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Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010 Open to Public

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning JUL 1, 2010 and ending	JUN 30, 2011							
В	Check if	C Name of organization	D Employer identifi	cation number						
ā	applicable	FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS								
	Addres change	S TATO								
X	Name change	David David As	30-0	211613						
	Initial	uite E Telephone numbe								
F	Termin	· 1		561-1371						
Ē	lated Amend		G Gross receipts \$	871,358.						
F	⊒return ∏Applica		H(a) Is this a group re							
	tion pending		for affiliates?	Yes X No						
	F Name and address of principal officer MARY ELISABETH SWERZ for affiliates? Yes Lain SAME AS C ABOVE									
				list. (see instructions)						
		e: ► N/A	H(c) Group exemptio							
			ear of formation: 2004							
		Summary	ear or formation. 2004 N	State of legal dominicile. MA						
		Briefly describe the organization's mission or most significant activities FRIENDS	חב בערבו זראה	EMY CHARTER						
9	1									
Jan	1 7									
Governance	i —	Check this box if the organization discontinued its operations or disposed of n	1 1	sseis 7						
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)	3	7						
	1	Number of independent voting members of the governing body (Part VI, line 1b)	4							
Activities &	1	otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0						
Ξ̈́	Į.	otal number of volunteers (estimate if necessary)	6	0						
Ä	1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.						
	p l	Net unrelated business taxable income from Form 990-T, line 34	7b	0.						
			Prior Year	Current Year						
ē	1	Contributions and grants (Part VIII, line 1h)	325,231.	867,183.						
en.	1	Program service revenue (Part VIII, line 29 ECEIVED	0.	0.						
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	49.						
		Other revenue (Part VIII, column (A), lines 5,6d,8c,9c, 10c, and (1) 1e)	0.	-3,618.						
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	325,231.	863,614.						
		Grants and similar amounts paid (Part-IX, column (A), lines 1-3)	96,500.	216,667.						
	1	Benefits paid to or for members (Part 🛱 🏵 🖟 🖟 🖟 🖟 🖟 💮 💮 💮 .	0.	0.						
es.	15 8	Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	0.							
ens	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.						
Expenses	b 7	otal fundraising expenses (Part IX, column (D), line 25)								
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	25,366.	105,552.						
	18	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	121,866.	322,219.						
	19 F	Revenue less expenses Subtract line 18 from line 12	203,365.	541,395.						
Assets or Balances			Beginning of Current Year	End of Year						
set	20 7	Total assets (Part X, line 16)	934,616.	1,739,275.						
	21 7	Total liabilities (Part X, line 26)	271,270.	534,534.						
		Net assets or fund balances Subtract line 21 from line 20	663,346.	1,204,741.						
	art II	Signature Block								
-	-	ties of perjury, I declare that I have examined this return, Inclieding accompanying schedules and sta		y knowledge and belief, it is						
true	, correct	, and complete Deglaration of preparer (other than office) is based on all information of which prep	arer has any knowledge.							
5		I Vally Wy WTOTO (X								
Sign Signature of officer Date										
Hei	re	MARY ELISABETH SWERZ, BOARD CHAIR								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date Check	PTIN						
Paid	d [JOHN BUCKLEY, CPA JOHN BUCKLEY, CPA	04/09/12 self-employs	ed						
Pre			P.C. Firm's EIN							
Use Only Firm's address 21 EAST MAIN STREET										
		WESTBORO, MA 01581	Phone no. 5	<u>08-366-9100</u>						
Ma	v the IB	S discuss this return with the preparer shown above? (see instructions)		X Yes No						

Form 990 (2010)

