts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, lin	e 6.	
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year ••••••••••••••••			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year ••••••••••••			
5	Did the organization inform all donors and donor advisors in w	•		
	funds are the organization's property, subject to the organizati	on's exclusive legal contro	?	· · · · · · · · · L Yes 📋 No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant	funds can be used	
	only for charitable purposes and not for the benefit of the donc	or or donor advisor, or for a	iny other purpose	
_	conferring impermissible private benefit?			· · · · · · · · · L Yes L No
Pa	rt II Conservation Easements.		_	
	Complete if the organization answered "Yes" of		าе 7.	
1	Purpose(s) of conservation easements held by the organization		-	
	Preservation of land for public use (e.g., recreation or edu	cation)	5	historically important land area
	Protection of natural habitat	L	Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contributior	n in the form of a cons	servation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic strue			2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a		
	5			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terr	minated by the organ	ization during the
	tax year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period	• ·	•	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and e	enforcing conservation	n easements during the year
	• <u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enfor	cing conservation eas	sements during the year
_	►\$			
8	Does each conservation easement reported on line 2(d) above	, ,		
	and section 170(h)(4)(B)(ii)?			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservatio		•	
	balance sheet, and include, if applicable, the text of the footno	te to the organization's fina	ancial statements tha	t describes the
Da	organization's accounting for conservation easements.  rt III Organizations Maintaining Collections	of Art Historical T	roasuros or Ot	hor Similar Assots
га	Complete if the organization answered "Yes"			nei Siinnai Assets.
4.0	· · · · · · · · · · · · · · · · · · ·			anaa ahaat warka
1a	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ			
	•			
Ŀ	service, provide, in Part XIII the text of the footnote to its finan			a haat warka of
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, of re	search in jurtherance	
	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 trea		ets for financial gain,	provide the
	following amounts required to be reported under FASB ASC 9	•		
а	Revenue included on Form 990, Part VIII, line 1			···· ► \$

**b** Assets included in Form 990, Part X

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

▶ \$

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	ule D (Form 990) 2019 Well Aware, Inc						20-5025		Page 2
Pa	rt III Organizations Maintaining	Collections of	Art, Hi	storical	Treasures	<u>, or O</u>	ther Similar As	ssets (co	ntinued)
3	Using the organization's acquisition, accessio	n, and other records	, check ar	ny of the foll	lowing that ma	ake sigr	nificant use of its		
	collection items (check all that apply):								
а	Public exhibition		d	Loan d	or exchange p	program	IS		
b	Scholarly research		е	Other					
с	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they	further the	organization's	s exemp	t purpose in Part		
	XIII.		,		0				
5	During the year, did the organization solicit or	receive donations of	f art. histo	rical treasu	res. or other s	similar			
	assets to be sold to raise funds rather than to							Tes Yes	
Pa	rt IV Escrow and Custodial Arra			<b>J</b>					
	Complete if the organization		on Forr	n 990, Pa	art IV, line	9, or r	eported an amo	ount on F	orm
	990, Part X, line 21.			-		-	•		
1a	Is the organization an agent, trustee, custodia	n or other intermedia	arv for cor	ntributions o	or other assets	s not			
								. TYes	□ No
b	If "Yes," explain the arrangement in Part XIII a								
			j				Amo	ount	
с	Beginning balance					. 10			
d	Dogining balance								
e	· · · · · · · · · · · · · · · · · · ·					. 16			
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fo					· -		Yes	No
b	If "Yes," explain the arrangement in Part XIII.							_	
	rt V Endowment Funds.		planation						
	Complete if the organization	answered "Yes"	on For	n 990 Pa	art IV line	10			
			1	rior year	(c) Two years		(d) Three years back	(e) Four y	aara baak
1a	Beginning of year balance	(a) Current year		nor year	(C) TWO years	DACK	(u) Three years back	(e) Foury	ears Dack
b	Contributions								
c	Net investment earnings, gains, and								
Ŭ									
d	Grants or scholarships								
e	Other expenditures for facilities and								
U	programs								
f	Administrative expenses								
	End of year balance								
g 2	Provide the estimated percentage of the curre	L	l (line 1 au)	column (a))	held as:				
-	Board designated or quasi-endowment	•	(inte rg, v						
b		/0							
c	Term endowment  %	0							
C	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%							
3a	Are there endowment funds not in the posses	•	ion that a	re held and	administered	for the			
ou	organization by:	Sion of the organizat	ion that a		aaministerea			<b></b>	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sch	edule R?.				3b	
4	Describe in Part XIII the intended uses of the	•						0.0	
	rt VI Land, Buildings, and Equip		mentiun						
	Complete if the organization		on Forr	n 990. Pa	art IV, line	11a. S	See Form 990. I	Part X, lir	ne 10.
	Description of property	(a) Cost or oth			or other basis		Accumulated	(d) Book	
	···· · · · · · · · · · · · · · · · · ·	(investm			other)	• •	epreciation	(,,)	
1a	Land			1					
b	Buildings			1					
c	Leasehold improvements			1					
d				1					
e	Other			1					
	I. Add lines 1a through 1e. (Column (d) must e		X. colum	1 (B), line, 1	0c.)				
		,	., - <b>3</b> .a.m	,=,,					

