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Internal Revenue Service

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)

Open to Public Inspection

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

A	For the	2010 calendar year, or tax year beginning $OCT 1$, 2010 and en	ding S	<u>EP 30, 2011</u>				
В	Check if	C Name of organization		D Employer identifi	cation number			
:	applicable	PARTNERSHIP FOR ENVIRONMENTAL TECHNOLOG	Y	, ,				
	Addres		-					
Ē	Name change			86-0	761421			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone numbe	r			
	Termin	584 MAIN STREET		(207)767-2539			
	Ameno			G Gross receipts \$ 2,229,024				
	Application			H(a) Is this a group re				
	pendin			for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [527		list. (see instructions)			
		e: NATIONALPETE.ORG		H(c) Group exemptio	•			
		organization: X Corporation Trust Association Other	L Year o		A State of legal domicile: AZ			
	art I	Summary	<u> </u>	7770777AUON. 233307	otato or rogar dominoro, 222			
_		Briefly describe the organization's mission or most significant activities: TO EST	ABLI	SH AND MAIN	TAIN A			
Activities & Governance		NATIONAL FOCUS FOR ENVIRONMENTAL TECHNICIA		• •				
ᆵ		Check this box ff the organization discontinued its operations or disposed						
Š		Number of voting members of the governing body (Part VI, line 1a)	2 01 111010		18			
පි		Number of independent voting members of the governing body (Part VI, line 1b)		4	18			
ళ		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	<u></u>			
ij		Total number of volunteers (estimate if necessary)		6	0			
:₹					0.			
A		Total unrelated business revenue from Part VIII, column (C), line 12		7a				
	b	Net unrelated business taxable income from Form 990-T, line 34	-	7b	0.			
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	Prior Year	Current Year			
ne	8	Contributions and grants (Part VIII, line 1h)	-	1,490,515.	2,214,742.			
Revenue	9	Program service revenue (Part VIII, line 2g)	-	6,643.	6,250.			
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		150.	209.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	7,823.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,497,308.	2,229,024.			
		Grants and similar amounts paid (Part IX, column (A), lines 1·3)	<u> </u>	0.	0.			
	T .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salanes, ot her compensation, employee bene fits (Part IX, column (A), lines 5-10)		356,461.	463,418.			
Expenses	16a	Professional fundraising fees (Rat X column (A), line 11e)	<u> </u>	0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>). </u>					
Ш	17	Other expenses (Partux) column/(A), Junes (Ca-11d, 11f-24f)		1,033,597.	1,707,524.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,390,058.	2,170,942.			
	19	Revenue less expenses Subtract Inc. 18 from line 12		107,250.	58,082.			
JO S	3	OGDEN, UI	Beg	inning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		662,266.	864,222.			
<u>₩</u>	21	Total liabilities (Part X, line 26)		341,524.	485,398.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		320,742.	378,824.			
	art II	Signature Block						
Unc	ier pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules as	nd stateme	ents, and to the best of m	y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (wither than officer) is based on all information of which	preparer	has any knowledge.	' /			
				21	13/12			
' Sig	ın	Signature of officer		Date //	7.			
He		kirk j Laflin, Executive director						
		Type or print name and title 0						
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN			
Pai	d l	NICHOLAS NAUMAN, CPA NICHOLAS NAUMAN,	CP 0	2/07/12 self-employe	ed			
	- parer	Firm's name DOYLE & KEENAN, P.C.	J- 10	Firm's EIN				
	Only	Firm's address 908 W 35TH ST		THIN O LIN				
	· · · · · ·	DAVENPORT, IA 52806-5826		Phone no. (563)386-2727			
Ma	v the IE	RS discuss this return with the preparer shown above? (see instructions)		I none no.	X Yes No			
ivid	y til e ir	to discuss this return with the preparet shown above (see instructions)		 -	Farm OOD (2010)			

Form 990 (2010) EDUCATION, INC
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		ĺ
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	-		^
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10		-		^
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	40		-
44	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		X
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		•	.
L	Part VI	11a		X
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			₩
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
a	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	١.,,		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI, XII, and XIII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40.		7.7
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	_14a		
D	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	441		v
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15		45		v
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	4.0		v
47		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	مدا		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
D	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b_	990 (2	2010)
		TOTTO	J J J L 12	といりひり

Form 990 (2010) EDUCATION, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		į	
	Schedule K. If "No", go to line 25	24a		X
	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		
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	05-		x
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32_		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	33		- 25
a	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
••	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 (2010)

Form	990 (2010) EDUCATION, INC 86-0761	421	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 28			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			İ
а	Initiation fees and capital contributions included on Part VIII, line 12			İ
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			İ
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	_	
	Note. See the instructions for additional information the organization must report on Schedule O.			İ
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			
_	Enter the amount of reserves on hand Did the erreptiation receive any payments for indeer tanging services during the tay year?	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		
<u>D</u>	16 165, Has it lifed a 1 Onn 120 to report these payments 11 No. provide an explanation in Schedule O		gan /	(2010)
		1 01111		ردا ال

· Form 990 (2010)

EDUCATION, INC

86-0761421

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	,		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	_4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	_8b	X	
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? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Γ	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		Х
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		Х
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	ļ <u> </u>	Λ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
12a	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	124	A	
D	to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	In Schedule O how this is done	12c	$ \mathbf{x} $	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year? .	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion 🕨		
	KIRK J LAFLIN, CET - (207)771-9020			-
	584 MAIN STREET, SOUTH PORTLAND, ME 04106			

032008 12-21-10

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

Check if Schedule O contains a response to any question 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

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

- 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

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for	H	heck			арр		Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
ELLEN KABAT-LENSCH	1 00									
DIRECTOR	1.00	X	 —		<u> </u>	-	_	0.	0.	0.
JULIE MAURER	1 00					ļ				•
PAST CHAIR	1.00	X		 	 -			0.	0.	0.
RICK RICHARDSON	1 00									
TREASURER	1.00	X		X	<u> </u>	-	ļ	0.	0.	0.
RANDY J PARKER, PH.D	1 00									
DIRECTOR	1.00	X			<u> </u>	_	<u> </u>	0.	0.	0.
RUSSELL SMITH		l							_	
DIRECTOR	1.00	X		ļ	<u> </u>	ļ		0.	0.	0.
MIKE MCKAY			ļ				ľ		_	_
CHAIR	1.00	X	ļ	X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
PATRICIA KEIR, ED.D								_	_	
DIRECTOR	1.00	X						0.	0.	0.
JIM SHEPHERD	i							_		
DIRECTOR	1.00	X	<u> </u>					0.	0.	0.
JAMES MCKENNEY, PH.D.			1				İ			
DIRECTOR	1.00	X	L	<u> </u>	L	<u> </u>		0.	0.	0.
TERRI PRICHARD										
DIRECTOR	1.00	X		<u> </u>		_	<u> </u>	0.	0.	0.
BILL NASH										
VICE CHAIR	1.00	X		X		<u> </u>		0.	0.	0.
KERRIE SUMNER MURPHY				ļ						
SECRETARY	1.00	X		X		_	<u> </u>	0.	0.	0.
ZETRA WHEELER				ŀ						
DIRECTOR	1.00	X						0.	0.	0.
ROXANNE FULCHER										
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0.	0.	0.
JAMES HUTCHERSON										
DIRECTOR	1.00	X		<u> </u>		_		0.	0.	0.
MICHAEL HOLMES							ĺ			
DIRECTOR	1.00	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
JOSEPH HILLIARD		}								
DIRECTOR	1.00	X		<u> </u>		<u></u>	<u>L</u>	0.	0.	0.
032007 12-21-10										Form 990 (2010)

Part VII Section A. Officers, Directors, Tre		T							rees (continued)				
(A)	(B)	(C) Position						(D)	(E)	l _	(F)		
Name and title	Average hours per	(c				ı app	lv)	Reportable compensation	Reportable compensation				
	week	H	T	T	1	- Cap	·-,,	from	from related		41	other	
	(describe	recto			ļ	ŀ		the	organization	s	com	pensa	ation
	hours for	e or d	章			sated		organization	(W-2/1099-MIS	3C)	l .	rom th	
	related organizations	fruste	al trus		e Ze	mben		(W-2/1099-MISC)			1 -	anızat d relat	
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anızatı	
	O)	Ĕ		8	ã	¥ 5	훈						
KEITH W BIRD, P.D.	1.00	x						0.		0.			0.
DIRECTOR KIRK LAFLIN	1.00	1						•		<u> </u>			<u> </u>
EXECUTIVE DIRECTOR	40.00			Х				104,795.		0.	2	7,1	63.
			-										
-					1	-							
		 		-	 	╁			_		<u> </u>		
			-										
													_
1b Sub-total	•							104,795.		0.		<u>7,1</u>	63.
c Total from continuation sheets to Part V	II, Section A	•			٠			104,795.		0.		7 1	<u>0.</u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including but i	not limited to th		lieta	ad al	hov	ابد (م) 000 in reportabl			<u>/ , </u>	63.
compensation from the organization		1030	1131	JU A	DOV	C) W	10 1	eceived more than \$100	7,000 in reportable				1
												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			e, ke	y en	olqr	yee,	or t	highest compensated er	nployee on		3		х
4 For any individual listed on line 1a, is the si			amo	ensa	atioi	n and	d ot	her compensation from	the organization		-		
and related organizations greater than \$15											4		x
5 Did any person listed on line 1a receive or							elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedui	e J i	or s	uch	per	son					5		<u> </u>
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
the organization. NONE													
(A) Name and business	address							(B) Description of s	services	C	ر ompe	C) nsatio	n
	·						\dashv						
							_		. <u>.</u>				
2 Total number of independent contractors (including but r	ot li	mıte	d to	tho	se la	stec	d above) who received m	nore than				
\$100,000 in compensation from the organi	zation 🕨				-	0						000	
											Form	99U (2010)

