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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C**  
**CENTER FOR ADVANCED RESEARCH & TECHNOLOGY FOUNDATION**  
**2555 CLOVIS AVENUE**  
**CLOVIS, CA 93612**

**D** Employer identification number

77-0496752

**E** Telephone number

(559) 248-7400

**F** Group Exemption Number ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method. ☒ Cash ☐ Accrual  
Other (specify) ▶**I** Website: ▶ N/A**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 236,038.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

|           |                                                                                                                                                  |           |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Contributions, gifts, grants, and similar amounts received                                                                                       | <b>1</b>  | 189,352.  |
| <b>2</b>  | Program service revenue including government fees and contracts                                                                                  | <b>2</b>  |           |
| <b>3</b>  | Membership dues and assessments                                                                                                                  | <b>3</b>  |           |
| <b>4</b>  | Investment income                                                                                                                                | <b>4</b>  | 30,169.   |
| <b>5a</b> | Gross amount from sale of assets other than inventory                                                                                            | <b>5a</b> |           |
| <b>5b</b> | Less cost or other basis and sales expenses                                                                                                      | <b>5b</b> |           |
| <b>5c</b> | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)                                                          | <b>5c</b> |           |
| <b>6</b>  | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here. <input type="checkbox"/>       |           |           |
| <b>6a</b> | Gross revenue (not including \$ of contributions reported on line 1)                                                                             | <b>6a</b> |           |
| <b>6b</b> | Less direct expenses other than fundraising expenses                                                                                             | <b>6b</b> |           |
| <b>6c</b> | Net income or (loss) from special events and activities (Subtract line 6b from line 6a)                                                          | <b>6c</b> |           |
| <b>7a</b> | Gross sales of inventory, less returns and allowances                                                                                            | <b>7a</b> |           |
| <b>7b</b> | Less cost of goods sold                                                                                                                          | <b>7b</b> |           |
| <b>7c</b> | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)                                                                   | <b>7c</b> |           |
| <b>8</b>  | Other revenue (describe ▶ SEE STATEMENT 1)                                                                                                       | <b>8</b>  | 16,517.   |
| <b>9</b>  | <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8                                                                                    | <b>9</b>  | 236,038.  |
| <b>10</b> | Grants and similar amounts paid (attach schedule) SEE STATEMENT 2                                                                                | <b>10</b> | 13,650.   |
| <b>11</b> | Benefits paid to or for members                                                                                                                  | <b>11</b> |           |
| <b>12</b> | Salaries, other compensation, and employee benefits.                                                                                             | <b>12</b> | 13,702.   |
| <b>13</b> | Professional fees and other payments to independent contractors                                                                                  | <b>13</b> | 57,932.   |
| <b>14</b> | Occupancy, rent, utilities, and maintenance                                                                                                      | <b>14</b> |           |
| <b>15</b> | Printing, publications, postage, and shipping                                                                                                    | <b>15</b> |           |
| <b>16</b> | Other expenses (describe ▶ SEE STATEMENT 3)                                                                                                      | <b>16</b> | 133,321.  |
| <b>17</b> | <b>Total expenses.</b> Add lines 10 through 16                                                                                                   | <b>17</b> | 218,605.  |
| <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9)                                                                                  | <b>18</b> | 17,433.   |
| <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | <b>19</b> | 545,933.  |
| <b>20</b> | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4                                                                | <b>20</b> | -196,310. |
| <b>21</b> | Net assets or fund balances at end of year. Combine lines 18 through 20                                                                          | <b>21</b> | 367,056.  |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

|                                                                                              | (A) Beginning of year | (B) End of year |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <b>22</b> Cash, savings, and investments                                                     | 545,933.              | 367,056.        |
| <b>23</b> Land and buildings                                                                 |                       |                 |
| <b>24</b> Other assets (describe ▶ )                                                         |                       |                 |
| <b>25</b> <b>Total assets</b>                                                                | 545,933.              | 367,056.        |
| <b>26</b> <b>Total liabilities</b> (describe ▶ )                                             | 0.                    | 0.              |
| <b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | 545,933.              | 367,056.        |

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

3  
6A

## Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others)

[illegible][illegible]