Schedule D (Form 990) 2019

i alt fil	Complete if the organization answered	d "Yes" on For	m 990, Par	rt IV, line 1	1b. See Forr	m 990, Part X, line 12
	(a) Description of security or category (including name of security)		<b>(b)</b> Book va	alue		c) Method of valuation: or end-of-year market value
(1) Financial d	erivatives					
2) Closely-he	d equity interests					
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)	(b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>				
Part VIII	Investments - Program Related.					
	Complete if the organization answered	d "Yes" on For	m 990. Pai	rt IV. line 1	1c. See Forr	n 990. Part X. line 13
	(a) Description of investment		(b) Book va	aiue		c) Method of valuation: or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.					
Fallin	Complete if the organization answered	l "Ves" on For	m 000 Dar	rt IV/ line 1	1d See Forr	n 000 Part X line 15
			in 990, r ai		10. 5661 011	
(1)	( <b>a</b> ) De	escription				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 15.)				🕨	
Part X	Other Liabilities.					
	Complete if the organization answered line 25.	d "Yes" on ⊦or	m 990, Pai	rt IV, line 1	1e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue	_		
(1) Federal ir	come taxes			-		
(2)Accrued			10,000	-		
	Liabilities		4,593	_		
(4)						
(5)						
(6)						
(7)						
(8)						
(9) Fatal (Column (	must actual Form 000 Bart V and (B) line 25		14 600			
	b) must equal Form 990, Part X, col. (B) line 25.) •		14,593	ia n la fin an aia		t second dis

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

20-5025148

Page 3

Schedule D (Form 990) 2019

Part VII

Well Aware, Inc.

Investments - Other Securities.

organization entered more than \$15,000 on Form 990-EZ, line 6a.	SCHEDULE G	Supplemen	tal Information	on Regard	ding Fund	draising or Gar	ning Ac	tivities	OMB No. 1545-0047	
	(Form 990 or 990-EZ) Department of the Treasury		Open to Public							
Wall Aware, Inc.       20-5025148         Parti Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 filers are not required to complete this part.       Indicate whether the organization raised funds through any of the following activities. Check all that apply. <ul> <li>Indicate whether the organization raised funds through any of the following activities. Check all that apply.</li> <li>In-person solicitations</li> <li>In-person solicitation are an address of individual (in) Activity</li> <li>In-person are address of individual (in) Activity</li> <li< td=""><td></td><td>►G</td><td>o to www.irs.gov/r</td><td>orm990 for in</td><td>structions and</td><td>d the latest informatio</td><td>on.</td><td>Employer ide</td><td></td></li<></ul>		►G	o to www.irs.gov/r	orm990 for in	structions and	d the latest informatio	on.	Employer ide		
Part I       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 filers are not required to complete this part.         a       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       •         b       Internet and email solicitations       •       Solicitation of government grants         c       Phone solicitations       •       Solicitation of government grants         d       In-person solicitations       •       Solicitation of the organization have a written or onal agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraiser have custody or control of contr	C C									
Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail Solicitations <ul> <li>Solicitation of non-government grants</li> <li>Solicitations</li> <li>Solicitations</li> <li>Solicitation of government grants</li> <li>Solicitations</li> <li>Solicitations</li> <li>Solicitations</li> <li>Solicitations</li> <li>Solicitations</li> <li>Solicitation ave a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?</li> <li>Ves</li> <li>No</li> <li>If "Yes." Is the 10 highest paid individual</li> <li>(in) Activity</li> <li>(iii) Activity</li> <li>(iv) Armount paid to (or retained by) fundraiser)</li> <li>(iv) Armount paid to (or retained by) fundraiser)</li> <li>(iv) Armount paid to (or retained by) fundraiser)</li> <li>(iv) Armount paid to (or retained by)</li> <li>(iv) Armount paid to (or retained by)</li> <li>(iv) Armount paid to (or retained by)</li> <li>(iv</li></ul>	Part I Fundraisi	na Activities	Complete if t	he organiz	zation ans	wered "Yes" or	Form 9	90 Part I	/ line 17	
1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internent and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events       Image: Special fundraising services?       rest       No         2       Dott the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990. Part VII) or entity in connection with professional fundraising services?       Yes       No         bit f*Yes, "list the 10 highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5.000 by the organization.       (ii) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be control of contr		-	-	-				oo, r arri	,	
a       Mail solicitations       a       Solicitation of non-government grants         b       internet and email solicitations       c       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events       No         b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (w) Gross receipts       (w) Amount paid to (or retained by) organization         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       (w) Gross receipts       (w) Amount paid to (or retained by) organization         1       Yes       No       Internet ad email solicitation of non-government grants       (w) Amount paid to (or retained by) organization         1       Yes       No       Internet activity       (w) Amount paid to (or retained by) organization         2       Internet activity       Yes       No       Internet activity			•	•		ties. Check all that a	vlaa			
b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 390, Part VII) or entity in connection with professional fundraising services?       I ves       I ves       I no         b       If "ves," its the 10 highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual or entities (fundraiser) pursuant to agreements under which the fundraiser is to be control of or entity (fundraiser)       (iv) Gross receipts from activity       (vf) Amount paid to (or retained by) or entity in control of control of control of or entity (fundraiser)       (vf) Amount paid to (or retained by) or entity in control of co	_	a Mail solicitations e Solicitation of non-government grants								
c       Phone solicitations       g       Special fundraising events         d       In-person solicitations       g       Special fundraising events         2a       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or kay employees listed in Form 990, Part VII) or entity in connaction with professional fundraising services?       g       No         b       the organization have a written or oral agreement with any individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       Yes       Yes       No         (i) Name and address of individual or entities (fundraiser have or orbity (fundraiser) yor control of contributions?       (ii) Annount paid to (or retained by) fundraiser is used in contributions?       (iii) Annount paid to (or retained by) fundraiser is used in contributions?         1       Yes       No       Yes       No         1       Yes       No       Yes       Yes         3       Interpreting of the organization       Interpreting of the organization       Interpreting of the organization         6       Interpreting of the organization       Interpreting of the organization       Interpreting of the organization         8       Interpreting of the organization       Interpreting of the organization       Interpreting of the organization         9       Interpreting of	<b>b</b> Internet and emai									
a In-person solicitations         2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 90, Part VII) or entity in connection with professional fundraising services?       Yes       No         b tf "Yes;" list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Name and address of individual (iii) Activity       (iii) Did fundraiser have control of contributions?       (v) Amount paid to (or retained by) form activity fundraiser listed by) form activity fundraiser (bised) or control of contributions?       (v) Amount paid to (or retained by) form activity fundraiser listed by) form activity fundraiser (bised) or control of contributions?       (v) Amount paid to (or retained by) form activity fundraiser listed by) form activity fundraiser (bised) or control of contributions?       (v) Amount paid to (or retained by) form activity fundraiser listed by) form activity fundraiser listed by) form activity fundraiser (bised) or control of contributions?         1       Yes       No         2       Image: Im	c Phone solicitation	S		=		•				
or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b ff "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Did fundraiser have control of control under which the fundraiser listed in corrections?       (v) Amount paid to (or retained by) fundraiser listed in collections?         (i) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser listed in coll. (i)         1       Yes       No       (v) Amount paid to (or retained by) fundraiser listed in coll. (i)       (v) Amount paid to (or retained by) fundraiser listed in coll. (i)         2       Image: State Sta	d 🗌 In-person solicitat	ions		• _		Ū				
b       If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (iii) Did fundraiser have custody or control of contributions?       (iv) Gross receipts from activity       (iv) Amount paid to (or retained by) fundraiser listed in col. (j)         1       Yes       No       (iv) Amount paid to (or retained by) fundraiser listed in col. (j)       (vi) Amount paid to (or retained by) organization         2       Image: State in the individual or entities (fundraiser individual or entities (fundraiser)       Image: State individual or entities (fundraiser)       (vi) Gross receipts from activity fundraiser is to be contributions?         3       Yes       No       Image: State in the individual or entities (fundraiser)       (vi) Amount paid to (or retained by) organization         4       Image: State in which the organization       Image: State or individual or entities (fundraiser)       Image: State or individual or entities (fundraiser)       Image: State or individual or entities (fundraiser)         9       Image: State or individual or entities (fundraiser)       Image: State or individual or entities (fundraiser)       Image: State or individual or entities (fundraiser)         1       Image: State or individual or entindividual or entindividual or entities (fund	2a Did the organization	have a written or	oral agreement w	ith any indivi	dual (includir	ng officers, directors	, trustees,			
compensated at least \$5,000 by the organization.         (i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have control of contributions?       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser listed in control of contributions?         1       Yes       No       (v) Gross receipts from activity       (vi) Amount paid to (or retained by) fundraiser listed in control of contro	or key employees lis	ted in Form 990,	Part VII) or entity	in connection	with profess	sional fundraising se	ervices?	🗌 Y	'es 🗌 No	
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       (iii) Did fundraiser have custedy or control of contributions?       (iv) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser have control of contributions?       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser have control of contributions?       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser have control of contributions?       (v) Gross receipts from activity       (v) Amount paid to (or retained by) fundraiser have control of contributions?       (v) Amount paid to (or retained by) fundraiser have control of control	b If "Yes," list the 10 hi	ghest paid individ	duals or entities (f	undraisers) p	ursuant to ag	greements under wh	nich the fur	draiser is to	be	
(ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (iii) Orass receipts contributions?       (i) Gross receipts from activity       (i) Gross receipts from activity       (i) Gross receipts from activity       (i) Gross receipts from activity       (ii) Activity       (iii) Activity       (iiii) Activity       (iiii) Activity       (iii) Activity       (iii) Activity       (iii) Activity       (iiii) Activity       (iiiiiii) Activity       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	compensated at leas	t \$5,000 by the o	rganization.							
(ii) Name and address of individual or entity (fundraiser)       (iii) Activity       (iii) Activity       (iii) Orass receipts contributions?       (i) Gross receipts from activity       (i) Gross receipts from activity       (i) Gross receipts from activity       (i) Gross receipts from activity       (ii) Activity       (iii) Activity       (iiii) Activity       (iiii) Activity       (iii) Activity       (iii) Activity       (iii) Activity       (iiii) Activity       (iiiiiii) Activity       (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii										
Yes         No           1         Yes         No           2         Image: Sector of the sector of			(ii) Activity	custody or	r control of		(or re	tained by)	(or retained by)	
1       Image: Control of the second of the se				Contrib	utions?		c	ol. (i)	organization	
2       Image: Ima				Yes	No					
3 Image: I	1									
3 Image: I										
4       Image: Ima	2									
4       Image: Ima										
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6   7   8   9   10   Total	4									
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8   9   10     Total · · · · · · · · · · · · · · · · · · ·										
9   10   Total · · · · · · · · · · · · · · · · · · ·	7									
9   10   Total · · · · · · · · · · · · · · · · · · ·										
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10       Image: Constraint of the second of t										
Total · · · · · · · · · · · · · · · · · · ·	9									
Total       Image: Constraint of the constra										
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	10									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from				1						
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	Total				•					
							tified it is a	vempt from		
		•		501360 10 301				, on perion		