Form 990 (2010) 30-0211613 Page 2 Part III Statement of Program Service Accomplishments \mathbf{X} Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: FRIENDS OF EXCEL ACADEMY, INC. IS A 501(C)(3) ORGANIZATION FORMED TO RAISE FUNDS AND SUPPORT THE FUNCTIONS OF AND CARRY OUT THE PURPOSE OF EXCEL ACADEMY CHARTER SCHOOLS TO ENGAGE IN ACTIVITIES TO PERFORM FUNCTIONS THAT THE SCHOOLS WOULD OTHERWISE HAVE TO PERFORM; TO OWN, Did the organization undertake any significant program services during the year which were not listed on X Yes No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 318,600. including grants of \$____ 216,667.)(Revenue \$) (Expenses \$ TO RAISE FUNDS AND SUPPORT THE FUNCTIONS OF EXCEL ACADEMY, EXCEL ACADEMY - CHELSEA AND EXCEL ACADEMY - BOSTON II _____) (Expenses \$ _____ including grants of \$ ___) (Revenue \$) (Revenue \$ ____) (Expenses \$ including grants of \$ 4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

318,600.

Form **990** (2010)

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Total program service expenses

INC.

30-0211613

	rt IV Checklist of Required Schedules		<u> </u>	ago c
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	. 8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI .	11a		X
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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	1		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII	12a		X
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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			l
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
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	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		X
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
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u></u>	X

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

operate one or more hospitals must attach audited financial statements (see instructions)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ŀ
	last day of the year, 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	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	ļ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is 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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.5
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			77
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
34	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	24		¥
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34 35		X
35	· · · · · · · · · · · · · · · · · · ·	33		Α
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
JU	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Α
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	- 57		-22
~	Note. All Form 990 filers are required to complete Schedule O	38	х	

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Form 990 (2010) INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			7,
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f 7g		X
_	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	79 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	~~~	-	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		- 1	
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Start the amount of receive an head			
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping convices during the tay year?	44		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hos it filed a Form 720 to report those payments? If "No " provide an explanation in School to Co.	14a		<u>X</u>
D.	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS Form 990 (2Q10) 30-0211613 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 1a 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors or trustees, or key employees to a management company or other person? 3 4 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? 14 X 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 15a Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for

public inspection. Indicate how you make these available. Check all that apply

Own website

Another's website

X Upon request

- 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.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization KATIE DANKLEFF - 617-561-1371

02128 1150 SARATOGA STREET, EAST BOSTON, MA

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Form 990 (2010) INC. 30-0211613

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- 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 (A)	(B)				C)			(D)	(E)	(F)
Name and Title		Average Position				1		Reportable	Reportable	Estimated
ramo ana mao	hours per					ly)	compensation	compensation	amount of	
	week						ĺ	from	from related	other
	(describe	Individual trustee or director						the	organizations	compensation
	hours for	e 0r (ite e			ısate	İ	organization	(W-2/1099-MISC)	from the
	related	truste	l ţ		ge J	E .		(W-2/1099-MISC)		organization
	organizations in Schedule	dual	Institutional trustee	₅₅	Key employee	est co	<u>=</u>			and related
	O)	lađi	Insti	Officer	Key	Highest compensated employee	Fe			organizations
SUSAN PASSONI									_	
FORMER PRESIDENT & TREASURER	2.00	X	ļ	X	<u> </u>	ļ	ļ	0.	0.	0.
DOUGLAS CHOPE						ł				
MEMBER	0.80	X	ļ	ļ			<u> </u>	0.	0.	0.
KATHRYN BUEKER										
VICE PRESIDENT	0.80	X	L	X		ļ		0.	0.	0.
TUCKER LEVY									_	_
MEMBER	0.80	X				<u> </u>		0.	0.	0.
MARY ELISABETH SWERZ								_	_	_
PRESIDENT AND TREASURER	0.80	X		X	<u> </u>	ļ	ļ	0.	0.	0.
BRIAN TRUESDALE									_	_
CLERK	0.80	X		X	<u> </u>	<u> </u>		0.	0.	0.
ANDREW RODRIGUEZ										_
MEMBER	0.80	X	_	ļ	ļ	<u> </u>		0.	0.	0.
	-	-			-		_			<u></u>
					<u> </u>	<u> </u>				
							_			
					├—	-				
					_	<u> </u>				-
						 				
