(Rev. January 2020)

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Α	For the	2019 calend	dar year, or tax year beginning	J	, 2019, and en	ding			, 20				
В	Check if	applicable:	C Name of organization Water	Engineers for	r the America	as		D Empl	oyer identific	ation number			
	Address	change	Doing business as					85-0	482431				
	Name ch	ange	Number and street (or P.O. box i	f mail is not delivered to	street address)	Room	/suite	E Telepl	hone number				
	Initial retu	urn	2904 Rodeo Park D	rive East		100		(505)570-221	10			
	Final retu	rn/terminated	City or town, state or province, c	ountry, and ZIP or foreigi	n postal code	'							
	Amended	d return	Santa Fe, NM 8750	5-6316				G Gross	receipts \$	368,388.			
$\overline{\Box}$	Application	on pending	F Name and address of principal of	ficer:			H(a) Is this a gro	up return fo	or subordinates?	Yes X No			
			Peter G Fant, 2904 Rodeo		00, Santa Fe, NM	87505	H(b) Are all su	ıbordinat	es included?	Yes No			
I	Tax-exen	npt status:	▼ 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1) or 52				st. (see instru				
J	Website	·► www.W	EFTA.net				H(c) Group ex	emption	number >				
K		organization: X		ation	L Year of fo	rmation:	2002	M State	of legal domi	cile: NM			
	art I	Summa			, , , , , , , , , , , , , , , , , , ,								
			cribe the organization's miss	sion or most signific	ant activities: Wate	r and	Sanitation	projec	ts in poor	communities			
e		,	3	· ·				E=-11-1					
Governance													
ern	2	Check this	box ► ☐ if the organization	discontinued its or	perations or dispos	sed of i	more than 2	25% of	its net ass	ets.			
Š			voting members of the gove		3		7						
ø	1		independent voting membe		•			4		7			
ies	1		per of individuals employed i					5		0			
Ĭξ	1		per of volunteers (estimate if	•				6		32			
Activities &	1		ated business revenue from					7a		0.			
	1	Net unrelat	7b		0.								
					Prior Year		Curre	ent Year					
	8	Contributio	ons and grants (Part VIII, line	295,			317,819.						
Revenue	1		ervice revenue (Part VIII, line	2001	000.		317,013.						
Ş.	1	_	income (Part VIII, column (A					31.		36.			
æ	1		nue (Part VIII, column (A), lin	·				эт.					
	1		ue—add lines 8 through 11 (r				295,	727		217 055			
	+	•	I similar amounts paid (Part	· · · · · · · · · · · · · · · · · · ·			495,	121.		317,855.			
	1				·								
	4-	Benefits paid to or for members (Part IX, column (A), line 4)											
Expenses	16a		al fundraising fees (Part IX, c										
en	b		aising expenses (Part IX, co	* **	•								
Ä	17		enses (Part IX, column (A), lin				201	000		204 940			
	1		nses. Add lines 13–17 (must			·		988.		304,840.			
	1		•	•		. —		988.		304,840.			
_ s	19	neveriue ie	ess expenses. Subtract line 1	io iroiii iiile 12 .			⊥ ∪ , inning of Curre	739.	End	13,015. of Year			
Net Assets or Fund Balances	20	Total accet	s (Part X, line 16)			Begi			Elia				
Asse Bala	21		ties (Part X, line 26)				375,	790.		388,805.			
det/	22		or fund balances. Subtract				275	700		200 005			
D:	art II		re Block	iiile 21 iioiii iiile 20		.	375,	790.		388,805.			
_			I declare that I have examined this	roturn including accomp	anying ashedulas and	ototomor	ata and to the	boot of r	my knowlodge	and bolief it is			
			e. Declare that I have examined this e. Declaration of pr eparer (other than						ny knowieuge	and belief, it is			
							6/	08/202	<u></u>				
Sig	an	Signatu	ure of officer				Date	J0/202	.0				
	ere	'		L			Dato						
116	51 C		er G Fant, Presiden rprint name and title	τ	1								
		,	preparer's name	Preparer's signature	1	Date		01 .	if PTIN				
Pa	iid	1		i reparer s signature	1/:00-		02/2020	Check self-emp	!! " !!	150607			
Pr	epare	r ——	Spinn		1 NED DE	106/	03/2020		1 100	150697			
Us	e Onl	Firm's nan				7100			46-0909'				
<u> </u>	v tho ID		this return with the preparer			/107	Phone	no. (5	05)343-	9924 /es			

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Water and Sanitation projects in poor communities	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	☐ Yes 区 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes 区 No
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 294,986. including grants of \$ 0.) (Revenue \$	0.)
	Technical, administrative, and funding support for construction of	
	water and sanitation systems in Honduras, Bolivia, Mexico, Peru, Panama, Guatemala, Ethiopia, and Tanzania.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 294,986.	

