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## Form **990**

#### **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)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2011 calendar year, or tax year beginning , 2011, and ending D Employer Identification Number Check if applicable The Welcome to America Project 80-0038343 Address change PO BOX 21 Telephone number Name change SCOTTSDALE, AZ 85257 602-490-0088 Initial return Terminated 448,675. Amended return G Gross receipts \$ H(a) Is this a group return for affiliates? Application pending F Name and address of principal officer Yes X No H(b) Are all affiliates included? Same As C Above Yes No If 'No,' attach a list (see instructions) 4947(a)(1) or 527 X 501(c)(3) Tax-exempt status 501(c) ( ) ◀ (insert no.) Website: ► www.wtap.org H(c) Group exemption number Association X Other ► L Year of Formation 2001 M State of legal domicile AZ Form of organization Corporation Part I Summary 1 Briefly describe the organization's mission or most significant activities: <u>The Welcome to America Project is a </u> non-profit organization that creates community connections and builds bridges of \_ \_ Governance neighborly\_understanding\_by\_providing\_furniture,\_basic\_necessities,\_education\_and\_\_ additional resources to newly arriving refugees We offer a simple, welcoming \_\_ Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 12 Number of voting members of the governing body (Part VI, line 1a) ď 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 492,944. 448,175. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) -2,429. 10 19,527 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 512,471. 445,746. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 372,207. 326,071. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 90,856 83,857. 16a Professional fundraising fees (Part IX, column (A), line 11e) 12,215. **b** Total fundraising expenses (Part IX, column (D), line 25) 49,189. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 61,863 459,117. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 524,926. Revenue less expenses Subtract line 18 from line 12 -12,455. -13,371. **Beginning of Current Year** End of Year 77,574. 55,561. 20 Total assets (Part X, line 16) 21 39,200. 32,991. Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21\*from line 20 38,374 22,570. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign owor OD Type or princame and title Here Print/Type preparer's name Preparer's signature Date Bradley L.Huss Bradley L.Huss self-employed P01338186 Paid Preparer ► Brad Huss & Associates, Inc. Firm's name

SCAINNED JUN

Use Only

Firm's address ► 8010 E. Morgan Trail, Ste 10

May the IRS discuss this return with the preparer shown above? (see instructions).

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Scottsdale, AZ 85258

Œ

X Yes No

Firm's EIN ► 86-1014422

Phone no

(480) 998-1060

Forn	m 990 (2011) The Welcome to America Project	80-00	38343 Page 2
Pa	Statement of Program Service Accomplishments		
	* Check if Schedule O contains a response to any question in this Part III	· · ·	. X
1	Briefly describe the organization's mission:		_
·	See Schedule O		
			<b></b>
			. <b></b>
2	2 Did the organization undertake any significant program services during the year	which were not listed on the prior	
	Form 990 or 990-EZ? .		Yes X No
	If 'Yes,' describe these new services on Schedule O		
3	B Did the organization cease conducting, or make significant changes in how it co	nducts, any program services?	Yes X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are others, the total expenses, and revenue, if any, for each program service report	required to report the amount of quantities	easured by expenses. rants and allocations to
48	la (Code:) (Expenses \$ 401,861. including grants of \$	) (Revenue	\$)
		. <b>-</b>	
			· <b></b>
		. – – – – – – – – – – – – – – – – – – –	·
			<del></del>
41	b (Code) (Expenses \$ including grants of \$_	) (Revenue	\$)
		-	
		-	·
			<b></b>
		<b></b>	<b></b>
			. <b></b>
40	c (Code) (Expenses \$ including grants of \$	) (Revenue	\$
			·
			<b></b>
			·
			- <b></b>
			·
			·
			- <b></b>
	d Other program services (Describe in Schedule O )		
-71		) (Revenue \$	)
4	le Total program service expenses ► 401,861.	V VOTORIO V	
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			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	х	
2		2		Х
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		Х
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		х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		Х
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 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 credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		:4 <b>)</b>	
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
i	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		X
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		Х
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
14 a	a Did the organization maintain an office, employees, or agents outside of the United States? .	14a		_X_
ŀ	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2011) The Welcome to America Project
Partiv Checklist of Required Schedules (continued)

<u></u>			Yes	No
•	B.III		163	
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		Х
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	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	_23		х
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<del></del>
<b>2</b> 5 a	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 1.	25a		х
ŧ	bls the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	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)  A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
		204		
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i> .	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
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		Х
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	
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	Check if Schedule O contains a response to any question in this Part V				
				Yes	No No
1ช	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a	0	~	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	ō		
	Did the organization comply with backup withholding rules for reportable payments to vendo	s and reportable gaming			
	(gambling) winnings to prize winners?		1	c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment	t tax returns?	2	≥Ь	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	nstructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	r?	3	3a	X
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			ВЫ	
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?		la	X
ь	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 F				* 1
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•		ia	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	er transaction?		i b	X
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		<u> </u>	ic	<b>_</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	nd did the organization	_ 6	ia .	х
b	If 'Yes,' did the organization include with every solicitation an express statement that such c not tax deductible?	ontributions or gifts were	6	6 b	
7	Organizations that may receive deductible contributions under section 170(c).		* (		<b>₹</b> {y
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and p	artly for goods and			_
	services provided to the payor?			'a	X
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			′Ь	
·	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form 8282?	riich it was required to file		'c	Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7	e e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	efit contract?	7	rf	X
g	If the organization received a contribution of qualified intellectual property, did the organizat as required?	on file Form 8899	7	'g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a		'h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the ave excess business			****
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9	a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9	ь	
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь	_		
	Section 501(c)(12) organizations. Enter	1			,
а	Gross income from members or shareholders	11 a	_		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	116			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12	:a	<u> </u>
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			-	
а	Is the organization licensed to issue qualified health plans in more than one state?		13	a	1
	Note. See the instructions for additional information the organization must report on Schedu	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in	13Ь			
	which the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand		$\dashv$		
	Did the organization receive any payments for indoor tanning services during the tax year?	13c	14	1	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schadula O	14		<del>  ^</del>
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	165 10 100 111				\ <del>-</del> /