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RIENDS	OF	EXCEL	ACADEMY	CHARTER	SCHOOLS						
NC.						30-0211613	Page 8				
Directors, Tr	Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										

Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd l	<u>ligh</u>	est					_,	
(A) Name and title	(B) Average hours per	(cl	heck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensatio			(F) timate nount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization	from related organizations (W-2/1099-MISC)		other pensa om the anizat d relat anizati	ation e tion ted
,								-					
	_								_				
**													
<u> </u>													
1b Sub-total		<u> </u>	<u> </u>	<u> </u>	L	>	L	0.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					<u> </u>		0.		0.			0.
2 Total number of individuals (including but in compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 in reportabl	е			C
3 Did the organization list any former officer	, director or tru	stee	e, ke	y em	olgr	yee,	or h	nighest compensated er	nployee on	[Yes	No
line 1a? If "Yes," complete Schedule J for	such individual							-			3		Х
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	=				-		elat	ed organization or indiv	dual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest co	ompensated in	dene	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	nens	ation f	rom	
the organization. NONE		шор.							1	porto			
(A) Name and business	address							(B) Description of s	ervices	С	ompei		'n
							ļ						
					_								
											-		
2 Total number of independent contractors \$100,000 in compensation from the organ		ot li	mıte	d to		se la	stec	d above) who received n	nore than				,

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Form 990 (2010) INC. 30-0211613 Page 9

Part VIII Statement of Revenue

	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	_	its, and	3,245. 863,938.				
diti	g	Noncash contributions included in lines				_		
<u>8</u> 5	h	Total. Add lines 1a-1f		<u> </u>	867,183.			
Program Service Revenue	2 a b c d			Business Code				
P	e f	All other program service reve	enue					
		Total. Add lines 2a-2f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•				
	3	Investment income (including other similar amounts) Income from investment of ta		▶	49.			49.
	5	Royalties	x exempt bond p	. Decedas			· · · · · · · · · · · · · · · · · · ·	
	-	,	(i) Real	(ii) Personal	-			
-	6 a	Gross Rents						
		Less rental expenses						
		Rental income or (loss)						
- 1		Net rental income or (loss)	(20	(1) Other i				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(II) Other				
	b	Less cost or other basis						
	-	and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)	-					
venue	8 a	Gross income from fundraisin including \$3,2						
Other Revenu	b	contributions reported on line Part IV, line 18 Less: direct expenses	a b	4,126. 7,744.	-			
Ŭ		Net income or (loss) from fund	-	•	-3,618.			-3,618.
		Gross income from gaming ac Part IV, line 19	а		:			
		Less: direct expenses Net income or (loss) from gam	b activities					
		Gross sales of inventory, less	_		:			
		and allowances	а					
	b	Less cost of goods sold	. b					
ļ	С	Net income or (loss) from sale	s of inventory					
-		Miscellaneous Revenu		Business Code				
	11 a							
	b							
-	c d	All other revenue			_			
	_	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			863,614.	0.	0.	
03200 12-21	9 -10			- 		· · · · · · · · · · · · · · · · · · ·	· 	Form 990 (2010)

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		N	u	٠.	

30-0211613 Page **10**

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)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the U.S. See Part IV, line 21	216,667.	216,667.		
2	Grants and other assistance to individuals in	•	•		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	· · · · · · · · · · · · · · · · · · ·				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	00 000	00000		
а	Management	29,362.	29,362.		
b	Legal				
C	Accounting	1,246.	,	1,246.	
. d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	70,374.	70,374.		
12	Advertising and promotion				
13	Office expenses	1,922.	1,922.	·	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
•	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	BANK CHARGES	1,567.		1,567.	
b					
c					
ď					
e					
	All other expenses	1,081.	275.	806.	
25	Total functional expenses. Add lines 1 through 24f	322,219.	318,600.	3,619.	0.
26	Joint costs. Check here If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation		-		
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Form 990 (2010)

Pai	tΧ	Balance Sheet			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	934,616.	1	1,056,393.
	2	Savings and temporary cash investments		2	26,239.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section	•		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			-
		employers and sponsoring organizations of section 501(c)(9) voluntary			-
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	18,000.
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	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	0.	15	638,643.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	934,616.	16	1,739,275.
	17	Accounts payable and accrued expenses	16,150.	17	27,059.
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္တ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ap		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities. Complete Part X of Schedule D	255,120.	25	507,475.
	26	Total liabilities. Add lines 17 through 25	271,270.	26	534,534.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	662,346.	27	1,168,091.
3ala	28	Temporanly restricted net assets	1,000.	28	36,650.
βpι	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
t A	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	663,346.	33	1,204,741.
	34	Total liabilities and net assets/fund balances	934,616.	34	1,739,275.
	51	Total liabilities and flot assets/fully balaffees			Form 990 (2010)

30-0211613 Page 11

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS Form 990 (2010) 30-0211613 Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 863,614. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) <u>322,219.</u> 2 541,395. 3 Revenue less expenses. Subtract line 2 from line 1 3 663,346. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Other changes in net assets or fund balances (explain in Schedule O) 0. 5 5 204. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII LxJ Yes No Accounting method used to prepare the Form 990 Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Х 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 X Consolidated basis Separate basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public Inspection

Employer identification number

30-0211613

Department of the Treasury Internal Revenue Service

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. FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Part	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions											
The organ	The organization is not a private foundation because it is (For lines 1 through 11, check only one box)											
1 🔲	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2 🗌	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3	A hospital or	a cooperative hospit	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4 🗀	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
	city, and stat	е										
5	An organizat	on operated for the	benefit of a college or u	niversity ov	wned or op	perated by	a governi	mental un	ıt describe	d in		
	-	(b)(1)(A)(iv). (Comple		•	·	•	•					
6 🗀	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
. —	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔲	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9 X												
9 (2)	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment											
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975											
40	See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4)											
10	, , , , , , , , , , , , , , , , , , , ,											
11												
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that											
	describes the type of supporting organization and complete lines 11e through 11h											
	a Type I Type III C Type III · Functionally integrated d Type III · Other											
е	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).											
		•	·		-				9(a)(1) or s	ection 50s	/(a)(2).	
f	-		ten determination from t	tne IRS tha	atitisa iy	pe i, i ype	ii, or Type	9 111				г
	•	rganization, check th		.			. 6 41 6 . 11		•			<u> </u>
g			organization accepted ar								<u> </u>	Т
	• • •	· · · · · · · · · · · · · · · · · · ·	irectly controls, either al	one or tog	etner with	persons o	iescribea	ın (II) and ((III) below,		Yes	No
	_	• •	upported organization?			-	•			11g(i)	 	
•		•	n described in (i) above?		_				•	11g(ii)	 	
	• •	· ·	person described in (i) o							11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s)							
			(:::) Tupe of	1								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	p ,	rganization	, , ,	•	Torganizati	on in col. l	(vii) An	nount c	of
orga	anization		(described on lines 1-9	in col. (i) lis governing			non in col.	(i) organiz U.S	zed in the [sup	port	
			above or IRC section	<u> </u>			r					
			(see instructions))	Yes	No	Yes	No	Yes	No			
									<u> </u>			
	•											
									1			
								ļ				
									}			
		i	I	1	I	1	1	I	1 1			

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

Schedule A (Form 990 or 990-EZ) 2010

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	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ızatıon'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	<u> </u>					
	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	11,11					
	ction B. Total Support					·	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	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				1		
	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 activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶ □
Se	ction C. Computation of Publi	c Support Pe	rcentage		·. · · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2010 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	<u>%</u>
	Public support percentage from 2009		•		•	15	%
16a	33 1/3% support test - 2010.If the or	ganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
t	33 1/3% support test - 2009. If the or				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly	supported organia	zation .			▶∟_
172	10% -facts-and-circumstances test	: - 2010. If the org	anızatıon dıd not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac-	ts-and-circumstar	nces" test, check t	this box and stop I	nere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"	_			-		. ▶∟_
t	10% -facts-and-circumstances test						
	more, and if the organization meets th	ie "facts-and-circi	umstances" test, o	check this box and	stop here. Explan	n in Part IV how the	·
	organization meets the "facts-and-circ						▶∐
18	Private foundation, If the organizatio	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s 🕨 🔲
					0.1	A /F 000	000 EW 0040

Schedule A' (Form 990 or 990 EZ) 2010 INC .