28 a

**29 a**

30 a

31 a

|    |
|----|
| 32 |
|----|

| (a) Name and address                                                                  | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|---------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|
| LARRY FORTUNE<br>-----<br>2555 CLOVIS AVENUE<br>-----<br>CLOVIS, CA 93612             | CHAIRMAN<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| RICHARD LAKE<br>-----<br>2555 CLOVIS AVE<br>-----<br>CLOVIS, CA 93612                 | VICE CHAIRMAN<br>2.00                                    | 0.                                        | 0.                                                                    | 0.                                       |
| MICHAEL L WILHELM<br>-----<br>2555 CLOVIS AVENUE<br>-----<br>CLOVIS, CA 93612         | DIRECTOR<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| MICHAEL HANSON<br>-----<br>2555 CLOVIS AVE<br>-----<br>CLOVIS, CA 93612               | DIRECTOR<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| DR DAVID CASH<br>-----<br>2555 CLOVIS AVE<br>-----<br>CLOVIS, CA 93612                | DIRECTOR<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| ELIZABETH SANDOVAL<br>-----<br>2555 CLOVIS AVE<br>-----<br>CLOVIS, CA 93612           | DIRECTOR<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| MICHELLE ARAX ASADOORIAN<br>-----<br>2555 CLOVIS AVE<br>-----<br>CLOVIS AVE, CA 93612 | DIRECTOR<br>2.00                                         | 0.                                        | 0.                                                                    | 0.                                       |
| -----<br>-----<br>-----<br>-----<br>-----                                             |                                                          |                                           |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----                                             |                                                          |                                           |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----                                             |                                                          |                                           |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----                                             |                                                          |                                           |                                                                       |                                          |
| -----<br>-----<br>-----<br>-----<br>-----                                             |                                                          |                                           |                                                                       |                                          |

**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 7

|                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity                                                                                                                                                                                                                                                                    |     | X  |
| <b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes                                                                                                                                                                                                                                                                                            |     | X  |
| <b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.                                                                                                                                                          |     |    |
| <b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?                                                                                                                                                                                                                                             |     | X  |
| <b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N                                                                                                                                                                                                                           |     | X  |
| <b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b> 0.                                                                                                                                                                                                                                                                                                |     |    |
| <b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?                                                                                                                                                                                                                                                                                                                                                |     | X  |
| <b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?                                                                                                                                                                                 |     | X  |
| <b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>39</b> Section 501(c)(7) organizations Enter                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>                                                                                                                                                                                                                             |     |    |
| <b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 <b>40b</b> |     | X  |
| <b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>                                                                                                                                                                                                                     |     |    |
| <b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>                                                                                                                                                                                                                                                                                      |     |    |
| <b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>                                                                                                                                                                                                                                           |     | X  |
| <b>41</b> List the states with which a copy of this return is filed <b>CA</b>                                                                                                                                                                                                                                                                                                                                         |     |    |

**42a** The organization's books are in care of **IRMA OLQUIN** Telephone no. **(559) 248-7400**  
 Located at **2555 CLOVIS AVENUE CLOVIS CA** ZIP + 4 **93612**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **42b**

If 'Yes,' enter the name of the foreign country

|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | X  |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? **42c**

If 'Yes,' enter the name of the foreign country

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year **43**

☐ N/A  
N/A

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

|           | Yes | No |
|-----------|-----|----|
| <b>44</b> |     | X  |
| <b>45</b> |     | X  |

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

|                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>46</b> 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 |     | X  |
| <b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II                                                                                           |     | X  |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E                                                                                 | X   |    |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?                                                                                           |     | X  |
| <b>49b</b> If 'Yes,' was the related organization a section 527 organization?                                                                                                                  |     |    |

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

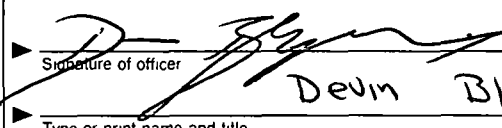
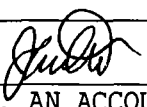
| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|-----------------------------------------------------------------------|------------------------------------------|
| NONE                                                           |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |
|                                                                |                                                          |                  |                                                                       |                                          |

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| NONE                                                                         |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |
|                                                                              |                     |                  |

