Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning	January 1 , 2011,	and ending	Decembe	r 31 , 20 11
В	Check if a	oplicable C Name of organization			D Employer id	lentification number
	Address	thange Water Engineers for the Americas		35-0482431		
닏	Name cha	· · · · · · · · · · · · · · · · · · ·	E Telephone	number		
님	Initial retu	1201 Faikway Dilve	5	05-473-9211		
片	Terminate Amended	■ City or town, state or country, and ZIP + 4	F Group Exe	emption		
Ĭ		Santa Fe, NM 87507			Number	•
G	Accoun	ting Method.	ıfy) ▶	Н	Check ▶ □	if the organization is not
ı	Websit	e: ► www.wefta net				tach Schedule B
J.	Гах-ехег	npt status (check only one) —) ◀ (insert no.) ☐ 4947(a)(1) or	527	(Form 990, 99	0-EZ, or 990-PF).
K	Check •	If the organization is not a section 509(a)(3) sup	oporting organization or a section	527 organizatio	on and its gros	s receipts are normally
	not mor	e than \$50,000 A Form 990-EZ or Form 990 return is n	ot required though Form 990-N (e-postcard) ma	y be required	(see instructions). But if
	-	nization chooses to file a return, be sure to file a comp				
L.	Add lines	55b, 6c, and 7b, to line 9 to determine gross receipts. If gr	oss receipts are \$200,000 or more,	or if total assets	s (Part II,	
_	ine 25, c	olumn (B) below) are \$500,000 or more, file Form 990 inste			► <u>s</u>	<u>.</u>
Ŀ	art I	Revenue, Expenses, and Changes in N				
		Check if the organization used Schedule O	to respond to any question	ın this Part I	<u> </u>	<u> </u>
	1	Contributions, gifts, grants, and similar amounts			1	183,900
	2	Program service revenue including government	fees and contracts		2	
	3	Membership dues and assessments			3	,
	4	Investment income			. 4	<u></u>
ũ	5a	Gross amount from sale of assets other than in	·			
)	b	Less. cost or other basis and sales expenses .				;
2	C	Gain or (loss) from sale of assets other than inve	entory (Subtract line 5b from	line 5a) .	<u>5c</u>	
)	6	Gaming and fundraising events	7			, I
•	а	Gross income from gaming (attach Schedu	ile G if greater than	1	į	
Revenue		\$15,000)	<u> ၂ ပု} · · · · · </u>			
Š	b	Gross income from fundralsing events (not included)	η φιώ \$c	f contribution	ns	
æ		from fundraising events reported on line 1) (att	tach)Schedule G if the	ı		
		sum of such gross income and cantibutions ex	cceeds(\$15,000) 6b			
	C	Less: direct expenses from garning and fundral		ļ		
	d	Net income or (loss) from gaming and fundal	sing events (add lines 6a an	d 6b and sul		,
	1	line 6c)			· · 6d	
	7a	Gross sales of inventory less returns and allow				
	b					
	С	Gross profit or (loss) from sales of inventory (Su			<u>7c</u>	
	8	Other revenue (describe in Schedule O)			. 8	
	9_	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, a			. ▶ 9	183,900
	10	Grants and similar amounts paid (list in Schedu			10	123,932
	11	Benefits paid to or for members			11	
Expenses	12	Salaries, other compensation, and employee be			. 12	
ë	13	Professional fees and other payments to indepe				
X	14	Occupancy, rent, utilities, and maintenance .			14	
ш	.0	Printing, publications, postage, and shipping.				
	16	Other expenses (describe in Schedule O)				402.022
_	17	Total expenses. Add lines 10 through 16	from line (1)	· · ·	. 17	123,932
šts	18 19	Excess or (deficit) for the year (Subtract line 17 Net assets or fund balances at beginning of y				59,968
SSE	13	end-of-year figure reported on prior year's return			-	, , , , , , , , , , , , , , , , , , , ,
Net Assets	20	Other changes in net assets or fund balances (e				33,833
Š	20 21	Net assets or fund balances at end of year Cor				93,801
					41	
Fo		work Reduction Act Notice, see the separate instru		No 10642I		Form 990-EZ (2011)

