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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

Open to Public Inspection

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.

A	A For the 2011 calend		endar year, or tax year beginning January 1 , 2011, and ending		cembe	r 31 , 20 11	
В	B Check if applicable		C Name of organization	D Emp	loyer id	entification number	
	Address c	hange	United by Friendship Inc.		61-1471905		
	Name cha					umber	
님		initial return arminated armino Santa Cruz			50)5-753-5841	
H					up Exe	mption	
ă	Application		Espanola, New Mexico 87532-2538	Nu	mber I	► NA	
G	Account	ing Method:	✓ Cash	H Check	▶ □	of the organization is not	
ı	Websit	e: www	.unitedbyfriendship.org	require	d to att	ach Schedule B	
J.	Tax-exen	npt status (che	eck only one) — 501(c)(3)	(Form !	990, 99	0-EZ, or 990-PF).	
K	Check >	f the	e organization is not a section 509(a)(3) supporting organization or a section 527 organiz	ation and	its gros	s receipts are normally	
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard)	may be re	quired	(see instructions). But if	
	_		oses to file a return, be sure to file a complete return.				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total as	sets (Part II	,		
	line 25, c		ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		_ ▶ \$	94,613	
F	Part I		e, Expenses, and Changes in Net Assets or Fund Balances (see t				
_			the organization used Schedule O to respond to any question in this Par	<u>tl</u>		<u> </u>	
	1		ons, gifts, grants, and similar amounts received		1	94,613	
	2	-	ervice revenue including government fees and contracts		2	0	
	3	Membersh	up dues and assessments		3	0	
	4	investmen			4	0	
	5a		ount from sale of assets other than inventory 5a		4		
	b		or other basis and sales expenses	(4		
	C	•	ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .		5c	0	
	6	_	nd fundraising events		1		
0	a		ome from gaming (attach Schedule G if greater than	_			
Revenue		\$15,000) .	L	!	2		
eVe	Ь		ome from fundraising events (not including \$ 0 of contribut	ions	.		
Œ	:		raising events reported on line 1) (attach Schedule G if the ch gross income and contributions exceeds \$15,000) 6b				
							
	d		ct expenses from gaming and fundraising events	eubtract	4		
	"	line 6c)	e or (1033) from gaining and fundraising events (add lines of and ob and	Subilaci	6d	•	
	7a	•	s of inventory, less returns and allowances			<u> </u>	
7, i.j. 1/g	b		of goods sold		4		
1	C		fit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	o	
5	8		nue (describe in Schedule O)		8	0	
•	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	94,613	
Expenses	10		d similar amounts paid (list in Schedule O)		10	74,814	
	11		aid to or for members		11	1,000	
	ľ		ther compensation, and employee benefits		12	0	
	13		al fees and other payments to independent contractors		13	2,141	
	14		y, rent, utilities, and maintenance		14	0	
Ä	15		ublications, postage, and shipping		15	782	
	16		enses (describe in Schedule O)		16	2,585	
	17		enses. Add lines 10 through 16		17	81,322	
92	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)		18	13,291	
set	19	Net assets					
Net Assets	!	end-of-yea	ar figure reported on prior year's return)		19	21,268	
e	20		nges in net assets or fund balances (explain in Schedule O)		20	0	
z	21	Net assets	or fund balances at end of year. Combine lines 18 through 20	▶	21	34,559	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 106421

Form **990-EZ** (2011)