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	113,461.	230,756.	148,436.	361,121.	867,183.	1,720,957.
2	Gross receipts from admissions,	-					
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	113,461.	230,756.	148,436.	361,121.	867,183.	1,720,957.
78	Amounts included on lines 1, 2, and	-					
	3 received from disqualified persons	25,575.	13,050.	14,100.	41,950.	368,013.	462,688.
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.
(Add lines 7a and 7b	25,575.	13,050.	14,100.	41,950.	368,013.	462,688.
	Public support (Subtract line 7c from line 6)						1,258,269,
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
-	Amounts from line 6	113,461.	230,756.	148,436.	361,121.	867,183.	1,720,957.
10	Gross income from interest,			ļ		!	
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					49.	49.
t	Unrelated business taxable income	-			-		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	: Add lines 10a and 10b					49.	49.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is					į	
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	113,461.	230,756.	148,436.	361,121.	867,232.	1,721,006.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here						. ▶
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (lıne 8, column (f) dı	vided by line 13, o	olumn (f))		15	73.11 %
	Public support percentage from 2009					16	88.80 %
Se	ction D. Computation of Inve	stment Income	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from	2009 Schedule A, I	Part III, line 17			18	.17 %
19	a 33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	$\triangleright X$
ı	33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶□
20	Private foundation. If the organization	on did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	▶└☐

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

2010 Open to Public Inspection

Name of the organization

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS INC.

Employer identification number 30-0211613

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

	edule D (Form 990) 2010 INC.							30-02			
Par	rt III Organizations Maintaining (Collections of A	rt, His	torical T	reasures,	or Oth	er Simil	ar Asse	ts (cont	inued	1)
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following the	at are a s	ignificant	use of its	collectio	n iten	ns
	(check all that apply)										
а	Public exhibition	•	d 🖳	Loan or exc	change progr	ams					
b	Scholarly research	•	e 📖	Other							
С											
4	Provide a description of the organization's c	ollections and expla	ın how tl	hey further t	the organizat	ion's exe	mpt purpo	ose in Par	t XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	asures, or oth	ner sımıla	r assets				
	to be sold to raise funds rather than to be m								Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arran	igements. Compl	lete if the	e organizatio	on answered	"Yes" to	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:							
									Amoun	t	
С	Beginning balance		-				1c				
d	Additions during the year						1d				
е	e Distributions during the year										
f											
2a								No			
	b If "Yes," explain the arrangement in Part XIV.										
Par			nswered	"Yes" to Fo	orm 990, Part	IV, line 1	10				
		(a) Current year		Prior year	(c) Two year		(d) Three y	ears back	(e) Four	vears	back
1a	Beginning of year balance		1				1				
b	Contributions										
С	Net investment earnings, gains, and losses	'			1	i					
d	Grants or scholarships	*****				Ì					
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance	-1			1						
2	Provide the estimated percentage of the year	r end balance held a	as		.l	'					
_ а	Board designated or quasi-endowment		%								
b	Permanent endowment ▶	%									
c											
3a	Are there endowment funds not in the posse		ation the	at are held a	and administr	ered for t	he organiz	ration			
	by.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 10 Organiz	anon	Γ	Yes	No
	(i) unrelated organizations								3a(i)	103	140
	(ii) related organizations	•			•				3a(ii)		
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Scher	dula R2					3b		
4	Describe in Part XIV the intended uses of the								_ 3 0		L
	t VI Land, Buildings, and Equipm										
L	Description of investment	(a) Cost or o			t or other	(c) A	ccumulate	м	(d) Bool	c valu	
	2 2 2 2 1 1 1 1 2 2 1 1 1 1 2 2 2 2 2 2	basis (investi			(other)		preciation	~	(4) 500	. + (1)	•
1a	Land	,			, ,						
	Buildings										
-	Leasehold improvements		•								
d	Equipment					-		 			
	Other							+			
	. Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X colur	nn (B) line	10(c))						0.
		.,		1-/, *****							