Part I	V 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	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		×
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? <i>If</i> "Yes," complete Schedule C, Part II	4		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		×
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		×
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? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		×
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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	×	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		×
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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	×	
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		×
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		×
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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		×
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		×
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	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		×
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		×
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
C	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		×
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		×
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 of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
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		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	×	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M </i>	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line</i> 2	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part '	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 2a 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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		×
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		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	_		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources 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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
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		
u	Note: See the instructions for additional information the organization must report on Schedule O.	Toa		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		×
	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		×
	If "Ves " complete Form 4720 Schedule O			

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 × 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: × 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a × **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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 × Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b × Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 × 14 × 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a × 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 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NM 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 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 ▶ Karen Pereira, 2904 Rodeo Park Drive East, Santa Fe, NM 87505-6316 (505)570-2210

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Form 990 (2019) Page **7**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ted any current	officer, director,	or trustee.
X (A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Peter Fant	8.00									
President				×						
(2) John Lincoln Treasurer	2.00			×						
(3) Scott Rogers Vice-President	1.00			×						
(4) Blanca Surgeon Secretary	2.00			×						
(5) Jason Gehrig Director	2.00	×								
(6) Jennifer McDowell Director	1.00	×								
(7) Lou Harrington Director	2.00	×								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, 7	Γrustees,	Key I	Em	plo	yee	s, an	d H	lighest Compe	nsated E	mplo	yees (conti	nued)
						C)							
	(A)	(B)	(-1	-4 -1		ition	. 41		(D)	(E)		(F)	
	Name and title	Average							Reportable	Reportable	ble	Estimated an	nount
		hours		officer and a director/truste					compensation	compensa		of other	
		per week (list any	or Inc	Ing	오	6	en Hi	Fo	from the organization	from rela organizati		compensat from the	
		hours for	dire	ititu.	Officer	y er	ghes	Former	(W-2/1099-MISC)	(W-2/1099-I		organization	
		related	lual	tion	,	nplo	st cc	=				related organiz	zations
		organizations below	Individual trustee or director	al tr		Key employee) mp						
		dotted line)	tee	Institutional trustee			ensa						
				ď			Highest compensated employee						
(15)													
3			1										
(16)													
3			1										
(17)													
3			1										
(18)													
3			1										
(19)													
1			-										
(20)													
<u> </u>			-										
(21)													
\ - .:/			-										
(22)													
(22)			-										
(33)													
(20)			-										
(24)													
(24)			-										
(25)													
(23)			-										
1b	Subtotal												
C	Total from continuation sheets to Part		n A	•			•						
d				•	•	•							
	Total number of individuals (including but) w	ha rassived mar	2 than \$10	0 000	of	
2	reportable compensation from the organi		ו נט נו	1056	: 1151		ароvе 0	<i>=)</i> vv	no received more	e man pro	0,000	OI	
	reportable compensation from the organi	Zation					U					Yes	No
2	Did the exceptation list only former	officer dire		+	ıoto.	م ا		امما	avaa ay bigbag	+	ootod		110
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> s											3	×
4													<u> </u>
4	For any individual listed on line 1a, is the organization and related organizations												
	individual	•							•	iule J loi	Sucri	4	×
-	Did any person listed on line 1a receive of									ion or indi	 vidual		<u> </u>
5	for services rendered to the organization											5	×
Secti	on B. Independent Contractors	: 11 163, 0	σπρι	Cic	OCI	icut	ale o i	01 3	iden person .	· · · ·	• •	J J	
1	Complete this table for your five high	noct comp	oncot		inda	2001	adont		entractors that r	occived n	oro t	han \$1000	00 of
•	compensation from the organization. Rep												
		ort compen	Satio	1 101	LITC	, ca	iciidai	l ye		WILLIIII	organ		year.
	(A) (B) (C) Name and business address Description of services Compensation												
										+		• " • "	
2	Total number of independent contractor	re (includir	na hi	ıt n	ot !	limit	od to	\ \ +h	ose listed abov	a) who			
~	received more than \$100,000 of compens							, ui	0 0	C) WIIO			