Pai		,				
	Check if the organization used Schedule	O to respond to ar	ny question in this			<u> </u>
			<u> </u>	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[18626		31917
23	Land and buildings		[23	0
24	Other assets (describe in Schedule O)		[-	2642		2642
25	Total assets			21268		34599
26	Total liabilities (describe in Schedule O) Net assets or fund balances (line 27 of column	(D) much caree with	[21268	26	0
27 Par					21	34559
rai	Check if the organization used Schedule					Expenses
Mhai	is the organization's primary exempt purpose?					uired for section c)(3) and 501(c)(4)
						nizations and section
as m	ribe the organization's program service accompli- easured by expenses. In a clear and concise mans benefited, and other relevant information for ea	nanner, describe the				(a)(1) trusts, optional thers.)
28	Caracol Classrooms: Caracol is a Mayan village in the	ne municipality of Us	pantan, Guatemala v	whose primary		1
	school facilities are inadequate to accommodate the	number of students.	UBF provided fundi	ng for the		
	construction of two additional classrooms, two bath	rooms and classroon	n furnishings.			ĺ
	(Grants \$ 20719) If this amount			▶ 🗸	28a	20,719
29						
	requested assistance for the construction of a chlor			. UBF provided		
	funding for the system which brought chlorinated w					
	(Grants \$ 31,250) If this amount				29a	31,250
30	La Concepcion School Bathrooms: UBF provided fu	Jan				j
	elementary school of the village of La Concepcion in	the municipality of I	Jspantan, Guatemala	3.		
	· · · · · · · · · · · · · · · · · · ·		A			
04	(Grants \$ 3,233) If this amount				30a	3,233
31	Other program services (describe in Schedule O)				24-	10.611
32	(Grants \$ 19,611) If this amount Total program service expenses (add lines 28a	through 31a)	ints, check here .	🕨 🗵	31a 32	19,611 74,814
Par						
ı aı	Check if the organization used Schedule				işti üt	Choris for Part IV.)
	Oncok ii tilo organization asca concadio	T	(c) Reportable	(d) Health benefits,	Ť	···-
	(a) Name and address	(b) Title and average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0	Estimated amount of their compensation
Greg	Chalmers	President	}		-	
2912	Aberdeen Rio Rancho, NM 87124	Three Hours)	<u> </u>	0
*	rah Simon	Chairman	ļ			
	Camino Santa Cruz, Espanola NM 87532	Ten Hours	<u> </u>)	<u> </u>	Travel 1000.00
	Salazar	Vice President		1		_
	8 Colville Road SE Albuquerque, NM 87123	Four Hours)	<u> </u>	0
	les Ken Campbell	Treasurer				_
	Via Caballero del Norte Santa Fe, NM 87505-6528	Three Hours		,, -	0	0
	ie Van Lent ox 757 Chimado NM 87522	Secretary	}	, l	-	^
	Towery	Two Hours		,	+-	0
	43 Ave West Seattle WA 98199	Member One Hour			اه	0
3007	43 AVE WEST SCALLE WA SO 133	One riou	 		┪-	<u>_</u>
	·	-			-	
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_		1		<u> </u>	1	
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]			T	
		<u> </u>			_	
			}	}		
		1	1	1	1	

Page	4
Page	4

							Yes	No
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities or	n behalf of or	in opposit	ion 🗍		
	to candidates for public office? If "Yes,"	complete Schedule C	G, Part I				46	1
Part '	VI Section 501(c)(3) organization	and section 4947	(a)(1) nonexempt	charitable	trusts on	ly. All	section	
	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.						_	
	Check if the organization used So			this Part VI				m
	Official the organization asca Sc	riodale e to respond	rto any question in	and are vi	· · ·	• • •	Yes	No
47	Did the organization engage in lobbying	activities or house	naction EO1/b) alactic	an in offeet o	turina tha	*av	100	140
47	year? If "Yes," complete Schedule C, Pai				Juling the			,
	•					-	47	1 🔨
48	Is the organization a school as described in					· -	48	√
49a	Did the organization make any transfers t			zation?		. 4	49a	1
b	If "Yes," was the related organization a s						19b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee								
	employees) who each received more that	n \$100,000 of compe	nsation from the orga	ınizatıon. If th	ere is non	e, ente	r "None.	"
		(b) Title and average	(c) Reportable	(d) Health				
	(a) Name and address of each employee paid more than \$100,000	hours per week	compensation	contributions to employee benefit plans, and deferred				
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	compen		Other	Compens	
None				 				
140110								
			 	+				
		1	1					
			 	<u> </u>				
				 				
				1				
]						
					_			
f	Total number of other employees paid ov	er \$100,000	. ▶ 0					
51	Complete this table for the organization	's five highest comp	ensated independent	contractors	who each	recei	ved mor	e than
	\$100,000 of compensation from the orga							
(a)			(b) Type of ser		/ a/	Compe	neetine	
(a)		nd more than \$100 000		VICE I				
	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of ser		\-	,,		
None	Name and address of each independent contractor p.	aid more than \$100,000	(b) Type of ser					
None	Name and address of each independent contractor p.	aid more than \$100,000	(6) 1300 01361					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of Ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of Ser					
None	Name and address of each independent contractor p.	aid more than \$100,000	(b) Type of Ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of Ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of Ser					
None	Name and address of each independent contractor p	aid more than \$100,000	(b) Type of Ser					
d	Total number of other independent contr	actors each receiving	over \$100,000	>				
	Total number of other independent contr	actors each receiving	over \$100,000	>				
d	Total number of other independent contr	actors each receiving	over \$100,000	>)(1)	▶ ☑		No
d 52	Total number of other independent contribution the organization complete Schedule nonexempt charitable trusts must attach enalties of penury. I declare that I have examined this	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my ki	▶ ☑	Yes 🗀	
d 52	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my ki	▶ ☑	Yes 🗀	
d 52	Total number of other independent contribution the organization complete Schedule nonexempt charitable trusts must attach enalties of penury. I declare that I have examined this	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my ki	▶ ☑	Yes 🗀	
d 52	Total number of other independent contribution the organization complete Schedule nonexempt charitable trusts must attach enalties of penury. I declare that I have examined this	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my kindge	▶ ☑	Yes 🗀	
d 52 Under p true, coi	Total number of other independent contribit the organization complete Schedule nonexempt charitable trusts must attach penalties of penury. I declare that I have examined this mect, and complete Declaration of preparer (other that	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my kindge	▶ ☑	Yes 🗀	
d 52 Under p true, con	Total number of other independent contribution the organization complete Schedule nonexempt charitable trusts must attach realties of penury. I declare that I have examined this mect, and complete Declaration of preparer (other that Signature of officer	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my kindge	▶ ☑	Yes 🗀	
d 52 Under p true, con	Total number of other independent contribution the organization complete Schedule nonexempt charitable trusts must attach realities of penjury, I declare that I have examined this meet, and complete Declaration of preparer (other that signature of officer Charles K Campbell Treasurer	actors each receiving A? Note: All section 5 a completed Schedu	over \$100,000	s and 4947(a)(1) best of my ki	▶ ☑ nowledge	Yes 🗀	
d 52 Under p true, coi	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach enalties of penury, I declare that I have examined this meet, and complete Declaration of preparer (other that Signature of officer Charles K Campbell Treasurer Type or print name and title Print/Type preparer's name	actors each receiving A? Note: All section 5 a completed Schedu return, including accompar n officer) is based on all infe	over \$100,000	s and 4947(a)(1) best of my kindge	▶ ✓ nowledge	Yes and belie	
d 52 Under p true, con	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach renalties of penjury. I declare that I have examined this rect, and complete Declaration of preparer (other that Signature of officer Charles K Campbell Treasurer Type or print name and title Print/Type preparer's name arer	actors each receiving A? Note: All section 5 a completed Schedu return, including accompar n officer) is based on all infe	over \$100,000	s and 4947(a	check self-emplo	▶ ✓ nowledge	Yes and belie	
d 52 Under p true, coi	Total number of other independent contr Did the organization complete Schedule nonexempt charitable trusts must attach renalties of penjury. I declare that I have examined this rect, and complete Declaration of preparer (other that Signature of officer Charles K Campbell Treasurer Type or print name and title Print/Type preparer's name arer	actors each receiving A? Note: All section 5 a completed Schedu return, including accompar n officer) is based on all infe	over \$100,000	s and 4947(a)(1) best of my kridge	▶ ✓ nowledge	Yes and belie	

SCHEDULE A (Form 990 or 990-EZ)

; 1

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

Department of the Treasury Internal Revenue Service Name of the organization **Employer identification number** United By Friendship Inc. 61-1471905 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☑ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col. support governing document? col (i) of your above or IRC section (i) organized in the support? US? (see instructions)) Yes No Yes Nο Yes (A) (B) (C) (D) (E)

Total

4,1

Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total grants, contributions, and Gifts, membership fees received. (Do not include any "unusual grants.") . . . revenues levied for organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2007 (b) 2008 (d) 2010 (f) Total Calendar year (or fiscal year beginning in) ▶ (c) 2009(e) 2011 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 % 14 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 % 331/3% support test-2011. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/2% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

4

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.)

	If the organization fails to qualify	under the tes	ts listed belo	w, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar 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		}		.3 5.	•	
	received. (Do not include any "unusual grants.")	22,243	23,824.	31,296	42,246	94,527	214,136
2	Gross receipts from admissions, merchandise	· · · · · · · · · · · · · · · · · · ·					
	sold or services performed, or facilities					İ	
	furnished in any activity that is related to the organization's tax-exempt purpose	0	ol	o	ol	o	0
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513	م	اه		ol	م	0
		- 4	<u> </u>	<u>_</u>	<u>_</u>		
4	Tax revenues levied for the						
	organization's benefit and either paid	ا					_
	to or expended on its behalf	U	. 0	Ų	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the		_	_			_
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	22,243	23,824	31,296	42,246	94,527	214,136
7a	Amounts included on lines 1, 2, and 3		[
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3			·			
	received from other than disqualified					ł	
	persons that exceed the greater of \$5,000					-	
	or 1% of the amount on line 13 for the year	o	o	o	o	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from					· · · ·	
	line 6.)	Ì					214,136
Secti	on B. Total Support			· · · · · · · · · · · · · · · · · · ·			
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	22,243	23,824	31,296	42,246	94,527	214,136
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	0	o	o	o	86.00	86.00
b	Unrelated business taxable income (less					-	
•	section 511 taxes) from businesses					ļ	
	acquired after June 30, 1975	o	o	o	o	0	0
_	Add lines 10a and 10b	0	0	0	0	0	0
С 11	Net income from unrelated business			-			_
"	activities not included in line 10b, whether		ł				
	or not the business is regularly carried on	0	o	٥	0	0	0
40	* /						
12	Other income. Do not include gain or loss from the sale of capital assets				1		
	(Explain in Part IV.)	o	0	اه		o	0
12	Total support. (Add lines 9, 10c, 11,				0	- 0	0
13	and 12.)	22,243	23,824	31,296	42,246	94,613	214 222
4.4	· · ·				-		214,222
14	First five years. If the Form 990 is for the organization, check this box and stop her				or min tax ye	ar as a section	1 50 1(0)(3)
Saati				· · · · ·	• • • • •		
	on C. Computation of Public Suppor			0. 551	······································	145	100 %
15	Public support percentage for 2011 (line &		-			15	100 %
16 Secti	Public support percentage from 2010 Schoon D. Computation of Investment Inc					16	.00 %
17	Investment income percentage for 2011 (v line 12 colum	an (f)	17	0 %
	· · · · · · · · · · · · · · · · · · ·						
18	Investment income percentage from 2010 331/3% support tests—2011. If the organi					18 oro then 221=9	0 %
19a	17 is not more than 331/3%, check this box						
			_			-	
b	331/a% support tests—2010. If the organize line 18 is not more than 331/a%, check this because the state of t						
20	Private foundation. If the organization di						_
20	Tittate Ioungauon. Il tile organization di	S HOL CHECK & L	70 A OH MINE 14,	13a, UI 13D, C	HOUR LINS DUX	and see mound	ctions 🕨 🗌

		age 4
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).	
		•••••

4. 4.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization
United by Friendship

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.

OMB No 1545-0047

2011 Open to Public

Inspection
Employer Identification number
61-1471905

31. Camp Mt. Hebron Well: UbF provided funding for the expansion of a well at a retreat center for the people of the province of San Marcos.
\$4300
-Ambulance Repairs: UbF provided funding to the town of El Porvenir, Guatemala for the repair of their only ambulance, allowing for
improved access to health care to the people of that region. Approximately 6000 people were impacted \$1875
-Caracol Clinic Equipment: UbF provided funding for the purchase of basic medical equipment for the rural health clinic in the village
of Caracol, Guatemala which serves the medical needs of 10 surrounding villages. Approximately 2500 were impacted \$1549
-Disaster Relief to Guatemala: UbF sent funds to the Rotary club of La Ciudad de Guatemala for assistance in rebuilding homes damaged
in flooding from tropical storm Agatha One family benefited \$2200
-Water Testing Supplies: UbF purchased water testing supplies for the Uspantan Hospital laboratory in Guatemala. \$937
-Fencing for Xejuyub School: The elementary school of the village of Xejuyub in Uspantan, Guatemala is built on a narrow plateau with
steep cliffs on three sides. UbF provided funds for the construction of a fence to improve the safety of the 50 young students. \$3750
- Kitchen for Xejuyub School: In 2007 UbF built an elementary school for the village of Xejuyub in Uspantan, Guatemala. In 2011 UbF
provided funding fo the addition of a small kitchen so that its 50 students could have improved nutrition. \$5000
Total \$19611.00

SCHEDULE O (Form 990 or 990-EZ)

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OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ. Name of the organization Employer identification number United by Friendship Inc. 61-1471905 Part 1 Line 16 Other expenses: Bank Charges 80, Office 86, Supplies 20, team meeting 165, wire fees 11, awards, 285, fabrics, 480, Fundraising Guatemala products 1245, Refreshments 214 Total \$2,585