Form 990 (2011) The Welcome to America Project 80-0038343 Page 6 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes \*\*\* 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad Mary 1 authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Δ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director or 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 Q... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official See. Schedule O X 15 a **b** Other officers of key employees of the organization 15<sub>b</sub> 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? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None 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 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Megan O'Connor PO Box 21 Scottsdale AZ 85257

# 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.
- 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.

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

(A) Name and title	(B) Average hours per week	unles	s per	son is	ition ore the	an one i an offi ustee)	box, cer	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) CAROLYN MANNING-GIEDRAI										
Director	10	Х		Х			_	0.	0.	0.
(2) SENTARI MINOR	1.0	.,								
Director	10	_X_						0.	0.	0.
_(3)_SEAN_GARRISONPresident	10	Х		х				0.	0.	0
(4) ALEX CUDZEWICZ	10	_^_		Λ				0.	<u> </u>	0.
Director	10	х		х				0.	0.	0.
(5) JENNIFER NOTO	10						H	<u> </u>	0.	<u> </u>
Director	10	Х						0.	0.	0.
(6) ED BURKE										
Vice President	10	х		х				0.	0.	0.
(7) BRAD CRIBBINS						_				
Treasurer	10	Х		Х				0.	0.	0.
(8) SAM CHANG						-				
Director	10	X						0.	0.	0.
(9) RODNEY SCOTT										
Director	10	X						0.	0.	0.
(10) SUSIE GUERRA										
Director	10	X						0.	0.	0.
(11) JASON CARLAGE	:									
Director	10	Х						0.	0.	0.
(12) STUART LIMB								_	_	_
Director	10	Х				_		0.	0.	0.
(13)										
(14)										
		L								

(4) Name and tide  (5) Name and tide  (6) Name and tideness address  (7) Name and tideness address  (7) Name and tideness address  (8) Name and tideness address	Part VII   Section A. Officers, Directors, Trust	ees, l	<b>(ey</b>	Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)								ont)
Name and blum   Name and blum   Name and blum   Name and blumess address   Name and blumes address	•				•	•						
(15)	(A) Name and trile	Average	box	, unle	ss pe	rson	is bot	h an	(D) Reportable	(E) Reportable	Estimat	
(29) (29) (29) (29) (29) (29) (29) (29)									the organization	related organizations (W-2/1099-MISC)	compens from the	ation ne
(29) (29) (29) (29) (29) (29) (29) (29)		(describ e hours	direct	strtutio	ficer	y em	ghest nploye	rmer			and rela	ated
(29) (29) (29) (29) (29) (29) (29) (29)		for related	or trus	nal t		ploye	е					
(29) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (21) (21) (22) (23) (24) (25) (26) (27) (27) (27) (27) (28) (29) (29) (20) (20) (20) (20) (20) (20) (20) (20			stee	ustee		"	ensa					
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(29)	(17)											
(29) (23) (25)  1b Sub-total (26) (27) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29	(18)			-		-						
(22)	(19)											
(22)  (23)  (24)  (25)  1b Sub-total  c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	(20)											
(23)	(21)						:					
(24)	(22)			-								
1b Sub-total	(23)											
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  • 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	(24)											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  • 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  O. 0.  0. 0.  0. 0.  0. 0.  0. 0.  0. 0.  1 Ves No  1 Ses No  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Compensation	(25)											
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    ■	•	A						•				
from the organization    3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	***			- 1 -	.1 . 1.		. 1.	<b>•</b>			<u> </u>	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	· -	d to the	ose I	iste	d ab	ove)	) wh	o re	ceived more than	\$100,000 of report	lable compei	nsation
on line 1a³ If 'Yes,' compléte Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	non the organization										Ye	s No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation				key	em	ploy	ee,	or hi	ghest compensate	ed employee		
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdu	al								3	<u> </u>
Section B. Independent Contractors  1 Complete this table for your five highest compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  A										from		_ ]
Section B. Independent Contractors   1   Complete this table for your five highest compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year   (A)   Name and business address   Description of services   Compensation   C	such individual										4	X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  (B)  Description of services  Compensation	5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes.'	ompen comple	satıd te S	on fr chec	om . dule	any <i>J fo</i>	unre r su	elate ch p	d organization or <i>erson</i>	ındıvıdual	5	X
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year  (A)  Name and business address  Description of services  Compensation	Section B. Independent Contractors											
(A) Name and business address  Description of services  Compensation	Complete this table for your five highest compensation from the organization. Report compe	ed indensation	epen	den the	t cor cale	ntrac enda	ctors	tha ar er	it received more the	nan \$100,000 of In the organization	's tax vear	
	(A)								(B)	)	(C)	ion
								-				
		<del></del>										
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0	•		t lım	ıted	to t	hose	e list	ed a	above) who receiv	ed more than		

Pa	rt VIII   Statement of Revenue				
	•	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns. b Membership dues c Fundraising events d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lns 1a-1f: h Total. Add lines 1a-1f	448,175.			
		440,173.			
PROGRAM SERVICE REVENUE	Business Code  b  c  d  e  f All other program service revenue				
	g Total. Add lines 2a-2f ►				
	Investment income (including dividends, interest and other similar amounts)  Income from investment of tax-exempt bond proceeds  Royalties  (i) Real (ii) Personal  Caross rents  b Less: rental expenses  c Rental income or (loss)  d Net rental income or (loss)			4 h	
	(i) Sequenties (ii) Other		· ·		
	7 a Gross amount from sales of assets other than inventory  500.  b Less. cost or other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)	-2,429.	-2,429.		
	u Net gain or (loss).	-2,429.	-2,429.		
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less direct expenses b				<u>                                     </u>
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	to a company of the c	AAE 746	-2 420		
	12 Total revenue. See instructions .	445,746.	-2,429.	0.	0.

#### Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a	response to any questic	on in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	and organizations in the United States. See Part IV, line 21		-		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	326,071.	326,071.	- 17 27 27 28 28 28 28 28 28 28 28 28 28 28 28 28	* *
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				2. °
<b>4</b> 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	73,368.	40,954.	32,414.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	10,489.	7,559.	2,930.	
11	Fees for services (non-employees).	·			
a	a Management				
1	Legal		,		2
•	Accounting				*-
(	Lobbying				**
•	Professional fundraising services. See Part IV, line 17				,
1	Investment management fees				<del>-</del>
	1 Other				<del>** *</del>
12	Advertising and promotion	1,475.		1,475.	
	Office expenses .	1,602.	<del></del>	1,602.	
14	Information technology	=/, 002.		1,002.	
15	Royalties			70 - 102 /2	
16	Occupancy	-			. 147
	Travel			·	
• •	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings				
20	Interest		77.77		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,770.	1,770.		
23	Insurance	2,378.		2,378.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			*	,
ā	Event_expense	12,215.			12,215.
	Truck expenses	10,036.	10,036.		
(	restricted Grant expense	9,784.	9,784.		
	Storage Rental	5,504.	5,504.		
	All other expenses	4,425.	183.	4,242.	
	Total functional expenses. Add lines 1 through 24e	459,117.	401,861.	45,041.	12,215.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here				
	SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet					
	-				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing .	-		6,191.	1	
	2	Savings and temporary cash investments .			66,196.	2	54,646.
	3	Pledges and grants receivable, net.				3	
	4	Accounts receivable, net		. [		4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trus II of S	stees, key employees, Schedule L	2	5	224
•	6	Receivables from other disqualified persons (as defin persons described in section 4958(c)(3)(B), and contisponsoring organizations of section 501(c)(9) voluntal organizations (see instructions)	rıbutını	g employers and		6	Ŷ'.
ASSETS	7	Notes and loans receivable, net		j		7	
Ĕ	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·				
Ś	9	Prepaid expenses and deferred charges				9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	5,300.			
	b	Less: accumulated depreciation	10b	4,385.	5,187.	10 c	915
	11	Investments – publicly traded securities .				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11			-	13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		77,574.	16	55,561
	17	Accounts payable and accrued expenses				17	
	18	Grants payable		18			
	19	Deferred revenue			19		
Ļ	20	Tax-exempt bond liabilities			20		
À	21	Escrow or custodial account liability Complete Part	IV of S	Schedule D	, , , , , , , , , , , , , , , , , , ,	21	
ABILIT	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe of Schedule L	stees, rsons	key employees, Complete Part II	· · · · · · · · · · · · · · · · · · ·	22	
ł	23	Secured mortgages and notes payable to unrelated the	nird pa	arties.		23	
Š	l	Unsecured notes and loans payable to unrelated third	•	1		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24) Com	•		39,200.	25	32,991.
	26	Total liabilities. Add lines 17 through 25			39,200.	26	32,991
N E T		Organizations that follow SFAS 117, check here ▶	a	nd complete lines			
Ť		27 through 29 and lines 33 and 34.	_			,	
Ş	27	Unrestricted net assets				27	
ASSET'S	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets				29	
R		Organizations that do not follow SFAS 117, check he	ere 🟲	X and complete			
Ę	Ì	lines 30 through 34.					
DZC	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or equipm	nent fu	ınd		31	
<b>B女し女之ひ辿り</b>	32	Retained earnings, endowment, accumulated income		1	38,374.	32	22,570.
Š	33	Total net assets or fund balances		Ì	38,374.	33	22,570.
E	34	Total liabilities and net assets/fund balances		Ì	77,574.	34	55,561.

BAA

Form 990 (2011)

Form 990 (2011) The Welcome to America Project	80-0038343	} Pa	age 12			
Part XI & Reconciliation of Net Assets	·					
* Check if Schedule O contains a response to any question in this Part XI	<u></u> _		X			
	1 1					
1- Total revenue (must equal Part VIII, column (A), line 12)	1	445,7				
2 Total expenses (must equal Part IX, column (A), line 25)	. 2	459,1				
3 Revenue less expenses. Subtract line 2 from line 1	3	-13,3	<u> 371.</u>			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38,3	<u> 374.</u>			
5 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	-2,4	<u> 133.</u>			
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	22,5	570.			
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII	;					
<ul> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other</li> <li>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs</li> </ul>	ight of the audit,	Yes  2a  2b	No X X			
review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis						
<ul><li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?</li><li>b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo</li></ul>	J		X			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	(0011)			
BAA		Form <b>990</b> (	(2011)			

TEEA0112L 07/06/11

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**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

taine u	i the	organization							Employe	r identifica	tion number		
The	We	elcome to Amer	rica Project						80-00	038343	3		
Part	1	Reason for Publ	lic Charity Status	(All organizations	must d	comple	te this	part.)	See ı	nstruct	ions.		
Гһе о	r <u>ga</u> r	nization is not a priva	ite foundation becaus	e it is: (For lines 1 thro	ugh 11,	check o	nly one	box)					
1	Ш	A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	(i)(A)(i)					
2		A school described in	n section 170(b)(1)(A)	(ii). (Attach Schedule 8	Ξ.)								
3	П	A hospital or a coope	erative hospital servic	e organization describe	d in <b>sec</b>	tion 170	)(b)(1)(A	\)(iii).					
4	П	A medical research of	organization operated	in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(A	A)(iii). Er	nter the ho	spital's	S
	_	name, city, and state	·										
5			rated for the benefit o	f a college or university	owned	or oper	ated by	a gover	nmenta	l unit de:	scribed in	sectio	n
6				overnmental unit descri									
7	믐	in section 170(b)(1)(	<b>A)(vi).</b> (Complete Pai	•		_	vernme	ntal uni	t or from	1 the ger	neral publi	c desc	rıbed
8		A community trust de	escribed in <b>section 17</b>	<b>70(b)(1)(A)(vi).</b> (Comple	te Part I	1)							
9	_	from activities related investment income a	d to its exempt function and unrelated busines	) more than 33-1/3% of ons – subject to certain s taxable income (less	n except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from	gross
			section 509(a)(2). (Co										
10	Ц	•	•	xclusively to test for pu		•		, ,	• •				
11		more publicly suppor	ted organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	(1) or s	ection 5	609(a)(2)	ctions o ). See s	of, or ca section !	rry out tl 509(a)(3)	he purpose ). Check th	es of or ne box	ne or that
		a Type I	<b>b</b> Type II	c Type III	l – Fund	ctionally	ıntegrat	ted		d $\square$	Type III -	- Othe	er
е		By checking this box other than foundation section 509(a)(2)	, I certify that the org n managers and other	anization is not controll than one or more pub	led directicly sup	tly or in ported o	directly organiza	by one tions de	or more escribed	disquali in section	ified perso on 509(a)(	ns 1) or	
f		` ' ' '	eceived a written dete	rmination from the IRS	that is a	Type I,	Type II	or Typ	e III sup	porting	organizatio	n,	
g			06 has the organizati	on accepted any gift of	r contrib	ution fro	om anv i	of the fo	allowina	nersons	:7		
9			o, nao ato organizati	on accepted any give o			,,,, c,,,,	00	,	porcorio	•	Yes	No
		(i) A person who obelow, the gove	directly or indirectly co	ontrols, either alone or oported organization?	togethe	r with pe	ersons d	escribe	d ın (ıı)	and (III)	11 g (i)	103	
		· · · · · · ·	er of a person describ	•							11 g (ii)		
		• • •	•	described in (i) or (ii) a	bove?	_					11 g (iii)		
h		• •	•	e supported organization		•					لنتكفننا	'I	L
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organız column (i your go	Is the cation in in incorporate in i	the organ	ou notify lization in n (i) of upport?	organız	s the ration in (i) ed in the	(vii) Amou	nt of sup	port
					Yes	No	Yes	No	Yes	No			
					103	110	163	110	163	110			
(A)						·							
<u>~,</u>													
В)													<del> </del>
C)													
					1	1							
D)													
E)													
						l							

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

Schedule A (Form 990 or 990-EZ) 2011

# 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	ction A. Public Support						
Cale begi	endar year (or fiscal year inning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to 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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					***************************************	
Cale Degi	ndar year (or fiscal year nning in) ►	(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(d)</b> 2010	<b>(e)</b> 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)		<u> </u>	12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, or	r fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul						
	Public support percentage for 20		•	e 11, column (f))	•	14	%
	Public support percentage from 2	·	,			15	<u>%</u>
16 a	a 33-1/3% support test — 2011. If the and stop here. The organization	the organization d qualifies as a pub	lid not check the b olicly supported or	oox on line 13, and ganization	d the line 14 is 33	3-1/3% or more,	check this box
t	33-1/3% support test – 2010. If to and stop here. The organization	the organization d qualifies as a pub	lid not check a bo blicly supported or	x on line 13 or 16. ganization	a, and line 15 is 3	33-1/3% or more,	check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	' test. check this l	box and stop her	e. Explain in Par	t IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	and-circumstances test The organiza	i' test, check this l tion qualifies as a	box and <b>stop her</b> publicly supporte	<b>e.</b> Explain in Par ed organization	t IV how the ►
	Private foundation. If the organization	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check thi	s box and see in	structions -
BAA					Sch	nedule A (Form 9	90 or 990-FZ) 2011