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Pai	t VIII	Statement of Revenue					
			:	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns 1a					
듄딃	b	Membership dues 1b					
ğΕ	С	Fundraising events . 1c					•
# E		Related organizations 1d					
S.E			,152,493.				
Sin		All other contributions, gifts, grants, and	, , _ , _ , _ ,				
E E	•	similar amounts not included above	62,249.				
글	_	<u></u>	02,247.		İ		
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines 1a-1f \$		2,214,742.			
-	<u>n</u>	Total, Add lines 1a-1f	Business Code	<u> </u>			
_	_	COMPRDENCE	611710	6 250	6 250		
iğ.		CONFERENCE	911/10	6,250.	6,250.		
e P	ь						
n S	С						
e a	d						
Program Service Revenue	е						
-	f	All other program service revenue	<u></u>				
\rightarrow	<u> </u>	Total. Add lines 2a-2f		6,250.			
	3	Investment income (including dividends, inte	rest, and				
1		other similar amounts)	•	209.		-	209.
	4	Income from investment of tax-exempt bond	proceeds				<u> </u>
	5	Royalties .					
		(i) Real	(ii) Personal				
	6 a	Gross Rents					
	b	Less. rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
1		assets other than inventory					
1	ь	Less. cost or other basis					
1		and sales expenses	1				
	c	Gain or (loss)					
1		Net gain or (loss)	•				İ
		Gross income from fundraising events (not					
Other Revenue	0 4	including \$ of					
ē		contributions reported on line 1c). See					
<u>~</u>			a				1
Ę	h		b				
გ		Net income or (loss) from fundraising events	-		i		
		Gross income from gaming activities See					
	J d	D-# 0/ 1 40			ŀ		
	L	•	3				
			b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		•	a				
			b[
+	<u>C</u>	Net income or (loss) from sales of inventory	_ _				
-		Miscellaneous Revenue	Business Code	1			
	11 a	MISCELLANEOUS	900099	7,823.	7,823.		
	b						
	С						
	d	All other revenue					<u> </u>
- 1	е	Total. Add lines 11a-11d	•	7,823.			
	12	Total revenue See instructions.		2,229,024.	14,073.	0.	209.
03200	9.						Form 990 (2010)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	3) and 501(c)(4) organiza olete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
·	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			1	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	trustees, and key employees	98,822.	90,037.	8,785.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	256,756.	249,105.	7,651.	
8	Pension plan contributions (include section 401(k)	-			
	and section 403(b) employer contributions)	19,795.	18,779.	1,016.	
9	Other employee benefits	65,541.	62,092.	3,449.	
10	Payroll taxes	22,504.	21,335.	1,169.	
11	Fees for services (non-employees):				
а	Management _				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	12,100.		12,100.	
12	Advertising and promotion				
13	Office expenses	52,875.	52,875.		
14	Information technology .	20,938.		20,938.	
15	Royalties				
16	Occupancy	4,140.		4,140.	
17	Travel	360,840.	352,298.	8,542.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,489.	3,489.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance _				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	CONTRACTUAL, SUBAWARDS	1,034,225.	929,102.	105,123.	
	SUPPLIES, MATERIALS, MI	87,375.	81,664.	5,711.	
p	PARTICIPANT SUPPORT	52,537.	52,537.	3,711	
ر م	OTHER EXPENSES	41,027.	39,390.	1,637.	
d e	PRINTING	27,886.	27,886.	±,007.	
-	All other expenses	10,092.	6,386.	3,706.	
25	Total functional expenses Add lines 1 through 24f	2,170,942.	1,986,975.	183,967.	0
<u>25</u> 26	Joint costs. Check here J If following SOP	2/1/0/2400	1,500,575.	100,00,0	
20	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	192,607.	1	189,581.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	468,709.	_3_	673,711.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
(0		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
]	basis. Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		_11	<u> </u>
	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	950.	15	<u>930.</u>
	16	Total assets. Add lines 1 through 15 (must equal line 34)	662,266.	16	864,222.
	17	Accounts payable and accrued expenses	328,348.	17	410,529.
	18	Grants payable	40.476	18	
	19	Deferred revenue	13,176.	19	74,869.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· ··
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ja de		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	···
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	241 524	25	40F 200
	26	Total liabilities. Add lines 17 through 25	341,524.	26	485,398.
		Organizations that follow SFAS 117, check here X and complete		1	
ces		lines 27 through 29, and lines 33 and 34.	320,742.		270 024
Jan	27	Unrestricted net assets	340,744.	27	378,824.
Ва	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Ę		Organizations that do not follow SFAS 117, check here and			
S	00	complete lines 30 through 34.		20	=
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30 31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	32	
Š	32	Total net assets or fund balances	320,742.	33	378,824.
_	33	'	662,266.	34	864,222.
	34	Total liabilities and net assets/fund balances	004,400.	J4	Form 990 (2010)

Form **990** (2010)

Form **990** (2010)

FOIII	EDUCATION, INC	00-	0/01441	Pa	ge ız
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,229		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	58	<u>3,0</u>	<u>82.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	320	<u> 7, 7</u>	42.
5	Other changes in net assets or fund balances (explain in Schedule O) .	5			0.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	378	3,8	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> X </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	! !		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		į	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	it [
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	rt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	L