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

Well Aware, Inc.

20-5025148 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than	\$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Shower Strik	Holiday Even	None	(add col. <b>(a)</b> through col. <b>(c)</b> )
0			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	308,849	167,324		476,173
_	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	308,849	167,324		476,173
	4	Cash prizes				
	5	Noncash prizes				
	Ŭ					
Direct Expenses	6	Rent/facility costs • • • • • • •				
Expe	7	Food and beverages • • • • •				
ect I						
Dir	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines		• • • • • • • • • • • • • • •		484 489
Pa	11 rt II	Net income summary. Subtract line <b>Gaming.</b> Complete if the c				476,173
10		\$15,000 on Form 990-EZ,				more than
		\$10,000 0H 1 0HH 000 LL,		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
8	1	Gross revenue				
es	2	Cash prizes •••••				
Direct Expenses	3	Noncash prizes				
Exp	3					
rect	4	Rent/facility costs				
Ō						
	5	Other direct expenses • • • • •				
	6	Volunteer labor	∐         Yes         %           □         No         %	└── Yes % │	└ Yes % └ No	
	-					
	7	Direct expense summary. Add lines	2 through 5 in column (d)			
	8	Net gaming income summary. Subt	ract line 7 from line 1, colur	mn (d) • • • • • • • • • •		
9		ter the state(s) in which the organizat				
a L		he organization licensed to conduct o	gaming activities in each of	these states?		Yes 📙 No
b	II 1	No," explain:				
10a	We	ere any of the organization's gaming I	icenses revoked, suspende	ed, or terminated during the	tax year?	Yes 🗌 No
		ere any of the organization's gaming l Yes," explain:	icenses revoked, suspende	ed, or terminated during the	tax year? • • • • • •	•••• Yes 🗌 No

## SCHEDULE M (Form 990)

Department of the Treasury

# **Noncash Contributions**

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

► Attach to Form 990.

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

2019 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service	
Name of the organization	

Go t	0	www.irs.g	gov/F	orm990	) for	instruct	ions	and	the	latest	inf	form	atio	on
------	---	-----------	-------	--------	-------	----------	------	-----	-----	--------	-----	------	------	----

Employer identification number 20-5025148

	Aware, Inc.				20-5025	5148			
Part	I Types of Property	i		1					
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VI	ed on	Method on noncash cor			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded • • • • •								
10	Securities - Closely held stock • • • •								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other					ļ			
18	Collectibles					ļ			
19	Food inventory					L			
20	Drugs and medical supplies • • • •					L			
21	Taxidermy					L			
22	Historical artifacts					ļ			
23	Scientific specimens					ļ			
24	Archeological artifacts					ļ			
25	Other (Proj Consultant)	x	46	1	L90,443				
26	Other (Event Related )	x	12		19,086	ļ			
27	Other (Office furnishi)	x	1		2,260	<b> </b>			
28	Other ►( )		l de la construcción de la constru			<u>                                       </u>			
29	Number of Forms 8283 received by the o	0	0 ,						
	which the organization completed Form	8283, Part IV	, Donee Acknowledgement			29		Vaa	Na
20-	During the year did the experience	oive by contr	ibution only property reported in	Dort Llinco 1 throu	ab			Yes	No
30a	During the year, did the organization rec				-				
	28, that it must hold for at least three yea						200		17
h	to be used for exempt purposes for the e	-					30a		x
b 24	If "Yes," describe the arrangement in Pa		bet requires the review of envir	anatandard					
31	Does the organization have a gift accept						24		
222							31		х
32a	Does the organization hire or use third p		ted organizations to solicit, pro-				32a		v
h	contributions? ••••••••••••••••••••••••••••••••••••						528		x
		at in column	(c) for a type of property for whi	ich column (a) is ch	ockod				
33	If the organization didn't report an amound		(c) for a type of property for Wh	ion column (a) is che	JUNEU,				
	describe in Part II.								

