990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	ror the	zo is calenda	ar year, or tax year beginning	January 1	, 2013, and e	nding [ecembe	r 31,	20 13			
В	Check if applicable:		C Name of organization			D E	nployer ic	dentification nu	umber			
Address change			Water Engineers for the Americas		85-0482431							
님	Name cha	The state of the s					E Telephone number					
H	Initial retu Terminate	11201 Parkway Drive							505-473-9211			
H	Amended		City or town, state or province, country, and	ZIP or foreign postal code		FG	F Group Exemption					
ಠ			Santa Fe, NM 87507				umber I					
G	Account	ting Method:	✓ Cash ☐ Accrual Other (speci	ify) ▶	W	H Chec	k ▶ □	if the organiza	ation is not			
1 1	Website	e:▶ www.\	wefta.net					ach Schedule				
J٦	Tax-exen	npt status (che	eck only one) — 🗹 501(c)(3) 🔲 501(c) () ◄ (insert no.) ☐ 494	7(a)(1) or			0-EZ, or 990-				
			☐ Corporation ☐ Trust		Other							
L	Add line:	s 5b, 6c, and	7b, to line 9 to determine gross receipts.		0,000 or more,	or if total asse	ets					
(Pa	ırt II, col	umn (B) below	v) are \$500,000 or more, file Form 990 in	stead of Form 990-EZ .			▶ ¢	6				
10000	art I	The same of the sa	e, Expenses, and Changes in N				uctions	for Part I)				
		Check if	the organization used Schedule O	to respond to any que	estion in this	s Part I	dottorio	, ioi i ditij	П			
	1	Contributio	ons, gifts, grants, and similar amount	s received			11		98,327			
	2		ervice revenue including government				2		30,321			
	3		ip dues and assessments			1 10 10 10	3					
	4	Investment					4					
	5a	Gross amoi	unt from sale of assets other than in	ventory	5a							
	b		or other basis and sales expenses .		5b							
	c		ss) from sale of assets other than inv)	5c							
	6	Gaming and	d fundraising events	9	30							
	а		ome from gaming (attach Schedu	ule G if greater than								
ne		\$15,000) .			6a							
Revenue	b		me from fundraising events (not incl			ributions						
ev ev	_		aising events reported on line 1) (at			indutions						
ш			h gross income and contributions ex		6b							
	C		t expenses from gaming and fundrai	S	6c							
	d		or (loss) from gaming and fundrai			and subtract						
		line 6c) .	· · · · · · · · · · · · · · · · · · ·		ou and ob t	and Subtract	No. and Company					
	7a	5.)	s of inventory, less returns and allow	ancee	7a		6d					
	b				7b		-					
	c		t or (loss) from sales of inventory (Su				7-					
	8		nue (describe in Schedule O)				7c					
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a				9					
	10		similar amounts paid (list in Schedu				10		98,327			
	11		id to or for members	100)			11		118,100			
Ø	12	and the same	her compensation, and employee be		12							
se	13						13					
Expenses	14		ofessional fees and other payments to independent contractors									
	15	Printing pul	blications, postage, and shipping.				14					
	16	Other exper	poses (describe in Schodule O)				15					
	17	Total ovpor	nses (describe in Schedule O)				16					
	18	Evenes or /c	nses. Add lines 10 through 16 deficit) for the year (Subtract line 17	from line (1)	· · · · ·	Þ	17		118,100			
Net Assets	19		or fund balances at beginning of year				18		(19,772)			
SS		end-of-vear	figure reported on prior year's retur	ear (from line 27, colur n)			ACCORDING TO					
t A	1						19		91,668			
Se			ges in net assets or fund balances (e				20	***************************************				
	21	INEL ASSETS C	or fund balances at end of year. Con	nome lines 18 through 2	<u> 20</u>	<u> ▶</u>	21		71,896			

, Pa	art II Balance Sheets (see the instructions					
	Check if the organization used Schedul	e O to respond to a	any question in this	Part II		🗆
				(A) Beginning of year	3-88-97	(B) End of year
22	, , , , , , , , , , , , , , , , , , , ,			91,668		71,89
23	Land and buildings				23	-0
24	Other assets (describe in Schedule O)				24	-0
25	Total assets			91,668		71,89
26	Total liabilities (describe in Schedule O)				26	-0
27 Par	Net assets or fund balances (line 27 of column rt III Statement of Program Service Accom	n (B) must agree wit	th line 21)	91,668	27	71,890
Га						Expenses
W/hs	Check if the organization used Schedulat is the organization's primary exempt purpose?					uired for section
						c)(3) and 501(c)(4) nizations and section
as r	cribe the organization's program service accompletes and concise reasured by expenses. In a clear and concise recons benefited, and other relevant information for e	manner, describe th	of its three largest per services provided	orogram services, d, the number of	4947	(a)(1) trusts; optional thers.)
28	Technical, administrative and funding support for co					
	Bolivia, Mexico, and Peru; benefitting approximately		pment of new project	cts; site visits		
	by volunteer professionals to past, present and pote					
	(Grants \$ 118,200) If this amoun	t includes foreign gra	ants, check here .	▶ 🗆	28a	118,100
29						1

	(O					
00	(Grants \$) If this amoun	- Marie III - II - II - II - II - II - II - I			29a	
30						
	(Grants \$) If this amount	·				
31	Other program services (describe in Schedule O)	t includes foreign gra			30a	
31			nto obook boro	E 151 150 150 150	04-	
32	Total program service expenses (add lines 28a	t includes foreign gra	ants, check here .		31a	
Par	List of Officers, Directors, Trustees, and Ke	v Fmnlovees (list each	n one even if not com	nensated see the in	32 octruo	118,100
The Committee	Check if the organization used Schedule	O to respond to a	nv question in this	Part IV		
	one of the state o	(b) Average	(c) Reportable	(d) Health benefits,		
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		of	Estimated amount of ther compensation
	r G. Fant					200 000 000 000
	Parkway Drive, Santa Fe, NM	President, 4hrs/wk	-0	-0)-	-0-
Lou	Harrington					
	ull Berry Drive, Gales Ferry, CT	Trs/Dir - 16 hrs/wk	-0-	-0)-	-0-
	Rogers					
	V. 2600 South Bountiful, UT	VP/Dir - 2 wks/yr	-0-	-0)-	-0-
	ca Surgeon					
	St. Michaels Drive, Santa Fe, NM	VP/Dir - 2 wks/yr	-0-	-0)-	-0-
	n Gehrig Marigold Ave., Fort Worth, TX	VD/Din 2 volce/vo				
2330	Mangold Ave., Fort Worth, TX	VP/Dir - 2 wks/yr	-0-	-0	-	-0-
		1				
					+	
		1				140
					+	
	** ***********************************		· · · · · · · · · · · · · · · · · · ·		-	
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				TARREST TARREST		
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		_
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	Artal	1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	-		
400	section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
-	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ME-SECTION .	1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	(i)		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶ New Mexico			
42a		505-47	3-9211	1
	Located at ► 1201 Parkway Drive, Santa Fe, NM ZIP + 4 ►	87	507	
b	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)?		Yes	
	If "Yes," enter the name of the foreign country:	42b		✓
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	167		
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here	g	. 1	▶ □
5.00 - 0.	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b		1
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		J

46	· Did	the organization engage, directly or in	ndirectly, in political c	campaign activities o	on behalf of c	or in opposition	on [Yes	No
Part	VI	andidates for public office? If "Yes," (Section 501(c)(3) organizations	s only				-		✓
		All section 501(c)(3) organization 50 and 51.				omplete the	tables	for lin	es
		Check if the organization used Sc	nedule O to respond	to any question in	this Part VI	· · · ·	• •		<u> </u>
47	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								No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
49a	Did the organization make any transfers to an exempt non-charitable related organization?								1
b	If "Y	es," was the related organization a se	ection 527 organization				49b		-
50	Com	plete this table for the organization's	s five highest compen	sated employees (o	ther than offi	cers, directo	rs. truste	es an	d ke
-	emp	loyees) who each received more than	n \$100,000 of comper	nsation from the org	anization. If t	here is none,	, enter "l	√one."	,
	(a	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions benefit plans,	benefits, to employee and deferred nsation	(e) Estimat other cor		
None									
									- 1188E - 18
f 51	Com	number of other employees paid over plete this table for the organization 1,000 of compensation from the orga	s five highest compe	ensated independen	t contractors	s who each	received	more	tha
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c) C	Compensat	íon	
None					*******				
							-		
**	-								
d		number of other independent contra			. ▶				
52		ne organization complete Schedule A				, , ,			34553K
		xempt charitable trusts must attach a							Vo_
true, cor	rect, an	of perjury, I declare that I have examined this rid complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ring schedules and staten rmation of which preparer	ents, and to the has any knowle	best of my know dge.	wledge and	l belief,	it is
Sign		Signature of officer			5/12/1	4			
Here		Peter G. Fant, President			Date	e / ·			- 33.5
200000		Type or print name and title	Drenarer's cianature	15	ato	T	DTIL		
Paid Prepa	arer	Print/Type preparer's name	Preparer's signature	Date Check if self-employed					
Use (Firm's name ▶			Firm	n's EIN ▶			
		Firm's address discuss this return with the property	shown shows? Con !-	antructions.	Pho	ne no.			
iviay th	ie IKS	discuss this return with the preparer	snown above? See if	istructions		▶	☐ Yes	_ ∐ №	40

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number Water Engineers for the Americas 85-0482431 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support col. (i) of your governing document? above or IRC section (i) organized in the support? U.S.? (see instructions)) Yes No Yes No Yes (A) (B) (C) (D) (E)

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts. grants. contributions. membership fees received. (Do not include any "unusual grants.") . . . 65,720 94,135 183,900 164,652 98,327 606,734 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . -0--0--0--0--0--0-The value of services or facilities 3 furnished by a governmental unit to the organization without charge -0--0--0 -0-Total. Add lines 1 through 3. . . . 65,720 94,135 183,900 164,652 98,327 606,734 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 381,000 Public support. Subtract line 5 from line 4. 225,734 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 7 65,720 94,135 183,900 164,652 98,327 606,734 8 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources -0--0--0--0--0--0-Net income from unrelated business 9 activities, whether or not the business is regularly carried on -0--0--0--0--0-Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) -0--0-Total support. Add lines 7 through 10 11 606,734 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) -0-13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f) . . 37.20 % Public support percentage from 2012 Schedule A, Part II, line 14 15 15 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 1 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sched	iule A (Form 990 or 990-EZ) 2013						Dana
Par	Support Schedule for Organiza	ations Desc	ribed in Sect	tion 509(a)(2	1		Page
	(Complete only if you checked th	ne box on lin	e 9 of Part I	or if the organ	, nization failed	to qualify un	der Part II
	If the organization fails to qualify	under the te	sts listed be	low, please o	omplete Parl	HI)	der rait II.
Sect	tion A. Public Support	77			ompioto i di	,	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees		, ,	13/	(2) 2012	(6) 2010	(i) Total
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b					 	
8	Public support (Subtract line 7c from						
	line 6.)						
	on B. Total Support			•	F **		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6				(4) 23.2	(0) 2010	(i) iotai
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .		5				
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	,					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here			I, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
ectio	on C. Computation of Public Support						
15	Public support percentage for 2013 (line 8,	column (f) div	ded by line 13	3, column (f))		15	%
2012	Table 10 M M M M M M M M M M M M M M M M M M	The state of the s	The second secon	1.11		1	70

Secti	on B. Total Support	e de la composition della com			#**		
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6			(5) 25.1	(4) 2012	(6) 2013	(i) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1.000					
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	е		d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
Section	on C. Computation of Public Support	: Percentage	е		07 5000		
15	Public support percentage for 2013 (line 8,	column (f) di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2012 Sche	edule A, Part I	II, line 15 .			16	%
Section	on D. Computation of Investment Inc	ome Percer	ntage				
17	Investment income percentage for 2013 (lin	ne 10c, colum	in (f) divided by	line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012:	Schedule A, F	Part III, line 17			18	0/-
19a	331/3% support tests—2013. If the organiz	ation did not	check the box	on line 14, ar	nd line 15 is me	ore than 331/20/	6 and line
	17 is not more than 331/3%, check this box at	nd stop here.	The organization	on qualifies as a	a publicly suppo	rted organization	on . ▶ □
b	331/3% support tests—2012. If the organization 18 is not more than 331/3%, check this both	tion did not ch	neck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31/00% and
20	Private foundation. If the organization did	not check a b	oox on line 14	19a or 19b o	heck this hov	and see instruc	tions >
			,			edule A (Form 990	