**d** Total number of other independent contractors each receiving over \$100,000 ▶

|                                 |                                                                                                                                                                                                                                                                                                                       |                  |                                                         |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|
| <b>Sign Here</b>                | 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. |                  |                                                         |
|                                 | <br>Signature of officer                                                                                                                                                                                                           | 11/10/10<br>Date |                                                         |
| <b>Paid Preparer's Use Only</b> | Type or print name and title<br>Devin Blizzard, CEO                                                                                                                                                                                                                                                                   |                  |                                                         |
|                                 | Preparer's signature<br>                                                                                                                                                                                                           | Date<br>11/10/10 | Check if self-employed <input type="checkbox"/>         |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4<br>JARIBU W NELSON<br>KRAEMER & NELSON, AN ACCOUNTANCY CORPORATION<br>3114 WILLOW AVE., STE 100<br>CLOVIS, CA 93612                                                                                                                                     |                  | Preparer's Identifying Number (See instructions)<br>N/A |
|                                 | EIN<br>N/A                                                                                                                                                                                                                                                                                                            |                  | Phone no<br>5592867546                                  |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                                          | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'.)                                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf                                                                                                            |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3                                                                                                                                                                                  |          |          |          |          |          |           |
| <b>5</b> 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)           |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4                                                                                                                                                                   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶                                                                                           | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4                                                                                                            |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                               |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                         |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)                                                               |          |          |          |          | <b>12</b> |           |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                                                      | <b>14</b> | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                                                            | <b>15</b> | % |
| <b>16a 33-1/3 support test – 2009.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                       |           |   |
| <b>b 33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>                                                                                                                                                                        |           |   |
| <b>17a 10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>     |           |   |
| <b>b 10%-facts-and-circumstances test – 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>                                                                                                                                                                                                                                                                 |           |   |

BAA

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")                                                                           |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose. |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513.                                                                           |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.                                                                        |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge.                                                                |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5.                                                                                                                                           |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons.                                                                                                  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year.                    |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b.                                                                                                                                                    |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                         |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal yr beginning in) ▶                                                                                                                                                                                                            | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6.                                                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.                                                                                                             |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                                                                                                                                      |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.                                                                                                                                                                                                                        |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.                                                                                                                 |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)                                                                                                                                             |          |          |          |          |          |           |
| <b>13 Total support.</b> (add lns 9, 10c, 11, and 12.)                                                                                                                                                                                                 |          |          |          |          |          |           |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <span style="float: right;">▶ <input type="checkbox"/></span> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                   |           |   |
|---------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15.                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                                                                                                                                                                                                                                              |           |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).                                                                                                                                                                                                                                       | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17.                                                                                                                                                                                                                                                              | <b>18</b> | % |
| <b>19a 33-1/3 support tests – 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <span style="float: right;">▶ <input type="checkbox"/></span>    |           |   |
| <b>b 33-1/3 support tests – 2008.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. <span style="float: right;">▶ <input type="checkbox"/></span> |           |   |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. <span style="float: right;">▶ <input type="checkbox"/></span>                                                                                                                                            |           |   |

## Part IV

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**SCHEDULE E**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Schools**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,  
or Form 990-EZ, Part VI, line 48.**  
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

CENTER FOR ADVANCED RESEARCH &amp;

Employer identification number

77-0496752

|                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES         | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----|
| <b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?                                                                                                                                                                                                                                   | <b>1</b> X  |    |
| <b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?                                                                                                                                                                          | <b>2</b> X  |    |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Schedule O (Form 990) | <b>3</b> X  |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| <b>4</b> Does the organization maintain the following?                                                                                                                                                                                                                                                                                                                                                                               |             |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?                                                                                                                                                                                                                                                                                                                           | <b>4a</b> X |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?                                                                                                                                                                                                                                                                                                     | <b>4b</b> X |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?                                                                                                                                                                                                                                                             | <b>4c</b> X |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?                                                                                                                                                                                                                                                                                                                                  | <b>4d</b> X |    |
| If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).                                                                                                                                                                                                                                                                                                                        |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to                                                                                                                                                                                                                                                                                                                                                       |             |    |
| <b>a</b> Students' rights or privileges?                                                                                                                                                                                                                                                                                                                                                                                             | <b>5a</b>   | X  |
| <b>b</b> Admissions policies?                                                                                                                                                                                                                                                                                                                                                                                                        | <b>5b</b>   | X  |
| <b>c</b> Employment of faculty or administrative staff?                                                                                                                                                                                                                                                                                                                                                                              | <b>5c</b>   | X  |
| <b>d</b> Scholarships or other financial assistance?                                                                                                                                                                                                                                                                                                                                                                                 | <b>5d</b>   | X  |
| <b>e</b> Educational policies?                                                                                                                                                                                                                                                                                                                                                                                                       | <b>5e</b>   | X  |
| <b>f</b> Use of facilities?                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5f</b>   | X  |
| <b>g</b> Athletic programs?                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5g</b>   | X  |
| <b>h</b> Other extracurricular activities?                                                                                                                                                                                                                                                                                                                                                                                           | <b>5h</b>   | X  |
| If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990)                                                                                                                                                                                                                                                                                                                        |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| -----                                                                                                                                                                                                                                                                                                                                                                                                                                |             |    |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency?                                                                                                                                                                                                                                                                                                                                  | <b>6a</b>   | X  |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended?                                                                                                                                                                                                                                                                                                                                                    | <b>6b</b>   | X  |
| If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990).                                                                                                                                                                                                                                                                                                                                        |             |    |
| <b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990)                                                                                                                                                                                        | <b>7</b> X  |    |