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

### 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
2019
Open to Public

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: \$407,217; Fundraising: \$23,992; Management: \$3,920

Form	8	8	7	9	-E	0
	_	-	-	_		_

## **IRS** e-file Signature Authorization for an Exempt Organization

, and ending

OMB No. 1545-1878

2019

Department of the Treasury Internal Revenue Service Name of exempt organization Do not send to the IRS. Keep for your records.

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

Employer identification number

20-5025148

Well Aware, Inc. Nar

ne and title	e of c	officer	

#### Kareece Sacco, Executive Director Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2019, or fiscal year beginning

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.

	Form 990 check here <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) • • • • • • • • • • • • • • • • • • •	1,077,816
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9) • • • • • • • • • • • • • • • • • •	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) •••••••4b	
5a	Form 8868 check here <b>b</b> Balance Due (Form 8868, line 3c) • • • • • • • • • • • • • • • • • • •	

#### **Declaration and Signature Authorization of Officer** Part II

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 2019 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	l authorize Rupert & Associates ERO firm name	to enter my PI	Enter five numbers, but	_ as m	y signature
			do not enter all zeros		
	on the organization's tax year 2019 electronically filed return. If l being filed with a state agency(ies) regulating charities as part o ERO to enter my PIN on the return's disclosure consent screen.	f the IRS Fed/State			
	As an officer of the organization, I will enter my PIN as my signa If I have indicated within this return that a copy of the return is b the IRS Fed/State program, I will enter my PIN on the return's di	eing filed with a stat	e agency(ies) regulatir		
Officer's si	ignature		Date 🕨	06-	-17-2020
Part I	III Certification and Authentication				
ERO's E	<b>EFIN/PIN.</b> Enter your six-digit electronic filing identification				
number	(EFIN) followed by your five-digit self-selected PIN.		7471	23	48059
	. ,				Do not enter all zeros
indicate	that the above numeric entry is my PIN, which is my signature or d above. I confirm that I am submitting this return in accordance tion for Authorized IRS <i>e-file</i> Providers for Business Returns.				
ERO's sigi	nature		Date 🕨	09-	-22-2020
	ERO Must Retain Th Do Not Submit This Form to			Do So	0

For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2019)

EEA

990 Overflow Statement		<b>2019</b> Page 1	
Name(s) as shown on return	I	FEIN	<b>_</b>
Well Aware, Inc.		20-50251	L48
Description		Amount	
<u> </u>			76
Bank Fees			73
Shipping and delivery			80
Membership and dues			58
Facility and equipment rental			16
Payroll fees			36
Postage and mailing			24
	Total:	\$3,	<u>, 67</u>
Description			1.0
Telephone			10
Bank Fees			2
Membership and dues			18
Small_equipment Postage_and_mailing			<u>24</u> 7
Payroll Fees			11
	Total	\$	75
Description		Amount	
Postage and Mailing		<u>\$1</u> ,	<u>, 96</u>
Payroll Fees			17
Facility and equipment rental		18,	
Telephone		1.0	16
Bank Fees		16,	
Membership and dues Small equipment			<u>28</u> 2
	Total:	\$38,	
	iocai.	۲ <u>50</u>	