Page 3

#### 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 if	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<del></del>		<del></del> -	
	tion A. Public Support	<del></del> -			·	<del></del>	
Calen	dar year (or fiscal yr beginning in)►	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	(d) 2010	(e) 2011	<b>(f)</b> Total
ı	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')	278,486.	377,994.	440,759.	512,471.	445,746.	2,055,456.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
3	tax-exempt purpose Gross receipts from activities that are not an unrelated trade						0.
4	or business under section 513 Tax revenues levied for the						0.
	organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1 through 5	278,486.	377,994.	440,759.	512,471.	445,746.	2,055,456.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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	0.	0.	0.	0.	0.	0.
_	Add lines 7a and 7b	0.	0.1	0.	0.	0.	0.
	Public support (Subtract line			0.			
	7c from line 6)				Age on the		2,055,456.
		(a) 2007	<b>(b)</b> 2008	(c) 2009	<b>(4)</b> 2010	<b>(e)</b> 2011	(n) Total
Calen	dar year (or fiscal yr beginning in)	(a) 2007 278 486	<b>(b)</b> 2008	(c) 2009 440 759	(d) 2010 512 471	(e) 2011 445 746	(f) Total
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2007 278, 486.	<b>(b)</b> 2008 377, 994.	(c) 2009 440, 759.	(d) 2010 512, 471.	(e) 2011 445, 746.	2,055,456.
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	278,486.	377,994.	440,759.	512,471.	445,746.	2,055,456. 0.
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses						0. 0.
Calen 9 10 a b	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	278,486.	377,994.	440,759.	512,471.	445,746.	2,055,456. 0.
Calen 9 10 a	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	278,486.	377,994.	440,759.	512,471.	0.	2,055,456. 0. 0. 0. 0.
Calen 9 10 a 10 a 11 12 13 14	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	278, 486.  0.  278, 486.  Is for the organizastop here	377, 994.  0.  377, 994.  ation's first, secon	440,759. 0.	512, 471. 0.	0. 445,746.	2,055,456. 0. 0. 0. 0. 2,055,456.
Calen 9 10 a 10 a 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Put	278, 486.  0.  278, 486.  is for the organize stop here	377, 994.  0.  377, 994.  ation's first, secon	440,759.  0.  440,759. d, third, fourth, o	512, 471. 0.	0. 445,746.	2,055,456. 0. 0. 0. 0. 2,055,456. 3) ► □
Calen 9 10 a 10 a 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	278, 486.  0.  278, 486.  is for the organize stop here	377, 994.  0.  377, 994.  ation's first, secon	440,759.  0.  440,759. d, third, fourth, o	512, 471. 0.	0. 445,746.	2,055,456.  0.  0.  0.  0.  2,055,456.  3)  ►□
Calen 9 10 a 11 12 13 14 Sec 15 16	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from 20.	278, 486.  0.  278, 486.  us for the organizastop here blic Support P 011 (line 8, column 2010 Schedule A,	377, 994.  0.  377, 994.  ation's first, secon  ercentage  n (f) divided by lin  Part III, line 15	440, 759.  0.  440, 759. d, third, fourth, o	512, 471. 0.	445, 746.  0.  445, 746. a section 501(c)(3	2,055,456. 0. 0. 0. 0. 2,055,456. 3) ► □
Calen 9 10 a 11 12 13 14 Sec 15 16 Sec	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from tion D. Computation of Inv	278, 486.  0.  278, 486.  Is for the organization here  blic Support P  11 (line 8, column 2010 Schedule A, estment Incon	377, 994.  0.  377, 994.  ation's first, secon  ercentage  n (f) divided by lin  Part III, line 15  ne Percentage	440,759.  0.  440,759. d, third, fourth, o	512, 471.  0.  512, 471. r fifth tax year as	445, 746.  0.  445, 746. a section 501(c)(3)	0. 0. 0. 0. 0. 2,055,456. 3) ► □  100.00 % 100.00 %
Calen 9 10 a 11 12 13 14 Sec 15 16 Sec 17	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage from 20 Public support percentage from 21 tion D. Computation of Inv	278, 486.  0.  278, 486.  Is for the organization here  blic Support P  11 (line 8, column 2010 Schedule A, restment Incomor 2011 (line 10c,	377, 994.  0.  377, 994.  ation's first, secon  ercentage  (f) divided by lin  Part III, line 15  ne Percentage  column (f) divided	440, 759.  0.  440, 759. d, third, fourth, of th	512, 471.  0.  512, 471. r fifth tax year as	445, 746.  0.  445, 746. a section 501(c)(3	2,055,456.  0.  0.  0.  0.  2,055,456.  3)  ▶□  100.00 %  0.00 %
Calen 9 10 a 1 1 1 2 1 3 1 4 Sec 1 5 1 6 Sec 1 7 1 8	dar year (or fiscal yr beginning in) Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (Add lins 9, 10c, 11, and 12).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pulpublic support percentage from the sale of capital system of the properties of the form 10 organization.	278, 486.  0.  278, 486.  Is for the organizastop here  blic Support P  11 (line 8, column 2010 Schedule A, restment Incomor 2011 (line 10c, rom 2010 Schedul	377, 994.  0.  377, 994.  ation's first, secon  ercentage  (f) divided by lin  Part III, line 15  ne Percentage  column (f) divided le A, Part III, line	440,759.  0.  440,759. d, third, fourth, o e 13, column (f)) d by line 13, column	512, 471.  0.  512, 471.  r fifth tax year as	445, 746.  0.  445, 746. a section 501(c)(3	2,055,456.  0.  0.  0.  0.  2,055,456.  3)  ▶ □  100.00 %  0.00 %  0.00 %
Calen 9 10 a 11 12 13 14 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pull Public support percentage for 20. Public support percentage from the state of capital support percentage from the support percentage from 20.  Public support percentage from 20. Investment income percentage from 33-1/3% support tests — 2011. If is not more than 33-1/3%, check	278, 486.  0.  278, 486.  Is for the organization here  blic Support P  11 (line 8, column 2010 Schedule A, restment Incomor 2011 (line 10c, rom 2010 Schedul f the organization this box and stop	377, 994.  0.  377, 994.  ation's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divided by line A, Part III, line did not check the one here. The organic	440,759.  0.  440,759. d, third, fourth, of thir	512, 471.  0.  512, 471.  r fifth tax year as  mn (f))  and line 15 is more a publicly support	445, 746.  0.  445, 746. a section 501(c)(3)  15 16  17 18 e than 33-1/3%, a orted organization	2,055,456.  0.  0.  0.  0.  2,055,456.  3)  ▶ □  100.00 %  100.00 %  0.00 %  0.00 %  The line 17
Calen 9 10 a 11 12 13 14 Sec 17 18 19 a b	dar year (or fiscal yr beginning in) Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from those income percentage from 1. Investment income percentage filinvestment income percentage filingent in the properties of the propertie	278, 486.  0.  278, 486.  Is for the organization here  blic Support P  11 (line 8, column 2010 Schedule A, restment Incomor 2011 (line 10c, rom 2010 Schedule in the organization of this box and stop in the organization of the organization organization of the organization of the organization organization	377, 994.  0.  377, 994.  ation's first, secondercentage of (f) divided by ling Part III, line 15 one Percentage column (f) divided by ling Part III, line 15 one Percentage column (f) divided by ling line did not check the one on the column of the column	440,759.  0.  440,759. d, third, fourth, of third, and the third of third, and the third of third, and third of third of third of third, and third of third of third, and third of third of third of third, and third of third	512, 471.  0.  512, 471.  r fifth tax year as  mn (f))  and line 15 is more a publicly supposine 19a, and line 1 alifies as a publicly	445, 746.  0.  445, 746. a section 501(c)(3)  15 16  17 18 e than 33-1/3%, a orted organization of the section supported organization by supported organization o	2,055,456.  0.  0.  0.  0.  2,055,456.  3)  ▶ □  100.00 %  100.00 %  0.00 %  100.00 %  100.00 %