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
هَ چَا	С	Fundraising events			1c					
ifts r A	d	Related organization	ns .		1d					
اءً ۾	е	Government grants	(cont	tributions)	1e					
Sin	f	All other contribution	ns, gi	fts, grants,						
atio er		and similar amounts no	ot incl	uded above	1f	317,819.				
호 된	g	Noncash contribution	ons in	cluded in						
on t		lines 1a-1f			1g	\$ 50,533.				
g g	h	Total. Add lines 1a-	-1f .			🕨	317,819.			
						Business Code				
ce	2a									
<u> </u>	b									
Su	С									
Program Service Revenue	d									
g a	е									
Pro	f	All other program se								
	g	Total. Add lines 2a-	-2f .			🕨				
	3	Investment income	(incl	luding divid	dends	s, interest, and				
		other similar amoun					36.	0.	0.	36.
	4	Income from investr	nent (of tax-exem	npt bo	nd proceeds ►				
	5	Royalties				🕨				
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)								
	d	Net rental income o	r (los	s)		<u> </u>				
	7a	Gross amount from		(i) Securit	ies	(ii) Other				
		sales of assets								
		other than inventory	7a	50,5	33.					
ē	b	Less: cost or other basis								
Revenue		and sales expenses .	7b	50,5	33.					
Ş.		Gain or (loss)	7c		0.					
	d	Net gain or (loss)				🕨	0.	0.	0.	0.
Other	8a	Gross income from		Indraising						
0		events (not including								
		of contributions rep								
		1c). See Part IV, line			8a					
	b	Less: direct expens			8b					
	С	Net income or (loss)			g eve	nts ▶				
	9a	Gross income f								
		activities. See Part I			9a					
		Less: direct expens			9b					
		Net income or (loss)			CTIVITIE	es >				
	10a	Gross sales of ir		•	40					
		returns and allowan			10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	irom	i sales of in	ivento	T .				
sno	44=					Business Code				
Miscellaneous Revenue	11a									
lla /en	b									
Re	C C	All other revenue								
Σ	d	All other revenue			-					
	<u>е</u> 12	Total royanua Soo					317,855.	0	0	36.
	14	Total revenue. See	HIST	นบนบทร .		🟲) JI/, 855.	0.	0.	36.

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response	elete all columns. All e or note to any line	other organizations in this Part IX	must complete colu	mn (A).
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, 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 .				·
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				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	863.	0.	863.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees	0.55	071 101	5.010	
40	(A) amount, list line 11g expenses on Schedule O.)	277,370.	271,421.	5,949.	0.
12	Advertising and promotion	150	0	170	
13 14	Office expenses	172.	0.	172.	0.
15	Royalties				
16	Occupancy				
17	Travel	20,742.	20,742.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	20,742.	20,742.	0.	0.
19	Conferences, conventions, and meetings .	1,887.	0.	1,887.	0.
20	Interest	1,007.	0.	1,007.	0.
21 22	Payments to affiliates	330.	330.	0.	0.
23	Insurance	648.	0.	648.	0.
		040.	0.	040.	
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	Training	30.	0.	30.	0.
b	Licenses	604.	604.	0.	0.
С	Bank Fees	916.	732.	56.	128.
d	Postage	174.	87.	87.	0 .
е	All other expenses	1,104.	1,070.	34.	0.
25	Total functional expenses. Add lines 1 through 24e	304,840.	294,986.	9,726.	128.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tx		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	314,176.	1	276,952.
	2	Savings and temporary cash investments	56,774.	2	107,343.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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	
Assets	7	Notes and loans receivable, net		7	
\ss	8	Inventories for sale or use		9	
1	9 10a	Prepaid expenses and deferred charges		9	
		basis. Complete Part VI of Schedule D 10a		40	
	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	4 040	14	4 510
	15	Other assets. See Part IV, line 11	4,840.	15	4,510.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	375,790.	16	388,805.
	17	Accounts payable and accrued expenses		17 18	
	18 19	Grants payable		19	
	20	Deferred revenue		20	
	21	Tax-exempt bond liabilities		21	
"		· · · ·		21	
Liabilities	22	Loans and other payables to 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		22	
<u>la</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	
		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
'n		Organizations that follow FASB ASC 958, check here ▶ □		20	
ances		and complete lines 27, 28, 32, and 33.			
Sale	27	Net assets without donor restrictions		27	
d E	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ ☒ and complete lines 29 through 33.			
0 0	29	Capital stock or trust principal, or current funds		29	
šet	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
4ss	31	Retained earnings, endowment, accumulated income, or other funds	375,790.	31	388,805.
et /	32	Total net assets or fund balances	375,790.	32	388,805.
Z	33	Total liabilities and net assets/fund balances	375,790.	33	388,805.