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**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 8**  
**OTHER REVENUE**

MISCELLANEOUS

|       |    |                |
|-------|----|----------------|
|       | \$ | 16,517.        |
| TOTAL | \$ | <u>16,517.</u> |

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

|                    |                       |    |      |
|--------------------|-----------------------|----|------|
| DONEE'S NAME:      | MATTHEW AGUILAR       |    |      |
| DONEE'S ADDRESS:   | 4990 E LEISURE        |    |      |
|                    | FRESNO, CA 93720      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 200. |
| DONEE'S NAME:      | HEATHER MARGARET BEAM |    |      |
| DONEE'S ADDRESS:   | 485 E ALLUVIAL #103   |    |      |
|                    | FRESNO, CA 93720      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | RASLEEN JOT BOPARAI   |    |      |
| DONEE'S ADDRESS:   | 2522 WRENWOOD         |    |      |
|                    | CLOVIS, CA 93611      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | BRIDGET CARLSEN       |    |      |
| DONEE'S ADDRESS:   | 1611 E HOUSTON        |    |      |
|                    | FRESNO, CA 93720      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 200. |
| DONEE'S NAME:      | SENG CHANG            |    |      |
| DONEE'S ADDRESS:   | 6351 E PLATT AVE      |    |      |
|                    | FRESNO, CA 93727      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | LESLIE CHAVARRIA      |    |      |
| DONEE'S ADDRESS:   | 128 W MINARETS AVE    |    |      |
|                    | FRESNO, CA 93650      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 500. |
| DONEE'S NAME:      | STEVEN CONTRERAS      |    |      |
| DONEE'S ADDRESS:   | 3125 STANFORD AVE     |    |      |
|                    | CLOVIS, CA 93611      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 150. |
| DONEE'S NAME:      | YADIRI CONTRERAS      |    |      |
| DONEE'S ADDRESS:   | 4419 E AUSTIN         |    |      |
|                    | FRESNO, CA 93726      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 500. |
| DONEE'S NAME:      | LAUREN CORTEZ         |    |      |
| DONEE'S ADDRESS:   | 5184 E HAMILTON       |    |      |
|                    | FRESNO, CA 93727      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 750. |

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STATEMENT 2 (CONTINUED)  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

|                    |                       |    |      |
|--------------------|-----------------------|----|------|
| DONEE'S NAME:      | ERIN ELTRICH          |    |      |
| DONEE'S ADDRESS:   | 2990 TERRY            |    |      |
|                    | CLOVIS, CA 93612      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | NATALIE FEKE          |    |      |
| DONEE'S ADDRESS:   | 1730 GIBSON AVE       |    |      |
|                    | CLOVIS, CA 93611      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | LISA GALBRAITH        |    |      |
| DONEE'S ADDRESS:   | 297 W FREMONT         |    |      |
|                    | CLOVIS, CA 93612      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 100. |
| DONEE'S NAME:      | JOHNNY HANG           |    |      |
| DONEE'S ADDRESS:   | 5035 E BELGRAVE AVE   |    |      |
|                    | FRESNO, CA 93725      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 200. |
| DONEE'S NAME:      | EMMA HEDRICK          |    |      |
| DONEE'S ADDRESS:   | 1385 FREMONT AVE      |    |      |
|                    | CLOVIS, CA 93612      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | JOSHUA KEITH          |    |      |
| DONEE'S ADDRESS:   | 6777 N SIERRA VISTA   |    |      |
|                    | FRESNO, CA 93710      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | CHRISTOPHER KLASSEN   |    |      |
| DONEE'S ADDRESS:   | 16482 QUAILS COVEY    |    |      |
|                    | CLOVIS, CA 93619      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 100. |
| DONEE'S NAME:      | SYDNEY MARTINEZ       |    |      |
| DONEE'S ADDRESS:   | 2313 DECATUR AVE      |    |      |
|                    | CLOVIS, CA 93611      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 200. |
| DONEE'S NAME:      | MANDY SUE MAZZEI      |    |      |
| DONEE'S ADDRESS:   | 1505 CELESTE AVE      |    |      |
|                    | CLOVIS, CA 93611      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 250. |
| DONEE'S NAME:      | NICHOLAS DAVID MCKEON |    |      |
| DONEE'S ADDRESS:   | 2055 LESTER AVE       |    |      |
|                    | CLOVIS, CA 93619      |    |      |
| CASH AMOUNT GIVEN: |                       | \$ | 100. |