Scheaule A	(Form 990 or	990-EZ) 201	i ine we	ercome ro	<u>America</u>	Project		<u>80-0038343</u>	Page 4
Part IV	Supplemer Part II, line (See instru	ntal Inform 17a or 17 ictions).	nation. Con b; and Par	nplete this p t III, line 12	part to prov	ide the expla plete this par	nations requi t for any add	red by Part I itional inform	I, line 10; nation.
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#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Employer identification number

The	e Welcome to America Project		80-0038343
	Organizations Maintaining Dono the organization answered 'Yes' to	r Advised Funds or Other Similar F to Form 990, Part IV, line 6.	
		(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 do funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control	n donor advised . Yes No
6	Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private beni	the benefit of the donor or donor advisor, or	funds can be r for any other  Yes No
Pa	<u> </u>		
	Till Conservation Easements. Comp		es to Form 990, Part IV, line 7.
•	Purpose(s) of conservation easements held b	, , , , , , , , , , , , , , , , , , , ,	
	Preservation of land for public use (e g ,	· H	on of an historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
_	Preservation of open space		
2	last day of the tax year.	ion held a qualified conservation contribution	n in the form of a conservation easement on the
			Held at the End of the Tax Year
;	a Total number of conservation easements		2a
1	<b>b</b> Total acreage restricted by conservation ease	ments	2b
	c Number of conservation easements on a certi		2c
(	d Number of conservation easements included structure listed in the National Register	in (c) acquired after 8/17/06, and not on a hi	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to co	onservation easement is located ►	
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, nts it holds?	handling of violations, Yes No
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation e	easements during the year
7	Amount of expenses incurred in monitoring, if ► \$	nspecting, and enforcing conservation easen	ments during the year
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of	f section Yes No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and ex to the organization's financial statements th	spense statement, and balance sheet, and at describes the organization's accounting for
Pa	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, III	or Other Similar Assets. ne 8.
1:	a If the organization elected, as permitted unde art, historical treasures, or other similar asset in Part XIV, the text of the footnote to its fina	s held for public exhibition, education, or res	evenue statement and balance sheet works of search in furtherance of public service, provide,
I	b If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958), to report in its rever eld for public exhibition, education, or research	nue statement and balance sheet works of art, ch in furtherance of public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>►\$</b>
	(ii) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of a amounts required to be reported under SFAS		
;	a Revenues included in Form 990, Part VIII, line	e 1	<b>-</b> \$
ı	<b>b</b> Assets included in Form 990, Part X		<b>►</b> \$