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

PARTNERSHIP FOR ENVIRONMENTAL TECHNOLOGY EDUCATION, INC

Employer identification number 86-0761421

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions				-	
he orga	ınızatıon ıs not	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox)						
1	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).					
2	A school des	scribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗔	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).						
4	A medical re	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital	's nan	ne,	
	city, and stat	te											
5 🗀	An organizat	on operated for the	benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental un	ıt describe	d ın			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).						
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	nbed	ın	
	section 170(b)(1)(A)(vi). (Complete Part II)												
8 <u> </u>	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 🗆	An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of rts	support f	rom contri	butions, n	nembersh	ıp fees, an	d gross re	ceipts	from	
	activities rela	ated to its exempt fui	nctions - subject to certa	an excepti	ons, and (2) no more	than 33 1	1/3% of its	s support f	rom gross	inves	tment	
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	30, 19	75	
	See section	509(a)(2). (Complete	e Part III.)										
10 🗀] An organizat	ion organized and or	perated exclusively to te	st for publ	ıc safety. S	See sect io	n 509(a)(4	4).					
11 🗔] An organizat	ion organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the p	ourposes o	of one	or	
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2) See se	ction 509(a)(3). Che	ck the box	that		
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a 🔲 Type	l b □	Type II c	: 🔲 Тур	e III - Fund	tionally in	tegrated		d 🗀	Type III - 0	Other		
е 🗀	By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner tha	เท	
	foundation n	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509)(a)(2).		
f	If the organiz	zation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check th	nis box										
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?				
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed :	ın (ii) and ((III) below,		Yes	No	
	the gov	eming body of the si	upported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?	1						11g(ii)			
	(iii) A 35%	controlled entity of a	person described in (i) o	or (II) above	e?					11g(iii)			
h	Provide the f	following information	about the supported or	ganization	(s)								
(i) Nan	ne of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did yo	u notify the	(vi) s		(vii) An	nount c	nf	
` '	ganization	(,	organization (described on lines 1-9		sted in your		ion in col.	organizati (i) organiz	ed in the		port		
			above or IRC section	governing	document?	(i) of you	r support?	\` \ U.S	5.7				
			(see instructions))	Yes	No	Yes	No	Yes	No				
					1								
						<u></u>							
				ļ. <u></u>									
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radal		}											

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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 EDUCATION, INC

86-0761421 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and		İ				
	membership fees received. (Do not						
	ınclude any "unusual grants.")	46,499.	186,665.	233,240.	1490515.	2214742.	4171661.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to			ľ			
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	46,499.	186,665.	233,240.	1490515.	2214742.	4171661.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	i					
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						A171661
	Public support. Subtract line 5 from line 4						4171661.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	46,499.	186,665.	233,240.	1490515.	2214742.	4171661.
-	Gross income from interest,	40,400.	100,005.	233,240.	1470313.	2214/42.	41/1001.
8	dividends, payments received on						
	securities loans, rents, royalties		:				
	and income from similar sources	4,379.	2,667.	517.	150.	209.	7,922.
0	Net income from unrelated business	4,3/3.	2,0071	317.	130.	200.	7,522.
9	activities, whether or not the						
	business is regularly carried on	1					
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	,				7,823.	7,823.
11	Total support. Add lines 7 through 10						4187406.
	Gross receipts from related activities,	, etc. (see instructi	ons)			12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)	
	organization, check this box and stop	p here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) d	ivided by line 11, c	olumn (f))		14	99.62 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	99.49 %
16a	33 1/3% support test - 2010. If the o	rganization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				$\triangleright x$
b	33 1/3% support test - 2009. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶∟
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				•		,
	organization meets the "facts-and-circ		-	•			₋ ₹⊢
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2010

032022 12-21-10

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)

Section A. Public Support	iow, picaso com	proto i are ir j	 			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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 organ- ization'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) Section B. Total Support	-					
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	197 == ==	(2) =	(0)	(4)	(9)=====	()
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)	AL		and English and Control		- 504(-)(0)	
14 First five years. If the Form 990 is for	me organization	s first, second, thi	ra, rourth, or fifth t	ax year as a section	1 30 1(c)(3) organiz	zation,
check this box and stop here Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2010 (lin			column (fl)	I	15	%
16 Public support percentage from 2009		•	Coldinii (1))	ł	16	<u>%</u>
Section D. Computation of Inves					10 1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	•	•	10 10, 00.01.11 (1))	ì	18	
19a 33 1/3% support tests - 2010. If the			on line 14, and line	، 15 s more than 3:		
more than 33 1/3%, check this box an	•					▶□
b 33 1/3% support tests - 2009. If the	•	-	, ,	• • •	• •	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anızatıon qualıfies	as a publicly suppo	orted organization	ightharpoons
20 Private foundation. If the organization	i did not check a	box on line 14, 19	a, or 19b, check tl	nis box and see ins	tructions	▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

PARTNERSHIP FOR ENVIRONMENTAL TECHNOLOGY EDUCATION. INC

Employer identification number 86-0761421

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	ınds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	• — · — · · ·
·	for charitable purposes and not for the benefit of the donor of	<u> </u>	•
	impermissible private benefit?	are construction, or not any outlook purposes confi	Yes No
Pa		ganization answered "Yes" to Form 990. Part I	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		ally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last
_	day of the tax year.		Tener tanen basement en trib last
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organic	· · · · · · · · · · · · · · · · · · ·
	year >		J .
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense stat	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the o	organization's accounting for
	conservation easements	<u> </u>	
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance o	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public s	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gair	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	•	> \$

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Schedule D (Form 990) 2010

21

Sche	dule D (Form 990) 2010 EDUCATI								Page 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	it are a si	gnificant u	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	on's exe	mpt purpo	se ın Part	XIV.	
5	During the year, did the organization solicit of	r receive donations of	of art, historical trea	asures, or oth	er sımılar	assets		=	
	to be sold to raise funds rather than to be m							Yes _	No_
Pa	t IV Escrow and Custodial Arran	_	ete if the organizati	on answered '	"Yes" to	Form 990,	Part IV, I	ne 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributio	ns or other as	sets not	ıncluded		,	
	on Form 990, Part X?					-	<u> </u>	Yes	U No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table			[
								Amount	
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 amount on F		217				<u> </u>	Yes	L No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo				1		
		(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three ye	ars back	(e) Four y	ears back
1a	Beginning of year balance			ļ					
b	Contributions .								
С	Net investment earnings, gains, and losses			ļ. <u></u>					
d	Grants or scholarships			- 					
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance			ļ					
2	Provide the estimated percentage of the year	ar end balance held a	ıs:						
а	Board designated or quasi-endowment		_%						
þ	Permanent endowment	%							
С		%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administe	ered for the	ne organiza	ation	_	
	by								es No
	(i) unrelated organizations	•		••	•			3a(i)	—
	(ii) related organizations	•				•		3a(ii)	
b	If "Yes" to 3a(ii), are the related organization					•		3b	
4	Describe in Part XIV the intended uses of the								
Pa	rt VI Land, Buildings, and Equipn		_	I			. [
	Description of investment	(a) Cost or o	, ,	t or other	· '	ccumulated	d	(d) Book	value
		basis (investr	nem Dasis	(other)	aep	oreciation			
	Land .					 			
b	Buildings								
С	Leasehold improvements								
d	Equipment								
	Other Add lines 12 through 19 (Column (d) must s		V askums (D) to a	10/-11	_				

Schedule D (Form 990) 2010

(a) Description of security or category			•
(including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)		· · · · · · · · · · · · · · · · · · ·	
(1)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	>		
Part VIII Investments - Program Related	See Form 990, Part X, line 13		-
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)		7	
(7)			
(8)			
(9)			
(10)			
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,		(b) E	Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) (10)			
(5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part			
(5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) (3)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) (3) (4)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) (10) (11) (12) (13) (14) (15) (16) (17) (17) (18) (19) (10) (10) (10) (11) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (18) (19) (19) (10) (10) (10) (10) (11) (10) (11) (11	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) Part X Other Liabilities. See Form 990, Part X, col (B) (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) (10) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10)	t X, line 25) Amount	
(5) (6) (7) (8) (9) (10) (10) (11) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	t X, line 25 (t		
(5) (6) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10)	t X, line 25 (t		ns under

Sche	dule D (Form 990) 2010 EDUCATION, INC				<u>86-</u> (0761421	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financ	cial Stat	ement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	_		1		2,229	,024.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,170	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			,082.
4	Net unrealized gains (losses) on investments		,	4			
5	Donated services and use of facilities		,	5			
6	Investment expenses			6			
7	Prior period adjustments		Ì	7			
8	Other (Describe in Part XIV.)		Ī	8			
9	Total adjustments (net). Add lines 4 through 8			9		<u>-</u>	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9		10		58	,082.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Reven	ue per	Return	1	
1	Total revenue, gains, and other support per audited financial statements				1	2,229	,024.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				1 1		
а	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b		·			
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d			<u> </u>		
е	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3	2,229	024.
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 XIV)	4b			_		
С	Add lines 4a and 4b				4c		0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	2,229	<u>,024.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	Vith Expe	nses pe	r Retu		
1	Total expenses and losses per audited financial statements				1	2,170	<u>,942.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				1 1		
а	Donated services and use of facilities	2a			_		
b	Prior year adjustments	2b			_		
С	Other losses	2c			_		
d	Other (Describe in Part XIV.)	2d			⊣ ∣		
е	Add lines 2a through 2d .				2e		0.
3	Subtract line 2e from line 1				3	2,170	<u>,942.</u>
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			- 1		
b	Other (Describe in Part XIV.)	4b			-		
С	Add lines 4a and 4b				4c	0.450	0.
5 Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) TXIV Supplemental Information			•	5	2,170	<u>,942.</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I. lines 1	a and 4: Pa	rt IV. lines	1b and 2	b: Part V. line	4. Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp						,
	RT X, LINE 2: IN ACCORDANCE WITH THE INCOME						
<u>AC</u>	COUNTING STANDARDS CODIFICATION, MANAGEMENT	r ev	ALUATE:	D THE	ORG	ANIZATIO	<u>ON'S</u>
<u>TA</u>	Y POSITIONS AND CONCLUDED THAT THE ORGANIZA	ATIO	N HAD	MAINT.	AINE	D ITS TA	AX
EXI	EMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX	POS:	ITIONS	THAT	REQ	JIRE	
AD	JUSTMENTS TO THE FINANCIAL STATEMENTS. THE	EREF	ORE, N	O PRO	VISI	ON OR	
LIZ	ABILITY FOR INCOME TAXES HAS BEEN INCLUDED	IN '	THE FI	NANCI.	AL S'	<u> </u>	rs.
			·····			· · · · · · · · · · · · · · · · · · ·	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

PARTNERSHIP FOR ENVIRONMENTAL TECHNOLOGY

Employer identification number 86-0761421

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGIONALLY ACCREDITED TWO-YEAR COLLEGES AND ASSOCIATE DEGREE-GRANTING
INSTITUTIONS.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS PROVIDED AND APPROVED
BY THE EXCUTIVE COMMITTEE PRIOR TO ITS FILING.
A PDF COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S EXECUTIVE
COMMITTEE BEFORE IT WAS SIGNED AND FILED.
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRECTORS ANNUALLY
DISCLOSE CONFLICTS OF INTEREST AND THE EXECUTIVE DIRECTOR MONITORS.
FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE REVIEWS AND
APPROVES COMPENSATION AND DOCUMENTS THE DECISION. COMPENSATION STUDIES ARE
USED TO DETERMINE THE EXECUTIVE DIRECTOR'S COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES THEIR
GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR THE AUDIT AND SELECTION OF
THE INDEPENDENT ACCOUNTANT.

THERE HAVE BEEN NO CHANGES TO THE PROCESS FOR THE COMMITTEE THAT IS

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

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

schedule O (Form 990	or 990-l	EZ) (2010)									Page 2
Name of the organization	on P.	ARTNERSH: DUCATION			VIRONM	ENTAI	TECHNOLO	GY	Empl	oyer identification 36-0761421	n number
RESPONSIBLE	FOR	OVERSIG	HT OF	THE	AUDIT	AND	SELECTION	OF T	HE]	NDEPENDEN	т
ACCOUNTANTS	•										
							,				
·											
	<u> </u>	_			· · ·	. <u> </u>		<u>-</u> .			
											
											
											
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# Form 8868

(Rev January 2011)

Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rever	nue Service	File a sepa	arate appl	ication for each return.					
● If you a	re filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art I and check this box			<b>▶</b> X		
If you a	re filing for an <b>Add</b>	itional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)				
Do not co	omplete Part II un	less you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868			
Electronic	c filing (e-file). Yo	u can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (	6 months for a c	orporation		
required to	o file Form 990-T),	or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request a	ın extension		
of time to	file any of the forn	is listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Tran	nsfers	Associated With	Certain		
Personal B	Benefit Contracts,	which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he ele	ctronic filing of th	nıs form,		
visit www.		ick on e-file for Chanties & Nonprofits							
Part I	Automatic	3-Month Extension of Time	Only su	bmit original (no copies needed)					
A corpora	ition required to file	Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and con	nplete				
Part I only	/						▶ □		
	corporations (includ ome tax returns	ling 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to request ar	exter	nsion of time			
Type or	Name of exemp	torganization			Emp	loyer identificat	tion number		
print	PARTNERS	HIP FOR ENVIRONMENT	ral Ti	ECHNOLOGY					
C.t. L	EDUCATIO	N, INC			8	6-076142	1		
File by the due date for	Number, street,	and room or suite no. If a P O box, s	ee instruc	tions.					
filing your return See	584 MAIN	STREET							
instructions	66								
	SOUTH PO	RTLAND, ME 04106							
Enter the	Return code for th	e return that this application is for (file	e a separa	te application for each return)		-	0 1		
Application	on		Return	Application			Return		
ls For			Code	Is For			Code		
Form 990	ı		01	Form 990-T (corporation)					
Form 990-	-BL		02	Form 1041-A					
Form 990-	-EZ		03	Form 4720			09		
Form 990-	-PF		04	Form 5227			10		
Form 990-	-T (sec. 401(a) or 4	08(a) trust)	05	Form 6069			11		
Form 990-	-T (trust other than		06	Form 8870			12		
		KIRK J LAFLIN,							
			r - s	OUTH PORTLAND, ME 04	106	<u> </u>			
Teleph	one No 🕨 <u>〔20</u>	7)771-9020		FAX No. ▶		<del></del>			
	-	ot have an office or place of busines					▶ □		
<ul><li>If this is</li></ul>	s for a Group Retu	rn, enter the organization's four digit	Group Exe	emption Number (GEN) If th	ıs ıs fo	r the whole grou	p, check this		
				ich a list with the names and EINs of all		ers the extensio	n is for		
<b>1</b>     rec	•	'	•	to file Form 990-T) extension of time uni					
	MAY 15,		t organiza	tion return for the organization named a	above.	The extension			
IS fo	or the organization								
▶ L	calendar year			GED 20 0011					
►L	X tax year begin	ning <u>OCT 1, 2010</u>	, an	d ending <u>SEP 30, 2011</u>		_ ·			
2 If th	ne tax year entered  Change in acco	in line 1 is for less than 12 months, cunting period	heck reas	on: Initial return Fina	al retui	π			
3a If th	us application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any	Τ	I			
	• •		or 0000, e	nter the teritative tax, less arry	За	\$	0.		
nonrefundable credits See instructions  3a \$  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and									
		ts made Include any prior year overp	-		3b	\$	0.		
		t line 3b from line 3a. Include your pa		· · · · · · · · · · · · · · · · · ·	30	-			
		ronic Federal Tax Payment System)	-		3c	•	0.		
				orm 8868, see Form 8453-EO and Form		FO for payment			
		luction Act Notice, see Instructions		c 5556, 556 i Gilli G-55-LO and Folin	55, 5		(Rev. 1-2011)		
	a apoi work rec		·•			. 0 0000	(1.104. T2011)		
023841 01-03-11									