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

|                    |                              |    |        |
|--------------------|------------------------------|----|--------|
| DONEE'S NAME:      | BRYCE MEANS                  |    |        |
| DONEE'S ADDRESS:   | 4904 E WEATHERMAKER          |    |        |
|                    | FRESNO, CA 93727             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 500.   |
| DONEE'S NAME:      | SARAH MOORE                  |    |        |
| DONEE'S ADDRESS:   | 527 W POLSON AVE             |    |        |
|                    | CLOVIS, CA 93612             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 300.   |
| DONEE'S NAME:      | EVE MORRIS                   |    |        |
| DONEE'S ADDRESS:   | 5685 CHICKADEE LANE          |    |        |
|                    | CLOVIS, CA 93619             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 100.   |
| DONEE'S NAME:      | LESLIE MAI NGUYEN            |    |        |
| DONEE'S ADDRESS:   | 291 ALLUVIAL AVE             |    |        |
|                    | CLOVIS, CA 93611             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 250.   |
| DONEE'S NAME:      | BRYAN OCEQUEDA               |    |        |
| DONEE'S ADDRESS:   | 1235 W WOODWARD              |    |        |
|                    | FRESNO, CA 93706             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 1,000. |
| DONEE'S NAME:      | DANIEL PARKER                |    |        |
| DONEE'S ADDRESS:   | 6033 N MAROA                 |    |        |
|                    | FRESNO, CA 93709             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 200.   |
| DONEE'S NAME:      | LAURA PASCUA                 |    |        |
| DONEE'S ADDRESS:   | 1825 N HOMSY AVE             |    |        |
|                    | CLOVIS, CA 93619             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 1,000. |
| DONEE'S NAME:      | JASMIN PEDRAZA               |    |        |
| DONEE'S ADDRESS:   | 969 N HUGHES                 |    |        |
|                    | FRESNO, CA 93728             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 200.   |
| DONEE'S NAME:      | KATELYND ELIZABETH PLACENCIA |    |        |
| DONEE'S ADDRESS:   | 2495 SCOTT AVE               |    |        |
|                    | CLOVIS, CA 93611             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 750.   |
| DONEE'S NAME:      | TIFFANY ELAINE ROBBINS       |    |        |
| DONEE'S ADDRESS:   | 2849 E SOLAR AVE             |    |        |
|                    | FRESNO, CA 93720             |    |        |
| CASH AMOUNT GIVEN: |                              | \$ | 200.   |

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STATEMENT 2 (CONTINUED)  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID

|                    |                           |    |        |
|--------------------|---------------------------|----|--------|
| DONEE'S NAME:      | SARA DANIELA SABZEHZAR    |    |        |
| DONEE'S ADDRESS:   | 8180 N PRICE AVE          |    |        |
|                    | FRESNO, CA 93720          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 500.   |
| DONEE'S NAME:      | MIKHAIL SARKOSH           |    |        |
| DONEE'S ADDRESS:   | 7533 N TOLETACHI          |    |        |
|                    | FRESNO, CA 93711          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 100.   |
| DONEE'S NAME:      | VANESSA SUE               |    |        |
| DONEE'S ADDRESS:   | 145 W MUNCIE              |    |        |
|                    | FRESNO, CA 93711          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 200.   |
| DONEE'S NAME:      | DANIELLE SWAIN            |    |        |
| DONEE'S ADDRESS:   | 553 W FALLBROOK           |    |        |
|                    | CLOVIS, CA 93611          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 250.   |
| DONEE'S NAME:      | KHA VANG                  |    |        |
| DONEE'S ADDRESS:   | 2408 S SIEGA              |    |        |
|                    | FRESNO, CA 93725          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 250.   |
| DONEE'S NAME:      | THAI VANG                 |    |        |
| DONEE'S ADDRESS:   | 2061 S HAYSTON #205       |    |        |
|                    | FRESNO, CA 93702          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 200.   |
| DONEE'S NAME:      | THIMSIM VANG              |    |        |
| DONEE'S ADDRESS:   | 3697 N BURL AVE           |    |        |
|                    | FRESNO, CA 93727          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 250.   |
| DONEE'S NAME:      | SCOTT WARNERT             |    |        |
| DONEE'S ADDRESS:   | 3047 BURL AVE             |    |        |
|                    | CLOVIS, CA 93611          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 1,400. |
| DONEE'S NAME:      | DYNISE MICHELLE WHITWORTH |    |        |
| DONEE'S ADDRESS:   | 4342 E DONNER             |    |        |
|                    | FRESNO, CA 93726          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 300.   |
| DONEE'S NAME:      | TOU XIONG                 |    |        |
| DONEE'S ADDRESS:   | 5015 E LANE #102          |    |        |
|                    | FRESNO, CA 93727          |    |        |
| CASH AMOUNT GIVEN: |                           | \$ | 250.   |