Part III Organizations Maintain				or Other Similar Ass		contini	rage A
3 Using the organization's acquisitio items (check all that apply):		-	<del></del>	·			
æ ☐ Public exhibition		d Loan	or exchange programs	5			
<b>b</b> Scholarly research		e Other					
c Preservation for future genera	tions						
4 Provide a description of the organ Part XIV.		s and explain ho	w they further the orga	anızatıon's exempt purpo	se in		
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or receive ther than to be ma	re donations of ai	rt, historical treasures, of the organization's c	or other similar	Yes	. [	No
Part IV Escrow and Custodial line 9, or reported an a	<b>Arrangements</b>	. Complete if	the organization a	nswered 'Yes' to Fo			
1a Is the organization an agent, trusti included on Form 990, Part X?	ee, custodian, or c	ther intermediary	for contributions or o	ther assets not	Yes	. [	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIV and co	mplete the follow	ing table:		<u> </u>		<u> </u>
c Beginning balance				1c	Amour	it	
d Additions during the year		•	•	1d			
e Distributions during the year		•		1e			
f Ending balance				<u>1f</u>		-	_
2a Did the organization include an an		, Part X, line 217	' .	• •	Yes	· [	No
b If 'Yes,' explain the arrangement in			······································	<del> </del>			
Part V Endowment Funds. Cor	nplete if the or	ganization ans	swered 'Yes' to Fo	rm 990, Part IV, line	<u> 10.</u>		
<u>_</u>	(a) Current year	(b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e)	Four year	rs back
1 a Beginning of year balance					, sh.	War.	è;
<b>b</b> Contributions						N. Fr.	> * <
c Net investment earnings, gains, and losses	•				,,,,,	4 . 1 % . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 .	
d Grants or scholarships.				<del>- 1</del>	nen	** • \$	<del>*************************************</del>
e Other expenditures for facilities and programs					7. 33. 2. 40.	ing car affiliation.	\$ · · *
f Administrative expenses	· · .				1 .	** **	
g End of year balance					7.4.	4,240.5	8 , 4 6
2 Provide the estimated percentage	of the current ves	r end halance (lir	ne 1a, column (a)) hold	1 25:	<u> </u>	<del></del>	
a Board designated or quasi-endowr	-	%	ic rg, column (a)) neic	ı as.			
b Permanent endowment ►	%						
		0.					
c Temporarily restricted endowment		%					
The percentages in lines 2a, 2b, a	nd 2c should equa	1 100%					
3a Are there endowment funds not in	the possession of	the organization	that are held and adm	ninistered for the	,		
organization by						Yes	No
(i) unrelated organizations					3a(i)		ļ
(ii) related organizations					3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related or	ganizations listed	as required on So	chedule R?		3b		
4 Describe in Part XIV the intended	uses of the organi	zation's endowm	ent funds.				
Part VI Land, Buildings, and E	quipment. See	Form 990, Pa	art X, line 10.				
Description of property		st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d)	Book va	alue
1 a Land				1			
<b>b</b> Buildings							
c Leasehold improvements				1 - 1	-		
<b>d</b> Equipment			5,300.	4,385.			915.
e Other				1,303.			<u> </u>
Total. Add lines 1a through 1e. (Column	(d) must equal Fo	nrm 990 Part Y	column (R) line 10(e)	)			915.
BAA	(a) mast equal I C	550, 1 ait X,	column (D), mie TO(C)		lulo D /	orm of	
<b>200</b>				Sched	iule <b>D</b> (f	orm 95	90) 2011

Scne	edule D (Form 990) 2011 The Welcome to America Project	80~003	8343 Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	ments	N/A
1	Total revenue (Form 990, Part VIII, column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)	[	
3	Excess or (deficit) for the year Subtract line 2 from line 1	Ī	
4	Net unrealized gains (losses) on investments		· · · · · · · · · · · · · · · · · · ·
5	Donated services and use of facilities		
6	Investment expenses .	Ī	
7	Prior period adjustments	[	•
8	Other (Describe in Part XIV )		
9	Total adjustments (net) Add lines 4 through 8	· · · · · · · · · · · · · · · · · · ·	
10			
	t XIII Reconciliation of Revenue per Audited Financial Statements With	Revenue per Return	N/A
1	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		• •
	a Net unrealized gains on investments		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants . 2c		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	3	
	l i	16	
	a Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c 5	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		NT / D
	tXIII Reconciliation of Expenses per Audited Financial Statements Wit	n Expenses per Retui	m N/A
	Total expenses and losses per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities 2a		
	Prior year adjustments . 2b		
	C Other losses 2c		
•	d Other (Describe in Part XIV )	<u> </u>	
•	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV ).		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	t XIV Supplemental Information		
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d ar additional information	nd 4b. Also complete this p	art to provide
	<b></b>		
		·	<b></b>
		·	
		·	<b></b>

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

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Schedule D (Form 990) 2011 The Welcome to America Project  Part XIV   Supplemental Information (continued)	80-0038343	Page 5
Part XIV   Supplemental Information (continued)		
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# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB, No 1545-0047

2011

						)		
Department of the Treasury Internal Revenue Service		Complete if the	e if the organizatio	organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	rm 990, Part IV, lines 2 0.	1 or 22.		Openito Public Inspection
Name of the organization The Welcome to America Project	America Prote	i ct					Employer identification number	ation number
Partাই General Information on Grants and Assistance	formation on Gran	nts and Assista	ance					
<ul><li>1 Does the organization criter</li><li>2 Describe in Part IV</li></ul>	Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the	to substantiate the grants or assistand rocedures for monit	amount of the grace?	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	rantees' eligibility for the g	ne grants or assistanc	e, and	X Yes No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,00	I Other Assistanc	e to Governme	nts and Organi that received m	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	ed States. Complet heck this box if no	te if the organizat	ion answered 'Ye	90.
1 (a) Name and address	Name and address of organization	dditional space	is needed	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		(O Method of valuation		<b>A</b>
or government	nent	(B) EIIN	(c) IRC section rf applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
6								
(4)								
(5)								
· · · · · · · · · · · · · · · · · · ·								
<i>∞</i>								
(8)								
2 Enter total number	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	and government or	ganizations listed in	n the line 1 table				0
1 -	duction Act Notice, se	ee the Instructions	for Form 990.		TEEA3901L 06/01/11	06/01/11	Schedul	Schedule I (Form 990) (2011)

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information Household Items 80-0038343 (e) Method of valuation (book, FMV, appraisal, other) - Funds are restricted to expenses and line items explicitely described in the original Thrift Shop grant request. The restricted funds accounts are reported to the Board on a monthly 326,071. (d) Amount of non-cash assistance Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (c) Amount of cash grant The Welcome to America Project (b) Number of recipients 1 Donation of Household Goods (a) Type of grant or assistance Schedule I (Form 990) (2011) basis. Part III

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Schedule I (Form 990) (2011)

#### SCHEDULE M (Form 990)

#### **Noncash Contributions**

2

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open To Public

The Welcome to America Project

Employer identification number 80-0038343

Par	t I   Types of Property							
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Meth noncash	nod of	<b>d)</b> determir bution a	ning mounts
1	Art – Works of art							
2	Art – Historical treasures		···					
3	Art – Fractional interests							
4	Books and publications .							
5	Clothing and household goods		11.5					
6	Cars and other vehicles .							
7	Boats and planes							-
8	Intellectual property							
9	Securities – Publicly traded .							•
10	Securities - Closely held stock							
11	Securities – Partnership, LLC, or trust interests							
12	Securities – Miscellaneous							
13	Qualified conservation contribution — Historic structures							
14	Qualified conservation contribution – Other							
15	Real estate – Residential							
16	Real estate - Commercial							
17	Real estate — Other .		· · · ·					
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy						-	
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()		<del></del> -					
26	Other ► ()		· ·					
27	Other ► ()					-		<u> </u>
28	Other ► (							
	Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Dones	on during the	e tax year for contribut laement	ions for which the	29			
	_ , , , , , , , , , , , , , , , , , , ,		•				Yes	No
30 a	During the year, did the organization receive by co	ontribution a	ny property reported in	Part I, lines 1-28 that	it must _			
	hold for at least three years from the date of the in purposes for the entire holding period?	nitiai contrib	ution, and which is not	t required to be used to	r exempt	30 a		X
Ь	If 'Yes,' describe the arrangement in Part II.					-		
	Does the organization have a gift acceptance police	cy that reou	res the review of any r	non-standard contribution	ons?	31		X
			-					
	Does the organization hire or use third parties or r noncash contributions?	eiated orgai	nizations to solicit, pro	cess, or sell		32 a		Х
	If 'Yes,' describe in Part II.		- A	ularaha adiriman (2007)	-12			
<b>33</b>	If the organization did not report an amount in col	umn (c) for	a type of property for v	wnich column (a) is che	cked,			į
	describe in Part II.							

•	and 33, and	d whether t	he organiza	atıon ıs rep	orting in Pa	art I, columi	n (b), the nu	ired by Part I, imber of contr or any addition	ibutions, the	
•										
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Schedule M (Form 990) 2011 The Welcome to America Project

80-0038343

Page 2

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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.

open to Public nolicegan

The Welcome to America Project	80-0038343
Form 990 - Explanation of Amended Return	
To correct balance sheet From 990 Part X page 11 to reflect sale of vehicle Form 990, Part III, Line 1 - Organization Mission	adjusted liabilities and
The Welcome to America Project is a non-profit organization	that creates community
connections and builds bridges of neighborly understanding b	y providing furniture,
basic necessities, education and additional resources to new	ly arriving refugees.We
offer a simple, welcoming gesture but it lasts a lifetime.	· · · · · · · · · · · · · · · · · · ·
Form 990, Part VI, Line 11b - Form 990 Review Process	
Presented and reviewed at board meeting prior to filing retu	rn
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEC	D, Exec. Dir., or Top Mgtment
The Board of Directors reviewed data from the independent se	ctor and public
information on comparable salaries.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	e
Presentation, review and vote at board meeting	
<del></del>	
<del></del>	

**Schedule O - Supplemental Information** Page 2 2011 **Client WELCOME The Welcome to America Project** 80-0038343 5/28/13 01:25PM Form 990, Part XI, Line 5 Other Changes in Net Assets or Fund Balances -2,429. -4. -2,433. Total \$

2011	Federal Supporting Detail		F	Page 1
Client WELCOME	The Welcome to America Project		80-	0038343
5/28/13				01 25PM
Contributions, Gifts, and Gi Fundraising events [O]	rants			
10 year Gala Misc events Dinners			\$ 1,5 3,4 8,5	64. 81.
Prom		Total	\$ 36,0	42. 08.
Contributions, Gifts, and Gi Other contributions, gifts, g	rants grants, etc.			
Gas			\$ 1,9	47.
Business Fall Letter Campaign			7,0 10,2	20.
Individual Donations United Way Write-Ins			2,6 1,4	80.
Patrons of WTAP Champions of WTAP				08.
Friends of WTAP Restricted Grants			27,5 9,7	84.
Other Grants	•	Total	\$ 86,0°	34. 96.
Stmt. of Functional Expense Other salaries and wages	es (990)			
Driver			\$ 20,3	38.
Family Advocate		Total	\$ 40,9	
Stmt. of Functional Expense Payroll taxes	es (990)			
Driver			\$ 2,00	08.
Family Advocate Worker's Comp			1,8, 3,3	57.
DES		Total		45. 59.
Stmt. of Functional Expense Other salaries and wages	es (990)			
Executive Director		Total	\$ 32,41 \$ 32,41	14.
		IULAI	<u>y 32,4.</u>	<u> </u>

2011	Federal Supporting Detail		Page 2
Client WELCOME	The Welcome to America Project		80-0038343
Š/28/13			01·25PM
Stmt. of Functional Expenses (9 Payroll taxes	90)		
Executive Director		\$ Total	2,930. 2,930.
Stmt. of Functional Expenses (9 Advertising and promotion	90)		
Networking Web marketing		\$	1,081. 394.
		Total \$	1,475.
Stmt. of Functional Expenses (9 Office expenses	90)		
Rent Supplies		\$	25. 1,577.
		Total \$	1,602.
Stmt. of Functional Expenses (9 Insurance	90)		
Liability Board of Directors		\$	1,478. 900.
		Total \$	2,378.