Form 990 (2019) Page **12**

Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	3	17,8	55.
2	Total expenses (must equal Part IX, column (A), line 25)	3	04,8	40.
3	Revenue less expenses. Subtract line 2 from line 1		13,0	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	3	75,7	90.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
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))	3	88,8	05.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🔲 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain 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		×
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		
	PEV 04/24/20 PPO	Г	, മമവ	(0010)

REV 04/21/20 PRO Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Inspection

		Engineers for the Ame					85-0482431		
Par		Reason for Public Char	- '					ns.	
The c	_	nization is not a private founda		,		,	,		
1		A church, convention of church							
2 3		A school described in section A hospital or a cooperative hos							
4		A medical research organization						(iii) Ent	ter the
4		hospital's name, city, and state	•	nijunction with a nosp	ntai desc	indea iii s	Section 170(b)(1)(A)	(III). LIII	iei tiie
5		An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	ed by a government	al unit	described in
6		A federal, state, or local govern	nment or govern	mental unit described	in secti o	on 170(b))(1)(A)(v).		
7		An organization that normally						the g	eneral public
	C	described in section 170(b)(1)	(A)(vi). (Complet	e Part II.)					
8		A community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9		An agricultural research organi	zation described	d in section 170(b)(1)	(A)(ix) op	erated in	conjunction with a I	and-gra	ant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:								
10		An organization that normally receipts from activities related	eceives: (1) more	e than 33½% of its su	upport fro	om contri	butions, membership	o fees,	and gross
	5	support from gross investment	t income and uni	related business taxal	ole incom	ne (less se	ection 511 tax) from	busine	sses
		acquired by the organization a		Telephone and the second secon			· ·		
		An organization organized and	•		•				
12		An organization organized and							
		of one or more publicly suppo Check the box in lines 12a thro							
_			•			Ū	•		
а	L	Type I. A supporting organ the supported organization							
		supporting organization. You					the directors of trust	ees 01 1	.iie
b		Type II. A supporting orga							
		control or management of				persons	that control or man	age the	supported
	_	organization(s). You must	-				and the second formation	. II !	anna da a al contela
С	L	Type III functionally integ its supported organization(ally inte	grated with,
d		☐ Type III non-functionally i	ntegrated. A su	pporting organization	operated	d in conn	ection with its suppo	orted or	rganization(s)
		that is not functionally integ	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	d an at	tentiveness
		requirement (see instructio	ns). You must c	omplete Part IV, Sec	tions A a	and D, ar	nd Part V.		
е		\Box Check this box if the organ	ization received	a written determination	on from tl	ne IRS th	at it is a Type I, Type	e II, Typ	oe III
		functionally integrated, or 1	* *		oporting (organizat	ion.		
f		nter the number of supported o	•						
g		ovide the following information	about the supp	orted organization(s).			1		
	(i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization ur governing	(v) Amount of monetary support (see		Amount of support (see
				above (see instructions))		ment?	instructions)		structions)
					Yes	No	_		
					163	140			
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

18

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) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 255,700. 185,059. 246,927. 295,696. 317,819. 1,301,201. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 255,700. 185,059. 246,927. 295,696. 317,819. 1,301,201. 4 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) 753,564. **Public support.** Subtract line 5 from line 4 547,637. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (f) Total 255,700. 185,059. 7 246,927. 295,696. 317,819. 1,301,201. Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 46. 31. 36. 113. Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 1,301,314. 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14 42.08% Public support percentage from 2018 Schedule A, Part II, line 14 15 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 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 10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.) If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			,		,	
	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(,	(,	(-)	(1)	(-)	()
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	on B. Total Support	() 0015	# > 00 t 0	() 0047	(1) 00 (0	() 0040	(n) =
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
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						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether						
40	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 VI.)						
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 her	0				ear as a sectio	(
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8	B, column (f), d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2018 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2019 (•			%
18	Investment income percentage from 2018						%
19a	331/3% support tests-2019. If the organi						
	17 is not more than 331/3%, check this box		_			_	_
b	331/3% support tests—2018. If the organize						
	line 18 is not more than 331/3%, check this b	oox and stop h	ere. The organ	ization qualifies	as a publicly s	upported organ	ization 🕨 🗌
20	Private foundation. If the organization di	d not check a	box on line 14	. 19a. or 19b. o	check this box	and see instru	ctions > \

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Se

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

10b

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	4		
2	Did the expenientian expects for the banefit of any supported expenientian other than the supported	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
	5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1. 5.1.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
	·	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	26		
3	-	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
IJ	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov. 20, 1970 (expla	nin in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Secti	ons A through E.
Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional		tegrated Type III supportir	ng organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
	Evenes from 2010			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

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Department of the Treasury Internal Revenue Service

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Name of the organization Employer identification number Water Engineers for the Americas 85-0482431 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X

 Schedule D (Form 990) 2019
 Page 2

Part	Organizations Maintaining Coll	lections of Art, Hi	storical Tre	easures, or Ot	her Similar Ass	ets (cont	inued)
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and other reco	ords, check	any of the follow	ving that make sig	nificant u	se of its
а	☐ Public exhibition	d	☐ Loan or	exchange progr	am		
b	☐ Scholarly research	е					
С	☐ Preservation for future generations						
4	Provide a description of the organization's XIII.	collections and exp	lain how the	y further the org	ganization's exemp	ot purpose	e in Part
5	During the year, did the organization solic assets to be sold to raise funds rather than						☐ No
Part	IV Escrow and Custodial Arrange	ments.		-			
	Complete if the organization ans 990, Part X, line 21.	wered "Yes" on Fo	orm 990, Pa	rt IV, line 9, or	reported an amo	ount on F	orm
	Is the organization an agent, trustee, cus included on Form 990, Part X?						☐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing tab	le:	Δm	ount	
•	Beginning balance			10		Ount	
c d	Additions during the year						
e	Distributions during the year						
f	Ending balance						
2a	Did the organization include an amount on					□ Vas	No
	If "Yes," explain the arrangement in Part XI				•		
Pari		II. OHOOK HOLO II WIO	oxpiditation i	ido boon provid	54 5111 411 7111 .		
	Complete if the organization ans	wered "Yes" on Fo	rm 990 Pa	rt IV line 10			
				(c) Two years back	(d) Three years back	(e) Four yea	ars back
1a	Beginning of year balance	(2)	yeu.	57	(a) III oo you o buon	(0) . 00. 70.	
b	Contributions						
c	Net investment earnings, gains, and losses						
d	Grants or scholarships						
e	Other expenditures for facilities and						
	programs						
f	Administrative expenses End of year balance						
g 2	Provide the estimated percentage of the cu	urrent veer and belon	oo (lino 1g. c	solumn (a)) hold	00:		
	Board designated or quasi-endowment		ice (iiile 19, c	Columnia) nelu	a5.		
a h	Permanent endowment > %						
C	Term endowment ▶ %	,					
C	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%					
3a	Are there endowment funds not in the pos	•	vization that	are held and ad	ministered for the		
Ja	organization by:	ssession of the organ	iization mat	are rieiu ariu au	ministered for the	Ye	es No
	(i) Unrelated organizations					3a(i)	110
						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organic					3b	
4	Describe in Part XIII the intended uses of the					0.0	
Part							
	Complete if the organization ans		rm 990. Pa	rt IV. line 11a.	See Form 990. F	Part X. line	e 10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or o	other basis (c)	Accumulated epreciation	(d) Book va	
	Land						
b	Buildings						
C	Leasehold improvements						
d	Equipment						
e	Other						
	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (E	B), line 10c.) .	▶		