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**STATEMENT 2 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

|                    |                  |    |      |
|--------------------|------------------|----|------|
| DONEE'S NAME:      | JERRY YANG       |    |      |
| DONEE'S ADDRESS:   | 4730 N IIA       |    |      |
|                    | FRESNO, CA 93705 |    |      |
| CASH AMOUNT GIVEN: |                  | \$ | 200. |
|                    |                  |    |      |
| DONEE'S NAME:      | VICTORIA YANG    |    |      |
| DONEE'S ADDRESS:   | 10499 E HERNDON  |    |      |
|                    | CLOVIS, CA 93619 |    |      |
| CASH AMOUNT GIVEN: |                  | \$ | 250. |

**STATEMENT 3**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

|                                        |    |                 |
|----------------------------------------|----|-----------------|
| CONFERENCES, CONVENTIONS, AND MEETINGS | \$ | 5,719.          |
| FOOD/REFRESHMENTS                      |    | 929.            |
| INFORMATION TECHNOLOGY                 |    | 146.            |
| INTEREST                               |    | 6,216.          |
| MARKETING                              |    | 99.             |
| OFFICE EXPENSES                        |    | 245.            |
| RECOGNITION                            |    | 3,218.          |
| REIMBURSED EXPENSES                    |    | 600.            |
| ROBOTICS TEAM                          |    | 4,571.          |
| STUDENT FIELD TRIPS                    |    | 1,675.          |
| SUPPLIES                               |    | 87,856.         |
| TAXES                                  |    | 659.            |
| TECHNOLOGY EXPENSE                     |    | 17,396.         |
| TRAVEL                                 |    | 3,992.          |
| TOTAL                                  | \$ | <u>133,321.</u> |

**STATEMENT 4**  
**FORM 990-EZ, PART I, LINE 20**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

|                                               |    |                  |
|-----------------------------------------------|----|------------------|
| UTILIZATION OF TEMPORARILY RESTRICTED AMOUNTS | \$ | -196,310.        |
| TOTAL                                         | \$ | <u>-196,310.</u> |

**STATEMENT 5**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE FOUNDATION WILL SERVE AS ADVOCATES AND AMBASSADORS OF THE CENTER FOR ADVANCED RESEARCH AND TECHNOLOGY (CART) IN THE ATTAINMENT OF CART'S VISION, GOALS, OBJECTIVES AND PHILOSOPHY. ADDITIONALLY, THE FOUNDATION WILL BE A PRIMARY VEHICLE FOR ATTRACTING AND RECEIVING CASH, GRANTS, SERVICES AND APPROPRIATE GIFTS OF ANY KIND, EXCLUSIVELY FOR THE BENEFIT OF CART, ITS STUDENTS, STAFF, PROGRAMS AND ACTIVITIES.

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**STATEMENT 6  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

CART ACHIEVEMENTS INCLUDE: UNIVERSITY OF SOUTHERN CALIFORNIA NAMED CART ONE OF THE TWENTY CHARTER SCHOOLS THAT HAS DEVELOPED LEADING EDGE PROGRAMS THAT INTEGRATE TECHNOLOGY WITH ACADEMICS; CART WAS NAMED A MICROSOFT CENTER OF EXCELLENCE; AND CART RECEIVED A GOLDEN BALL AWARD FROM THE CALIFORNIA SCHOOL BOARDS ASSOCIATION FOR INNOVATIVE CURRICULUM THAT CONTRIBUTES TO STUDENT SUCCESS.

**STATEMENT 7  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO