Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

Open to Public

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.

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

Internal Revenue Service Inspection For the 2020 calendar year, or tax year beginning , 2020, and ending , 20 Α C Name of organization Water Engineers for the Americas Check if applicable: D Employer identification number R X Address change Doing business as 85-0482431 Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite 2904 Rodeo Park Drive East 100 (800)460-5366 Initial return Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Santa Fe, NM 87505 G Gross receipts \$ 385,2<u>85</u>. Amended return H(a) Is this a group return for subordinates? See X No Application pending F Name and address of principal officer: Peter G Fant, 2904 Rodeo Park Drive East #100, Santa Fe, NM 87505 H(b) Are all subordinates included? 🗌 Yes 🗌 No Tax-exempt status: 501(c) (**X** 501(c)(3)) < (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► www.WEFTA.net H(c) Group exemption number > Form of organization: 🗙 Corporation 🗌 Trust 🗌 Association Other 2002 M State of legal domicile: NM κ L Year of formation: Part I Summary Briefly describe the organization's mission or most significant activities: Water and Sanitation projects in poor communities 1 Activities & Governance 2 Check this box \blacktriangleright if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 7 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 7 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 6 27 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a . Ο. h Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Ο. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 8 317,819. 384,539. Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 36 746. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3<u>17,855</u> 385,285. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 120,101. Expenses Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) ► 819. b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 304,840. 279,502. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 304,840. 399,603. Revenue less expenses. Subtract line 18 from line 12 13,015. 19 -14,318. t Assets or d Balances **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 384,246. 388,805 21 1,170. Total liabilities (Part X, line 26) . Fund Net 22 Net assets or fund balances. Subtract line 21 from line 20 383,076. 388,805. Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Destaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

				06/28/2021						
Sign	Signature of officer		Date	9						
Here	<u>Peter G Fant, President</u>									
	Type or print name and title									
Paid	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN					
Preparer	Vivian Spinn	hitom	06/28/2021	self-employed	P00150697					
Use Only	Firm's name Vivian MG Spinn	Firm's	Firm's EIN ► 46-0909703							
	Firm's address ► 5024 4th St NW	107 Phon	Phone no. (505)343-9924							
May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwo	For Paperwork Reduction Act Notice, see the separate instructions, BAA REV 05/18/21 PRO Form 990 (2020)									

Form 99	0 (2020) Page 2
Part	
1	Check if Schedule O contains a response or note to any line in this Part III
1	Notes and Construction providents in providents
	water and samilation 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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$286,270. 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, Columbia, Ethiopia, Kenya 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 ► 286,270.

Form 99	0 (2020)		F	Page 3
Part	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)? <i>If "Yes," complete Schedule A</i>	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 "Yes," 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 "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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 "Yes," 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 "Yes," complete Schedule D, Part III</i>	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 "Yes," 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, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
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? <i>If "Yes," complete Schedule D, Part VII</i>	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 "Yes," 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 "Yes," 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 "Yes," 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? <i>If "Yes," complete Schedule G, Part III</i>	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		×

Form 99	0 (2020)		F	Page 4
Part	V 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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part III</i>	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 "Yes," 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		×
	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? <i>If "Yes," complete Schedule R, Part I.</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? If "Yes," complete Schedule R, Part V, line 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				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a3Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	×	
	REV 05/18/21 PRO	Forn	n 990	(2020)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of amployees reported on Form W-3. Transmittal of Wage and Tax Zalations Statements, field of the calendary are indig with or within the year covered by this return. Zalation 2012 Zalation 201	Form 99	0 (2020)		F	Page 5				
Ves No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 1 at least one is reported on line 2a, did the organization file all required forderal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to <i>a</i> -file (see instructions)	Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
Statements, field for the calendar year anding with or within the year covered by this return? 2 4 In the test one is reported on line 2a, did the organization file and function of development of the form and the organization file and unrited the development of \$1,000 or more during the year? 3a x In the organization have unrited to buildings gross income of \$1,000 or more during the year? 3b x x If "Yes," has it filed a Form 980-T for this year? ("Yo' to <i>line 3b, provide an explanation on Schedule O</i> . 3b x If "Yes," has it filed a Form 980-T for this year? ("Yo' to <i>line 3b, provide an explanation on Schedule O</i> . 3b x If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAP). 5e x See instructions for filing requiremation for filong requiremation folia the very solicitation and express statement that such contributions of the organization have envery solicitation an express statement that such contributions of the organization file payor? 5e x If "Yes," idit the organization file organization file organization file organization file organization file organization file orthyte were solicitation to a payot a prohibited tax shells. 6b x <tr< th=""><th></th><th></th><th></th><th>Yes</th><th>No</th></tr<>				Yes	No				
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> -file (see instructions)	2a								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a x 3b If "Yes," has it filed a Form 90-07 for this way and "No" to line 3b, provide an explanation on Schedule 0 3b it 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 business of the foreign country business foreign Bank and Financial Accounts (FBAR). 5a x 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? 5a x 6a x 6a x 6a x 7 organization stat way receive deductible contributions under section 170(c). 6b 6a x 7 organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a x 7 the organization neceive any funds, directly or indirectly, on a personal benefit contract? 7a x 74 the organization s	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×					
b If "Yes," has it field a Form 990-T for this year /it "No" to line 3b, provide an explanation on Schedule 0. 3b 4a At any time during the calendary 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 accounts (FBAR). 5b See instructions for filing requirements for FIGCH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization nave annual group is a party to a prohibited tax shelter transaction? 5a Dot dary taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X. 5b Cost the organization include where visitation an express statement that such contributions? 7 Organization statt may receive deductible contributions and errors activation and party for goods and services provided to the payor? 7 Did the organization neceive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7c 7 Did the organization neceive apayment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 7d 7 Did the organization network of forms 8282 filed during the year Zd 7d 7 Z X 7d X 7d X		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
4a At any time during the calendar year, did the organization have an interest in, or a signature or other subholty over, a financial account is of rolign country (such as a bank account, securities account, or other financial account)? 4a × b If "Yes," enter the name of the forsign country > 5a × 5b × b Old any taxable party notify the organization aparty to a prohibited tax shelter transaction any time during the tax year? 5a × c If "Yes," other organization aparty to a prohibited tax shelter transaction? 5b × c Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 5a c Did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a × d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c × d If "Yes," did the organization neceive a payment in excess of \$75 made party on a personal benefit contract? 7e × 7e × d If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e × 7e × d If "Yes," inditat the number of Forms \$282 filed during the year? <td< th=""><th>3a</th><th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th><th>3a</th><th></th><th>×</th></td<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×				
a financial account in a foreign country { Such as bank account, securities account, or other financial accounts (FBAR), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction, and any time during the tax year? Sa 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did to ga a shelt transaction, and the organization shave annual gross receipts that are normally greater than \$100,000, and did to ga a shelt transaction, and the organization note-live a payment in excess of 55 made party to a scontributions? Sa x b If Yee, '' did the organization intel ween solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? To To b If Yee, '' did the organization note-live a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? To To b If Yee, '' did the organization note-live a payment in excess of 55 made party, as a contribution and party for goods and services provided to the payor? To To c Did the organization note-live a payment in excess of 55 made party, as a contribution and party for goods and services provided to life form 8282? To To c Did the organization note-live pay premiums, directly or indirectly, on a presonal benefit contract? To X f ''Yes, '' indicate the number of For	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						
a financial account in a foreign country { Such as bank account, securities account, or other financial accounts (FBAR), See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Did any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction, and any time during the tax year? Sa 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did to ga a shelt transaction, and the organization shave annual gross receipts that are normally greater than \$100,000, and did to ga a shelt transaction, and the organization note-live a payment in excess of 55 made party to a scontributions? Sa x b If Yee, '' did the organization intel ween solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor? To To b If Yee, '' did the organization note-live a payment in excess of 55 made party as a contribution and party for goods and services provided to the payor? To To b If Yee, '' did the organization note-live a payment in excess of 55 made party, as a contribution and party for goods and services provided to the payor? To To c Did the organization note-live a payment in excess of 55 made party, as a contribution and party for goods and services provided to life form 8282? To To c Did the organization note-live pay premiums, directly or indirectly, on a presonal benefit contract? To X f ''Yes, '' indicate the number of For	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 5a b) Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c) The set organization have annual gross receipts that are normally greater than \$100,000, and idit the organization include with every solicitation an express statement that such contributions? 6a x) H "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 7b c) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 7c x c) Did the organization onelle we also directly or indirectly, to pay premiums on a personal benefit contract? 7b 7c x d) H "Yes," indicate the number of Forms 8282 field during the year 7d 7d 7t x d) Did the organization neceive a payment in excess of \$75 made partly as a porsonal benefit contract? 7t x x f) Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t x f) Did the organization receive any funds, directly or indirectly or and yeary and benefit contract?		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x b Did any taxable party notify the organization flat Form 8886-17 5b x 5b Desc the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nolude with every solicitation an express statement that such contributions or gifts were not tax deductible achartable contribution and party for goods and services provided? 6b x 7 Organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7c x 7 Did the organization neceive a payment in excess of \$75 made party as a contribution and party for goods and services provided? 7d x 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d x 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d x 7 Tif "Yes," indicate the number of Form 88282 filed during the year? 7d 7d x 7 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f x 7 Tif the organization neceive any funds, directly orindirectly, to pay premiums o	5								
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b x c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 5c 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? 5c 5c T Organization solicit any contributions that were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7a x 7 Drganization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b 7c x b If "Yes," fudicate the number of Forms 8282 filed during the year 7d 7c x d If Yes," functas the number of Forms 8282 filed during the year 7d 7c x f If the organization receive a any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7t x f If the organization receive a contribution of qualified intellectual property, dd the organization files Borm 8890 as required? 7h x f If the organization receive and cash, backs, alphaes, or other vehicles, did the organization files Borm 8890 as required? 7h x g If the organization make any taxable distributions under section 49667 9a </th <th>5a</th> <th></th> <th>5a</th> <th></th> <th>×</th>	5a		5a		×				
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 a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand d 13b d 14a x Mote: See the organization receive any payments for indoor tanning services during the tax year? d 14a d 14a x Mote: See 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? d 14b d 14b<									
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the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a × b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14a × 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 × 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 ×		Note: See the instructions for additional information the organization must report on Schedule O.	Tota						
 14a Did the organization receive any payments for indoor tanning services during the tax year?	b								
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 × 	С	Enter the amount of reserves on hand							
 b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 × 	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×				
 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? 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 × 	b		14b						
excess parachute payment(s) during the year? 15 × If "Yes," see instructions and file Form 4720, Schedule N. 16 × 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 ×									
If "Yes," see instructions and file Form 4720, Schedule N.1616161617	-		15		×				
	16		16		×				

Form 99	90 (2020)		F	-age 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			×
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		×
3 4	Did the organization delegate control over management duties customarily performed by or under the direct 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?	3		××
- 1 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4 5		×
6	Did the organization become aware during the year of a significant diversion of the organization s assets?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		
74	one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	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		
11a	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	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		×
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NM			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. So Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,

and financial statements available to the public during the tax year.
 State the name, address, and telephone number of the person who possesses the organization's books and records ► Carla Conner, 2904 Rodeo Park Drive East, Santa Fe, NM 87505 (800)460-5366

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 nor any related organization compensated any current officer, director, or trustee.

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average		box, unless			e than one is both an		Reportable	Reportable	Estimated amount
	hours per week	office				or/trust	ee)	compensation from the	compensation from related	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)	(W-2/1099-MISC)	from the organization and related organizations
(1) Peter Fant President	10.00			×						
	2 00									
(2) John Lincoln Treasurer	2.00			×						
(3) Scott Rogers Vice-President	1.00			×						
(4) Blanca Surgeon	1.00									
Secretary		1		×						
(5) Jason Gehrig	2.00									
Director		×								
(6) Jennifer McDowell	1.00									
Director		×								
(7) Lou Harrington Director	2.00	×								
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
										– – – – – – – – – –

Part	VII Section A. Officers, Directors, 7	Frustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	ensated Employees (continued)					
		(C) Position (D) (E)													
	(A) Name and title	(B) Average	· ·		neck	more	e than o is both		(D) Reportable	(E Repor		Estima	(F) ted amo	ount	
		hours per week	office	er and	dad	lirect	or/trus	tee)	compensation from the	comper from re			f other pensatio	on	
		(list any hours for	ndivic or dire	Institutional	Officer	Key employee	Highes	Former	organization (W-2/1099-MISC)	organiz (W-2/109			om the ization a	and	
		related organizations	dual tr	tional		nploy	st con yee	×				related of	organiza	ations	
		below dotted line)	Individual trustee or director	trustee		/ee	Highest compensated employee								
(15)			-				<u>a</u>								
(16)			-												
(17)			-												
(18)			-												
(19)			-												
(20)			-												
(21)			-												
(22)			-												
(23)			-												
(24)			-												
(25)			-												
1b	Subtotal														
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•	·	• •									
2	Total number of individuals (including but reportable compensation from the organi		d to th	iose	e list		above 0	e) w	ho received more	e than \$1	00,000	of			
							0						Yes	No	
3	Did the organization list any former of employee on line 1a? <i>If "Yes," complete</i> of							•	loyee, or highes			3		×	
4	For any individual listed on line 1a, is the													~	
	organization and related organizations individual									dule J fo	or such	4		×	
5	Did any person listed on line 1a receive of for services rendered to the organization											5		×	
Secti	on B. Independent Contractors														
1	Complete this table for your five high compensation from the organization. Rep														
	(A) Name and business add	lress							(B) Description of serv	vices	0	(C) Compens	ation		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

Part VIII Statement of Revenue

Part	t VIII	Statement of Revenue Check if Schedule O contains a respo	nco or noto to or	w line in this De			
		Check il Schedule O contains a respo	ise of note to an		(B)		
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512–514
its ts	1a	Federated campaigns 1a					
ìrar oun	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events					
ar ,	d	Related organizations 1d					
imil (e	Government grants (contributions) 1e					
tion sr S	f	All other contributions, gifts, grants, and similar amounts not included above 1f	384,539.				
ibut	g	Noncash contributions included in	504,559.				
d C	9	lines 1a–1f	\$ 49,686.				
an Co	h	Total. Add lines 1a-1f		384,539.			
			Business Code				
Program Service Revenue	2a						
ue v	b						
n S eni	С						
jram Ser Revenue	d						
log	e f	All other program service revenue					
Δ.	g	Total. Add lines 2a–2f .					
	3	Investment income (including dividence					
		other similar amounts)		746.	0.	0.	746.
	4	Income from investment of tax-exempt b	ond proceeds 🕨				
	5	Royalties <u></u>	🕨				
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C d	Rental income or (loss) 6c Net rental income or (loss)					
	d	(i) Coouvition	(ii) Other				
	7a	Gross amount from (i) securities					
		other than inventory 7a					
e	b	Less: cost or other basis		•			
venue		and sales expenses . 7b					
		Gain or (loss) 7c					
erF		Net gain or (loss)	· · · · ►				
Other Re	8a	Gross income from fundraising					
0		events (not including \$ of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	с	Net income or (loss) from fundraising ev	ents 🕨				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activit	ies 🕨				
	10a	Gross sales of inventory, less					
	b	returns and allowances 10a Less: cost of goods sold 10b					
	b c	Net income or (loss) from sales of invent					
S			Business Code				
e e	11a						
ane	b						
scellaneo Revenue	с						
Miscellaneous Revenue	d	All other revenue					
2	•	Total. Add lines 11a–11d		205 225			
	12	Total revenue. See instructions	►	385,285.	0.	0.	746.

Part IX Statement of Functional Expenses

Ο.

Ο.

Ο.

0.

0.

Ο.

Ο.

0.

Ο.

0.

0.

Ο.

Check if Schedule O contains a response or note to any line in this Part IX . (A) Total expenses **(D)** Fundraising Do not include amounts reported on lines 6b. 7b. (B) (C) Program service expenses Management and general expenses 8b. 9b. and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 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 disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 7 Other salaries and wages 111,303. 55,897. 55,406. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 8,798. 4,417. 4,381. 11 Fees for services (nonemployees): Management а Legal b С Accounting 17,267. 0. 17,267. d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other, (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 30,395 254,476. 224,081 12 Advertising and promotion 265. 0 0. 265. 13 Office expenses 14 Information technology 298. 0. 298. 15 Royalties Occupancy 16 Travel 17 1,958. 651. 1,307. Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 330. 330. 0. 23 689. 0. 689. 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.) Payroll Service Fees 818. 0. 818. а 12. 0. 12. b Licenses 597. С Bank Fees 597. 0. Paypal Fees 554. 554. d 0. 0. All other expenses 2,238. 894. 1,344. е 25 Total functional expenses. Add lines 1 through 24e 399,603. 286,270. 112,514. 819. Joint costs. Complete this line only if the 26 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)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2020)

	n 990 (2	,			Page 11
P	art X				_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	276,952.	1	213,702.
	2	Savings and temporary cash investments	107,343.	2	108,089.
	3	Pledges and grants receivable, net	107,515.	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
	5	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		-	
	Ŭ	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		-	
	IVa	basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments-publicly traded securities		11	58,275.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,510.	15	4,180.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	388,805.	16	384,246.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
liti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17–24). Complete Part X			
		of Schedule D		25	1,170.
	26	Total liabilities. Add lines 17 through 25		26	1,170.
Fund Balances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ılar	27	Net assets without donor restrictions		27	
Ba	28	Net assets with donor restrictions		28	
nd		Organizations that do not follow FASB ASC 958, check here ► 🗵			
Ē		and complete lines 29 through 33.			
or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated income, or other funds	388,805.	31	383,076.
∋t /	32	Total net assets or fund balances	388,805.	32	383,076.
Ž	33	Total liabilities and net assets/fund balances	388,805.	33	384,246.

REV 05/18/21 PRO

Form **990** (2020)

Form 9	90 (2020)			Pa	ige 12
Par					
	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)	1	3	85,2	285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	99,6	503.
3	Revenue less expenses. Subtract line 2 from line 1	3		14,3	318.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3	88,8	805.
5	Net unrealized gains (losses) on investments	5		8,5	589.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	3	83,0)76.
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: $ilde{X}$ Cash $\hfill\square$ Accrual $\hfill\square$ Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	n		
_	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 co	mpiled o	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 auc	lited 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 ow				
	the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, e	explain c	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in th			
	Single Audit Act and OMB Circular A-133?		3a	<u> </u>	×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits .	3b		
	REV 05/18/21 PRO		For	m 990	(2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Increation

Department of the Treasury
Internal Revenue Service

(E) Total 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.

						mopoonon	
Name of the organization					Employer identification	number	
Water Engineers for the Am					85-0482431		
Part I Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	part.) See instruction	ons.	
The organization is not a private found				-	,		
1 A church, convention of church							
2 A school described in sectior							
3 A hospital or a cooperative ho							
	hospital's name, city, and state:						
section 170(b)(1)(A)(iv). (Com	section 170(b)(1)(A)(iv). (Complete Part II.)						
6 A federal, state, or local gove	0			• • •			
7 X An organization that normally			port from	a gover	nmental unit or from	n the general public	
described in section 170(b)(1							
8 A community trust described			,				
9 An agricultural research orgar or university or a non-land-gra university:							
10 An organization that normally receipts from activities related support from gross investmer acquired by the organization	to its exempt fu t income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than action 511 tax) from	33 ¹ /3% of its	
11 An organization organized and		•		•	,		
12 An organization organized and						ry out the purposes	
of one or more publicly supp Check the box in lines 12a thr	orted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). See	e section 509(a)(3).	
a Type I. A supporting orga the supported organizatio supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t			
b Type II. A supporting orgation control or management of organization(s). You must	the supporting o	rganization vested in	the same				
c						ally integrated with,	
d 🗌 Type III non-functionally	integrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)	
that is not functionally inter requirement (see instruction	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
e Check this box if the orga	nization received	a written determinatio	on from th	ne IRS th	at it is a Type I. Type	e II. Type III	
functionally integrated, or						, . .	
f Enter the number of supported	organizations .						
g Provide the following informatic	n about the supp	orted organization(s).					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of	
		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)	
			Yes	No			
(A)							
(B)							
(C)							
(D)							

Part IISupport 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.)

Secti	on A. Public Support			/1	I	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	185,059.	246,927.	295,696.	317,819.	201 520	1,430,040.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	105,059.	240,927.	295,696.	517,619.	364,339.	1,430,040.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	185,059.	246,927.	295,696.	317,819.	384,539.	1,430,040.
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)						807,693.
6	Public support. Subtract line 5 from line 4						622,347.
-	on B. Total Support		(1) (- · -	() (() (() ((a
	dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	185,059.	246,927.	295,696.	317,819.	384,539.	1,430,040.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		46.	31.	36.	746.	859.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1,430,899.
12	Gross receipts from related activities, etc					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he on C. Computation of Public Support	re		, third, fourth,			
<u>3ecu</u> 14	Public support percentage for 2020 (line	v		11 column (f)		14	43.49%
14	Public support percentage for 2020 (intel Public support percentage from 2019 Scl					15	42.08%
16a	33 ¹ / ₃ % support test – 2020. If the organ						
	box and stop here. The organization qua					,	
b	33 ¹ / ₃ % support test - 2019. If the organithis box and stop here. The organization						
17a	10%-facts-and-circumstances test −2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test -2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organi	check this bo zation qualifies	x and stop he s as a publicly	re. Explain supported
18	Private foundation. If the organization instructions	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this bo	ox and see
					Sch	edule A (Form 99	0 or 990-EZ) 2020

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						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	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						
5	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						
Coati	line 6.)						
	on B. Total Support dar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(a) 2020	(f) Total
9	Amounts from line 6	(a) 2010	(D) 2017	(C) 2018	(u) 2019	(e) 2020	
10a	Gross income from interest, dividends,						
IVa	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						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	organization	s first, second	, third, fourth.	or fifth tax ve	ar as a sec	tion 501(c)(3)
••	organization, check this box and stop her	0			· · · · · ·		()()
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2020 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2020 (I	ine 10c, colur	nn (f), divided b	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019					18	%
19a	331/3% support tests-2020. If the organi						
-	17 is not more than 33 ¹ / ₃ %, check this box a		-	-		-	
b	33 ¹ / ₃ % support tests - 2019. If the organiz						
00	line 18 is not more than 33 ¹ / ₃ %, check this b		-	-			
20	Private foundation. If the organization die	a not check a	box on line 14	, 19a, or 19b, o	check this box	and see ins	tructions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- **c** 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- **c** 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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? *If "Yes," provide detail in Part VI.*
- 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).*
- 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).*
- **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.*
- **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.*
- **c** 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.*
- **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 line 10b below.
 - **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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
 A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - **b** A family member of a person described in line 11a above?
 - c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI.**

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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).

Section D. All Type III Supporting Organizations

- Yes No
 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?
 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).*By reason of the relationship described in line 2, above, did the organization's supported organizations have a cignificant value in the organization's in the arganization's in the arganization's integration's integration's provided in directing the use of the arganization's directin
- a 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.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c 🗌 The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

11a

11b

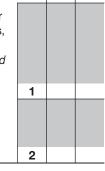
11c

2a

2b

3a

2 3 e instructions).



Yes No

1

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		
	Check here if the surrent user is the surrentiation's first as a new function.	-	· · · · · · ·	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

	e A (Form 990 or 990-EZ) 2020				Page 1
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	d)	
Secti	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e			1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purp	nizations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.	h the exception is rea	nanalya	7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	in the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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.)

						OMB No. 1545-0047
(Form	n 990)	Complete if the org	anization answered "Yes" on Form 990,			2020
Desertes), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.	•		Open to Public
	ent of the Treasury Revenue Service		90 for instructions and the latest informa	tion.		Inspection
Name o	f the organization			Employ	er ide	ntification number
Wate		rs for the Americas		85-04		
Par		•	sed Funds or Other Similar Fund	s or A	CCO	unts.
	Compl	ete if the organization answered "				
	Tatalanashan		(a) Donor advised funds		(b) Fu	nds and other accounts
1		at end of year				
2 3		ue of grants from (during year) .				
4		ue at end of year				
5			advisors in writing that the assets hele	d in do	onor	advised
	funds are the	organization's property, subject to the	organization's exclusive legal control?	'		· · 🗌 Yes 🗌 No
6	•	u	nd donor advisors in writing that grant			
			t of the donor or donor advisor, or for			
				• •	• •	· · 🗌 Yes 🗌 No
Par		rvation Easements.	Vaa" on Form 000 Part IV line 7			
1		ete if the organization answered "" conservation easements held by the c				
		of land for public use (for example, recreation		a histo	orical	ly important land area
		of natural habitat				historic structure
	Preservatio	on of open space				
2			d a qualified conservation contribution	in the	form	of a conservation
		he last day of the tax year.			ŀ	Held at the End of the Tax Year
а					2a	
b	-	-	· · · · · · · · · · · · · · ·		2b	
c d			storic structure included in (a) c) acquired after 7/25/06, and not or		2c	
ŭ					2d	
3	Number of co	nservation easements modified, trans	ferred, released, extinguished, or term			ne organization during the
	tax year 🕨		-		-	
4		tes where property subject to conserv				
5	-		arding the periodic monitoring, inspe		han	
•	,		ements it holds?		· ·	
6	Staff and volun	teer nours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conser	vation	n easements during the year
7	Amount of exp	enses incurred in monitoring inspecting	g, handling of violations, and enforcing c	onserv	ation	easements during the year
•	►\$		g, handling of violations, and officienty o		ation	cacomonic admig the year
8	Does each cor	nservation easement reported on line 2	2(d) above satisfy the requirements of se	ection	170(ł	n)(4)(B)(i)
9	,	č 1	onservation easements in its revenue a			
		, and include, if applicable, the text of accounting for conservation easemer	the footnote to the organization's finar	ncial st	atem	ients that describes the
Part	-		of Art, Historical Treasures, or C)thor (Cimi	lar Acasta
Part		ete if the organization answered "			51111	idi Assels.
1a			B ASC 958, not to report in its revenue	e stater	ment	and balance sheet works
			held for public exhibition, education,			
	service, provid	le in Part XIII the text of the footnote t	o its financial statements that describe	s these	e iten	ns.
b			B ASC 958, to report in its revenue st			
			for public exhibition, education, or rese	earch ii	n furt	herance of public service,
		llowing amounts relating to these item				. ф
	(i) Revenue in	cluded on Form 990, Part VIII, line 1		• •	· P	ν φ
2	If the organize	ation received or held works of art	historical treasures, or other similar a	 Issets	for f	φ inancial gain provide the
-		unts required to be reported under FA				and provide the
а					. 🕨	• \$
b	Assets include	ed in Form 990, Part X			. 🕨	• \$

Schedu	le D (Form 990) 2020							Page 2
Part	III Organizations Maintaining	Collections of	Art, Histori	cal Treasures	s, or Oth	ner Similar Ass	ets (conti	nued)
3	Using the organization's acquisition, collection items (check all that apply):	,	her records,	check any of th	ne followi	ng that make sig	gnificant us	e of its
а	Public exhibition		d 🗌 I	_oan or exchang	ae progra	ım		
b	Scholarly research							
с	Preservation for future generations	5						
4	Provide a description of the organiza XIII.		and explain h	now they further	the orga	anization's exem	pt purpose	in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ained as part	of the organizat	lion's coll	lection?	Yes	
Part		-	"		0			
	Complete if the organization 990, Part X, line 21.					•		orm
1a	Is the organization an agent, trustee included on Form 990, Part X?						∷ ⊡ Yes	🗌 No
b	If "Yes," explain the arrangement in P	art XIII and compl	ete the follow	ving table:				
						Arr	nount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amou							
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the expla	nation has been	n provideo	d on Part XIII .		
Par								
	Complete if the organization							
		(a) Current year	(b) Prior ye	ar (c) Two yea	ars back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	the current year er	nd balance (li	ne 1g, column (a	a)) held a	s:		
а	Board designated or quasi-endowme	nt 🕨	%					
b	Permanent endowment							
С	Term endowment ►%							
	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	ne organizatio	on that are held	and adm	ninistered for the		
	organization by:						Ye	s No
	(i) Unrelated organizations						3a(i)	
	.,						3a(ii)	
b	If "Yes" on line 3a(ii), are the related o				′ · · ·		3b	
4 Dort	Describe in Part XIII the intended uses		on's endowm	ient funds.				
Part			" op Form (a 1 1 a . C		Dout V line	10
	Complete if the organization							
	Description of property	(a) Cost or of (investm		Cost or other basis (other)		ccumulated preciation	(d) Book va	llue
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9	90, Part X, co	olumn (B), line 1	0c.)	🕨		

Schedule D (Form 990) 2020 Investments-Other Securities. Part VII Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments-Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (a) Description of investment (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Website - net of amortization 4,180 (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 4,180. Other Liabilities. Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Liabilities 1,170 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . 1,170. . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

Schedule D (Form 990) 2020

Schedu	e D (Form 990) 2020				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents	With Revenue per	Returr	۱.
	Complete if the organization answered "Yes" on Form 990,	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			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Statem	nents	With Expenses pe	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	
Part	XIII Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				

Schedule D (Fo	m 990) 2020 Page 5
Part XIII	
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SCHEDULE F (Form 990)	OMB No. 1545-0047							
Department of the Treasury Internal Revenue Service	2020Open to Public Inspection							
Name of the organization Employer identification numbers of the organization								
Water Engineer	s for the Americas	85-0482431						
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.								
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?								
2 For grantmak outside the Ur	ters. Describe in Part V the organization's procedures for monitoring the use of its ited States.	grants and other assistance						

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

3 Activities per Region. (The fo	pliowing Part	I, line 3 table c	an be auplicated if addition	hal 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	2	Program Services	Project material and services	12,965.
(2) South America	0	2	Program Services	Project material and services	70,137.
(3) Sub-Saharan Africa	0	2	Program Services	Project material and services	127,095.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	6			210,197.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	6			210,197.

F (For	20							Page 2
Part II Grants Part IV,	and Other At line 15, for an	Grants and Other Assistance to Organizations of Part IV, line 15, for any recipient who received mor	~	or Entities Outside the United States. •e than \$5,000. Part II can be duplicated		mplete if the orga dditional space is	Complete if the organization answered "Yes" on Form 990, if additional space is needed.	es" on Form 990,
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)								
(2)								
(8)								
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
	umber of recipic;)(3) organizatior	ent organizations lis	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ecognized as char ounsel has provide	ities by the foreign d a section 501(c)(3)	country, recognized equivalency letter	l as a tax ♥	
3 Enter total nu	mber of other o	Enter total number of other organizations or entities	les	· · ·	•	· · ·		Schedule F (Form 990) 2020

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REV 05/18/21 PRO

Schedule F (Form 990) 2020 Part III Carats and Other Assistance to Individuals Out Part III Carats and Other Assistance to Individuals Cont Part III Carats and Other Assistance to Individuals Out (1) (a) Type of grant or assistance (b) Region (c) Num (c) Num (c) (1) (c) (c) Num (c) (c) (2) (c) (c) (c) (3) (c) (c) (c) (4) (c) (c) (c) (5) (c) (c) (c) (7) (c) (c) (c) (7) (c) (c) (c) (10) (c) (c) (c) (11) (c) (c) (c) (12) (c) (c) (c) (13) (c) (c) (c) (14) (c) (c) (c) (15) (c) (c) (c) (15) (c) (c) (c) (15) (c) (c) (c) (16) (c)
an be duplicated if a ssistance
Am 360 2020 Grants and Other Assistance to Individuals Autside the United Si Part III can be duplicated If additional spaces is needed. Part III can be duplicated If additional space is needed. (b) Number of receivents (d) Amount of receivents e of grant or assistance (b) Region (e) Number of cash grant of cash gran
Im 800, 2020
and Other Assistance to Ind Grants and Other Assistance to Ind e of grant or assistance e of grant or assistance (b) Region
Arm 990) 2020

Schedule F (Form 990) 2020

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Part	V 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	X 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	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
-	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
_	Fund (see Instructions for Form 8621) .	∐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	× No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🗌 Yes	X No

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Schedule F (Form 990) 2020

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

(Forn	n 990)	o organizati	ons answered "Yes" on Form	990 Part IV lines 29 or 20	2	020
	nent of the Treasury	m 990.				n to Public
	Revenue Service Go to www.ir	s.gov/Form9	90 for instructions and the lat		In Ientification numb	spection
	ter Engineers for the Americas 85-0482431					
Part				05 040	2491	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of o	d) determining bution amounts
1 2 3 4 5	Art – Works of art . . Art – Historical treasures . . Art – Fractional interests . . Books and publications . . Clothing and household . . goods . . .					
6 7 8 9 10 11	Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock . Securities—Partnership, LLC, or trust interests	×	1	49,686.	Fair Marke	et Value
12 13	Securities – Miscellaneous Qualified conservation contribution – Historic structures					
14	Qualified conservation contribution—Other					
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Real estate – Residential Real estate – Commercial Real estate – Other Collectibles Food inventory Drugs and medical supplies Taxidermy Historical artifacts Scientific specimens Other ▶ () Other ▶ () Other ▶ () Number of Forms 8283 receiver which the organization complete	d by the org			29	0. Vas No
30a	During the year, did the organiza 28, that it must hold for at least to be used for exempt purposes	three years for the entir	from the date of the initial of	contribution, and which is	n't required	Yes No 30a ×
b 31	If "Yes," describe the arrangeme Does the organization have a	u gift accep				21
32a	Does the organization hire or us	se third part	ies or related organization	s to solicit, process, or se	ell noncash	31 × 32a ×
b 33	If "Yes," describe in Part II. If the organization didn't report a describe in Part II.					

Part II	Page 2 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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

(Form 990 or 990-EZ)	Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.	1	2020
Department of the Treasury	Attach to Form 990 or 990-EZ.		Open to Public
Internal Revenue Service Name of the organization	Go to www.irs.gov/Form990 for the latest information.	Employer iden	Inspection tification number
•	s for the Americas	85-04824	
Pt VI, Line 11k	: The President and Treasurer review Form 990 before	filing.	
Pt VI, Line 19:	The governing documents are available to the public	upon rec	uest.
Pt VI, Line 120	: Annually, board members and staff are required to o	disclose	
any conflicts o	of interest.		
Pt VI, Line 15a	a: The board approves all compensation.		
Pt VI, Line 15k	: The board approves all compensation.		
Pt IX, Line 11g	J:		
Description:	Contracted Services		
Total: \$43,81	.7		
Program servi	Lces: \$13,422		
Management ar	nd general: \$30,395		
Fundraising:	\$0		
Description:	Project Fees		
Total: \$210,6	559		
Program servi	Lces: \$210,659		
Management ar	nd general: \$0		
Fundraising:	\$0		