Part VII	Investments – Other Securities.	rm 000 Dort IV line	11h Coo Form	000 Dort V line 10
	Complete if the organization answered "Yes" on For			
	(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: of-year market value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments—Program Related.			
raitviii	Complete if the organization answered "Yes" on For	m 990 Part IV line	11c See Form	990 Part X line 13
-	(a) Description of investment	(b) Book value		nod of valuation:
	(a) Description of investment	(b) Book value	` '	of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			000 5
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11d. See Form	
(4) 1	(a) Description			(b) Book value
	te - net of amortization			4,510.
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15.)			4,510.
Part X	Other Liabilities.			,
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	11e or 11f. See	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)	man (h) much annal Faura 2000 Bart V I (D) "			
(7) (8) (9) Total. (Column	mn (b) must equal Form 990, Part X, col. (B) line 25.) r uncertain tax positions. In Part XIII, provide the text of the footn		· · · · · · · · · · · · · · ·	nto that you saids the

Schedule D (Form 990) 2019 Page **4**

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents \	With Revenue per	Retur	rn.
	Complete if the organization answered "Yes" on Form 990, F	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i .			
a .	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line</i>			5	
Part				_	turn.
	Complete if the organization answered "Yes" on Form 990, F				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		-	
C	Other losses	2c		-	
d	Other (Describe in Part XIII.)	2d		-	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i .	 		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
		-100			
	,			40	
С	Add lines 4a and 4b			4c	
с 5	Add lines 4a and 4b			4c 5	
c 5 Part	Add lines 4a and 4b	e 18.)		5	V line 4: Part X line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	9 18.) d 4; P	art IV, lines 1b and 2b	5 o; Part	

Schedule D (Fo	orm 990) 2019	Page \$
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 85-0482431 Water Engineers for the Americas

					00 0102	
Part	General Information Form 990, Part IV, line		ties Outside	the United States. Com	nplete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance.	es' eligibility	for the grant		selection criteria used to	☐ Yes ☐ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	ng the use of its grants and	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table o	can be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	Central America	0	5	Program Services	Project material and services	34,809.
(2) 5	South America	0	3	Program Services	Project material and services	146,996.
(3)	Sub-Saharan Africa	0	1	Program Services	Project material and services	7,508.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	9			189,313.
b	Total from continuation					,
-	sheets to Part I					
С	Totals (add lines 3a and 3b)	0	9			189,313.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2	by the IRS, or	for which the g	grantee or counsel h		n 501(c)(3) equivale	es by the foreign coun ency letter		>	

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2019 Page **4**

Part IV Foreign Forms

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

	Form 990) 2019 Page \$
Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization Employer identification number Water Engineers for the Americas 85-0482431

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determinin tribution amo	
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	×	1	50,533.	Fair Mar	ket Valı	ıe
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						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25 26	Other ► () Other ► ()						
20 27	`'						
28	Other ► () Other ► ()						
29	Number of Forms 8283 received	by the or	nanization during the tax v	lear for contributions for			
20	which the organization completed				29		0.
	p 9		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-g		Yes	No
30a	During the year, did the organization	ion receive	by contribution any prope	arty reported in Part I lines	1 through		
oou	28, that it must hold for at least the						
	to be used for exempt purposes to					30a	×
b	If "Yes," describe the arrangemen						
31	Does the organization have a contributions?					31	×
32a	Does the organization hire or use contributions?	e third part	ies or related organization	s to solicit, process, or se	ell noncash	32a	×
b	If "Yes," describe in Part II.						
33	If the organization didn't report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,		

Schedule M (Form 990) 2019 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether Part II the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number			
Water Engineers for the Americas	85-0482431			
Pt VI, Line 11b: The President and Treasurer review Form 990 before filing.				
Pt VI, Line 19: The governing documents are available to the public upon request.				
Pt VI, Line 12c: Annually, board members are required to disclose	any conflicts			
of interest.				
Pt VI, Line 15a: The board approves all compensation.				
Pt VI, Line 15b: The board approves all compensation.				
Pt IX, Line 11g:				
Description: Contracted Services				
Total: \$85,741				
Program services: \$79,792				
Management and general: \$5,949				
Fundraising: \$0				
Description: Project Fees				
Total: \$191,629				
Program services: \$191,629				
Management and general: \$0				
Fundraising: \$0				

2019

Name Employer Identification No. Water Engineers for the Americas 85-0482431

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Contracted Services	85,741.	79,792.	5,949.	0.
Project Fees	191,629.	191,629.	0.	0.
	-			
	·			
-				
Total to Form 990, Part IX,				
line 11g	277,370.	271,421.	5,949.	0.