Cat No 10642I

SCANNED JUN 0 4 2012

га	rt II Balance Sheets. (see the instructions	s for Part II.)				
	Check if the organization used Schedul	e O to respond to a	ny question in this	Part II		<u> 🗆</u>
	•			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[33,833	22	93,801
23	Land and buildings		[-0-	23	-0-
24	Other assets (describe in Schedule O) .		[-0-	24	-0-
25	Total assets		[33,833	25	93,801
26				-0-	26	-0-
27	Net assets or fund balances (line 27 of colum			33,833	27	93,801
Par	t III Statement of Program Service Accor	•		•		Expenses
	Check if the organization used Schedul				(Red	uired for section
Wha	t is the organization's primary exempt purpose?	Water and sanitation	n projects in poor co	mmunities		c)(3) and 501(c)(4)
as n	cribe the organization's program service accompleasured by expenses. In a clear and concise is one benefited, and other relevant information for e	manner, describe the			4947	inizations and section 7(a)(1) trusts, optional others)
28	Technical, administrative and funding support for o		nd sanitation system	ns in Mexico		Ţ
20	Bolivia, Guatemala, Colombia and Peru, benefitting					,
	projects; site visits by volunteer professionals to p					
	(Grants \$ 123,932) If this amoun			▶ 7	28a	123,932
29	<u> </u>				200	120,332
25						'
	(Grants \$) If this amoun	t includes foreign gra	nts check here		29a	
30	(Crans w	t includes foreign gre	ing, check fiere .	· · · ·	Loa	
50						}
	(Grants \$) If this amoun	t includes foreign gra	nts. check here	> 🗖	30a	
31	Other program services (describe in Schedule O)					
٠.		t includes foreign gra			31a	,]
32	Total program service expenses (add lines 28a	through 31a)		<u></u> ▶	32	<u> </u>
Par						
	List of Officers, Directors, Trustees, and Re	Y EINDIUYEES, LIST EAC	h one even it not cor	npensated. (see the ir	ารtru	ctions for Part IV.)
				•	nstru 	ctions for Part IV.)
	Check if the organization used Schedule (a) Name and address		y question in this (c) Reportable compensation (Forms W-2/1099-MISC	(d) Health benefits, contributions to employe benefit plans, and	 ee (e)	🗆
Pete	Check if the organization used Schedul (a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation	(d) Health benefits, contributions to employe benefit plans, and	 ee (e)	Estimated amount of
	Check if the organization used Schedule (a) Name and address or G Fant	(b) Title and average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	Estimated amount of their compensation
1201	Check if the organization used Schedule (a) Name and address or G Fant I Parkway Drive, Santa Fe, NM	(b) Title and average hours per week devoted to position President, 4 hrs/wk	y question in this (c) Reportable compensation (Forms W-2/1099-MISC	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation	ee (e)	Estimated amount of
1201 Lou	Check if the organization used Schedule (a) Name and address If G Fant I Parkway Drive, Santa Fe, NM Harrington	(b) Title and average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of other compensation
1201 Lou 10 M	Check if the organization used Schedule (a) Name and address or G Fant I Parkway Drive, Santa Fe, NM Harrington Iull Berry Dr., Gales Ferry, CT	(b) Title and average hours per week devoted to position President, 4 hrs/wk Trs/Dir - 16 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)	Estimated amount of their compensation
1201 Lou 10 M Scot	Check if the organization used Schedule (a) Name and address or G Fant Parkway Drive, Santa Fe, NM Harrington full Berry Dr., Gales Ferry, CT ot Rogers	(b) Title and average hours per week devoted to position President, 4 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation)-	Estimated amount of other compensation -0-
1201 Lou 10 M Scot 533	Check if the organization used Schedule (a) Name and address or G Fant Parkway Drive, Santa Fe, NM Harrington Hull Berry Dr., Gales Ferry, CT tt Rogers W. 2600 South Bountiful, UT	(b) Title and average hours per week devoted to position President, 4 hrs/wk Trs/Dir - 16 hrs/wk VP/Dir - 2 wks/yr	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation)-	Estimated amount of other compensation
Lou 10 M Scot 533 V Blan	Check if the organization used Schedule (a) Name and address or G Fant Parkway Drive, Santa Fe, NM Harrington full Berry Dr., Gales Ferry, CT ot Rogers	(b) Title and average hours per week devoted to position President, 4 hrs/wk Trs/Dir - 16 hrs/wk	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation)-	Estimated amount of other compensation -0-
1201 Lou 10 M Scot 533 V Blan 811 S	Check if the organization used Schedule (a) Name and address or G Fant I Parkway Drive, Santa Fe, NM Harrington Iull Berry Dr., Gales Ferry, CT tt Rogers W. 2600 South Bountiful, UT Ica Surgeon	(b) Title and average hours per week devoted to position President, 4 hrs/wk Trs/Dir - 16 hrs/wk VP/Dir - 2 wks/yr	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation)-	Estimated amount of other compensation -00-
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Part		in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		<u>·</u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	- I		ļ
b 40a	Gross receipts, included on line 9, for public use of club facilities	┤ !		
40a	section 4911 ▶; section 4912 ▶; section 4955 ▶			†
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		:	-
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	100		_
Ū	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		į	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		√
41	List the states with which a copy of this return is filed. ▶ New Mexico			
42a	The organization's books are in dare or a state of the st	505-47		1
	Located at ► 1201 Parkway Drive, Santa Fe, NM ZIP + 4 ►	875		T-2-
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		· ·	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U S.?	42c	·	1
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	140
_	completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c	ļ	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	444		
45 -	explanation in Schedule O	44d 45a	<u> </u>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the	700		
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45b		

Pac	эе	4

46	Did the organization engage, directly or to candidates for public office? If "Yes,"			behalf of or in oppos	
Part	501(c)(3) organizations and sec and 52, and complete the table	tion 4947(a)(1) none s for lines 50 and 51	xempt charitable tru	ısts must answer qu	
	Check if the organization used S	chedule O to respond	to any question in t	his Part VI	<u> </u>
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa		section 501(h) electio		
48 49a b 50	Is the organization a school as described Did the organization make any transfers If "Yes," was the related organization a scomplete this table for the organization employees) who each received more that	to an exempt non-chasection 527 organizations five highest comper	aritable related organizon?	zation?	. 49a 🗸 . 49b tors, trustees and key
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None					
					
		-			,
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization from	n's five highest comp		contractors who each	h received more than
(a)	Name and address of each independent contractor p	paid more than \$100,000	(b) Type of serv	ice (c) Compensation
None					
d	Total number of other independent cont	ractors each receiving			
52	Did the organization complete Schedule nonexempt charitable trusts must attach	a completed Schedu			
	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other th				
Sign Here	Signature of officer Peter G. Fant, President Type or print name and title				
Paid Prepa	oarer	Preparer's signature			
Use (Only Firm's name Firm's address F	····			
	he IRS discuss this return with the prepare				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

Employer identification number

2011 Open to Public

OMB No 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

WA٦	ER		R THE AMERICA							85-04			
	τĺ			rity Status (All orga						nstructio	ns.		
The				tion because it is: (Fo									
1		A church, con	vention of churcl	hes, or association of	churches	describe	ed in sec t	tion 170((b)(1)(A)(i).			
2				170(b)(1)(A)(ii). (Attac									
3		A hospital or a	cooperative hos	spital service organiza	ation desc	ribed in s	section 1	70(b)(1)((A)(iii).				
4	П	A medical rese	earch organization	on operated in conjunc	ction with	a hospit	al describ	ed in se	ction 170	D(b)(1)(A)((iii). Ente	r the	
		hospital's nam	ne, city, and state	9:									
5	П	An organization	on operated for t	the benefit of a colleg	ge or uni	versity ov	wned or	perated	by a go	vernment	al unit c	escrib	ed in
	_)(1)(A)(iv). (Comp		-								
6	П			nment or government	al unit de	scribed ir	section	170(b)(1)(A)(v).				
7		An organization	on that normally	receives a substantia	l part of	its suppo	ort from a	governr	nental ur	nt or from	the ge	neral i	oublic
•	ليكا			(A)(vi). (Complete Par				3			J		
8				n section 170(b)(1)(A)		nolete Pa	ert II)						
9	Η			receives: (1) more that				ım contri	ibutions	memhers	hin fees	and	aross
9	ш	roccipte from	activities related	to its exempt funct	ione — eul	niect to c	rertain ex	ceptions	and (2)	no more	than 3	31/3%	of its
		support from	arnee investme	nt income and unrel	lated bus	iness ta	xable inc	ome (les	s sectio	n 511 ta:	x) from	busin	esses
				fter June 30, 1975. Se							.,		
40		•	=	operated exclusively						4)			
10	님	An organization	n organized and	nd operated exclusively	alv for th	a banafit	t of to r	orform i	the funct	ions of	or to ca	rn/ OI	ıt the
11	ш	An organization	on organizeu an	licly supported organ	oizations	describer	l OI, IO p d in secti	on 509(s	a)(1) or se	ection 509	3/a)(2) S	iny oc	ction
		509(a)(3) Che	ock the hox that o	describes the type of	supportin	a organiz	zation and	d comple	te lines 1	1e throug	սի 11h.		
							onally int				Type I	II_Oʻth	or
	_	a Type I	b 🗆	that the organization						· ·	. ,,		
e	نا	By checking to	nis box, i ceruiy	ers and other than one	or more	ntrolleu u Spublick	cupports	d organi	y by one c	decribed	in secti	on 500	130113 1/2\/1\
				ers and other than one	e or more	publicly	Supporte	d Organi	izations c	iescribed	III Secti	011 00.	J(a)(1)
		or section 509			.	ha IDC 4	ما خا خصطا	o Tupo	I Type I	ll or Tvo	o III ou		
f		-		written determination	וווסוו ווכ	ine ino i	mai n is	a Type	i, type i	ii, or typ	e ili suj	JPO (III	'9
		•	check this box .				 مندریانسده	n fram a	nu of the		•	•	· [
ξ	i	•		he organization accep	oled any	gilt of Co	Jiilibulio	n iroin a	illy Of the	;			
		following pers		ndırectly controls, eitl	alana	or toget	hor with	noraona	daaariba	d in (i) or	vd.	Yes	No
				ody of the supported			ner with	persons	describer	u III (II) ai		+-	
		• •	•	•	-						11g(i	-	
				on described in (i) abo							11g(ıı	+	
				a person described in							11g(u	<u> </u>	
r				on about the support			1.		T				
(i)		ne of supported	(u) EIN	(iii) Type of organization (described on lines 1-9		rganization sted in your	(v) Did yi the organ	ou notify iization in		s the tion in col	,	Amount apport	oī
organization		ganization	1	above or IRC section		document?	col (i) of your		(i) organi	zed in the		-ppoit	
				(see instructions))			supp			S ?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
							 		-				_
D)					1							1	
		·····	 		 	-							
E)													
			1						1				

Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	54,674	44,910	65,720	94,135	183,900	443,339
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-					
4	Total. Add lines 1 through 3	54,674	-0- 44,910	-0- 65,720	94,135	183,900	443,339
-	•	54,674	44,310	65,720	94,135	163,900	443,339
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)			F			
_	• • • • • • • • • • • • • • • • • • • •			-			262,000
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support	L_,		L	<u> </u>		181,339
		(-) 2007	(h) 2009	(=) 2000	(4) 2010	(=) 0011	40 T-4-1
7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2007 54,674	(b) 2008 44,910	(c) 2009 65,720	(d) 2010 94,135	(e) 2011 183,900	(f) Total 443,339
8	Gross income from interest, dividends,	34,074	77,310	03,720	34,133	103,500	443,335
0	payments received on securities loans, rents, royalties and income from similar sources	-0-	-0-	-0-	-0-	-0-	-0-
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11	Total support. Add lines 7 through 10						443,339
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	-0-
13	First five years. If the Form 990 is for th					ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	-					`▶ □
Secti	on C. Computation of Public Suppor	t Percentage	9	- 11 -			
14	Public support percentage for 2011 (line 6	6, column (f) div	vided by line 1	1, column (f))		14	40.90 %
15	Public support percentage from 2010 Sch	nedule A, Part I	I, line 14 .			15	49.09 %
16a	331/3% support test-2011. If the organiz	zation did not d	check the box	on line 13, and	d line 14 is 33½	3% or more, cl	neck this
	box and stop here. The organization qua	lıfıes as a publı	cly supported	organization			. ▶ ☑
b	331/3% support test—2010. If the organicheck this box and stop here. The organic					15 is 33 ¹ / ₃ %	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	ınd-circumstaı mstances" tes	nces" test, che t. The organiza	eck this box an ation qualifies	id stop here. E as a publicly su	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m supported organization	on meets the eets the	"facts-and-cır -and-circumst	rcumstances" ances" test. T	test, check th he organization	is box and sto	and line
10	Private foundation. If the organization du						· 🟲 📙
18	instructions						see ▶ □

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

(Complete only if you checked the box on line 9 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.)

received. (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5	
sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	
furnished in any activity that is related to the organization's tax-exempt purpose	
organization's tax-exempt purpose	
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	
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
organization's benefit and either paid to or expended on its behalf	
to or expended on its behalf	
5 The value of services or facilities furnished by a governmental unit to the organization without charge	
furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	
organization without charge	
Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
Ta Amounts included on lines 1, 2, and 3 received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
received from disqualified persons . b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b	
persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.)	
or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less	
c Add lines 7a and 7b	
8 Public support (Subtract line 7c from line 6.)	
line 6.)	
Section B. Total Support Calendar year (or fiscal year beginning in) 9	(e) 2011 (f) Total
9 Amounts from line 6	(e) 2011 (f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less	, ,
payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less	
royalties and income from similar sources b Unrelated business taxable income (less	
b Unrelated business taxable income (less	
section 511 taxes) from businesses	
acquired after June 30, 1975	
c Add lines 10a and 10b	
11 Net income from unrelated business activities not included in line 10b, whether	, , , , , , , , , , , , , , , , , , , ,
or not the business is regularly carried on	
12 Other income. Do not include gain or	
loss from the sale of capital assets	
(Explain in Part IV.)	
13 Total support. (Add lines 9, 10c, 11,	
and 12.)	
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax	
organization, check this box and stop here	
Section C. Computation of Public Support Percentage	1
Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16 %
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	. 17 . %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	
19a 331/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is	
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly su	
b 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line	··
	16 is more than 331/3%, and
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a public	

e 10;	Page 4
(See	
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Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
	
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Schedule A (Form 990 or 990-EZ) 2011