Schedule D (Form 990) 2010

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Part VII Investments - Other Securities.	See Form 990, Part X, line	12		UZII6I3 Page
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuationst or end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				·····
(B) (C)				
(D)				
(E)				 -
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation to rend-of-year market	
(1)				
(2)				****
(3)				<u> </u>
(4)			· <u></u>	
(5) (6)				
(7)				
(8)				
(9)	.,			
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, III			· · · · · · · · · · · · · · · · · · ·	
	a) Description			(b) Book value
(1) REAL ESTATE DEPOSIT				110,000.
(2) CONSTRUCTION IN PROGRESS	· · · · · · · · · · · · · · · · · · ·			528,643
(3)				
(4) (5)				· · · · · · · · · · · · · · · · · · ·
(6)				
(7)	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·		
(8)				· · · · · · · · · · · · · · · · · · ·
(9)				1,° - 2,
(10)			_	V
Total. (Column (b) must equal Form 990, Part X, col (B) li Part X Other Liabilities. See Form 990, Part X			>	638,643.
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) DUE TO EXCEL ACADEMY		507,475.		
(3)				
(4) (5)		· · ·		
(6)				
(7)	-	·		
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	ne 25)	507,475.	ation's liability for	v positionsde-
2. Fin 48 (ASC 740) Footnote in Fat XIV, provide the text of the iodinotic 2. Fin 48 (ASC 740)	o to the organization s illiancial Sta	concins that reports the organiz	anon a nability for uncertain ta	A positions under
032053 12-20-10			Schedu	ule D (Form 990) 2010

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS Schedule D (Form 990) 2010 30-0211613 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Total revenue (Form 990, Part VIII, column (A), line 12) 1 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 Investment expenses 6 7 Prior period adjustments Other (Describe in Part XIV) 8 Total adjustments (net) Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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: Net unrealized gains on investments 2a Donated services and use of facilities 2b Recovenes of prior year grants 2c d Other (Describe in Part XIV) 2dAdd 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: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 2 Donated services and use of facilities Prior year adjustments 2b b Other losses 2c Other (Describe in Part XIV) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4b Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Employer Identification number 30-0211613 OMB No 1545-0047 • TO SUPPORT THE FUNCTIONS OF EXCEL ACADEMY CHARTER Open to Public Inspection (h) Purpose of grant or assistance X Yes 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 SCHOOL recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (below if applicable cash grant non-cash assistance other) 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS 216,667, 43-2002251 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization EXCEL ACADEMY CHARTER SCHOOLS EAST BOSTON, MA 02128 1150 SARATOGA STREET Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part II

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Schedule I (Form 990) (2010)

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Page 2

30-0211613

INC.

Schedule I (Form 990) (2010) INC.
Part III 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 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(h) Number of		(rd) Amount of non-	(a) Method of valuation	(f) Description of non-cash assistance
	recipients	cash grant	cash assistance	(book, FMV, appraisal, other)	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the informatio	n required in Part I,	line 2, and any other	additional information.	
	BOARD OF D	DIRECTORS A	APPROVE GRA	GRANT AWARDS TO	
EXCEL ACADEMY CHARTER SCHOOL AND E	EXCEL CHE	CHELSEA.			
				:	
032102 01-13-11					Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS

Employer identification number 30-0211613

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUPPORT THE FUNCTIONS OF AND CARRY OUT THE PURPOSE OF EXCEL ACADEMY
CHARTER SCHOOLS TO ENGAGE IN ACTIVITIES TO PERFORM FUNCTIONS THAT THE
SCHOOLS WOULD OTHERWISE HAVE TO PERFORM; TO OWN, LEASE AND MAINTAIN THE
SITES AT WHICH THE SCHOOLS ARE LOCATED; AND TO OTHERWISE BENEFIT THE
SCHOOLS THROUGH PROVISION OF FINANCIAL SUPPORT AND SERVICES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LEASE AND MAINTAIN THE SITES AT WHICH THE SCHOOLS ARE LOCATED; AND TO
OTHERWISE BENEFIT THE SCHOOLS THROUGH PROVISION OF FINANCIAL SUPPORT
AND SERVICES.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
IN MARCH, 2011, FRIENDS OF EXCEL ACADEMY, INC. AMENDED AND CHANGED ITS
BY-LAWS AND NAME TO FRIENDS OF EXCEL ACADEMY CHARTER SCHOOLS, INC. THE
ORGANIZATION'S ACTIVITIES NOW CONSIST OF RAISING FUNDS ON BEHALF OF 3
CHARTER SCHOOLS (EXCEL ACADEMY CHARTER SCHOOL, EXCEL ACADEMY - CHELSEA
AND EXCEL ACADEMY - BOSTON II).
FORM 990, PART VI, SECTION A, LINE 4: FRIENDS OF EXCEL ACADEMY CHARTER
SCHOOLS, INC. RESTATED ITS ARTICLES OF INCORPORATION AND BY LAWS IN 2011.
FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

BOARD OF DIRECTORS AT A FULL BOARD MEETING BEFORE FILING.

Schedule O (Form 990 or 9	990-EZ) (2010)					Page 2
Name of the organization	FRIENDS C	F EXCEL	ACADEMY	CHARTER	SCHOOLS	Employer identification number 30-0211613
REVIEW THE CO	NFLICT OF	INTEREST	POLICY.			
FORM 990, PAR	T VI, SECT	CION C, L	INE 19:	FRIENDS	OF EXCEL A	CADEMY CHARTER
SCHOOLS, INC.	MAKES ITS	GOVERNI	NG DOCUM	ENTS, C	ONFLICT OF	INTEREST POLICY
AND FINANCIAL	STATEMENT	S AVAILA	BLE TO T	HE PUBL	IC UPON REQ	UEST.
FORM 990, PAR	T XII, LIN	IE 2C				
AUDIT OVERSIG	нт			-		
THE BOARD OF	DIRECTORS	OVERSEES	THE AUD	OF T	HE FINANCIA	L STATEMENTS.
						
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MA SOC Filing Number: 201153583730

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Date: 9/13/2011 3:37:00 PM

NO. 3898 P. 2

FEDERAL IDENTIFICATION
по
Page \$15.00

The Commonwealth of Massachusetts

Examiner

William Francis Galvin

Secretary of the Commonwealth One Ashburton Place, Boston, Massachusetts 02108-1512

> ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Name Approved

Wc. Susan Passoni	, *President /**VIEW PRESIDENT;
and Brian Truesdale	,*Clcrk /AħssistantəWerk,
of Friends of the Excel Academy Charter Schools, Inc. (Exact name of corporation)	· · · · · · · · · · · · · · · · · · ·
located at 1150 Saratoga Street, East Boston, MA 02128 (Address of corporation in Massachus	,
do hereby certify that these Articles of Amendment affecting articles numbered:	••••
Article I	
(Number those articles 1, 2, 3, and/or 4 being amended	
of the Articles of Organization were duly adopted at a meeting held on September	20, by vote of:
members, 5 directors, or	shareholders**,
☐ Being at least two-thirds of its members legally qualified to vote in meetings of	of the corporation; OR
Being at least two-thirds of its directors where there are no members pursuant Chapter 180, Section 3; OR	it to General Laws,
☐ In the case of a corporation having capital stock, by the holders of at least two stock having the right to vote therein.	o-thirds of the capital

*Delete the inapplicable words.

**Check only one box that applies.

Note: If the space provided under any article or ttem on this form is insufficient, additions shall be set forth on one side only of separate 8 $1/2 \times 11$ sheets of paper with a left margin of at least 1 tach. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

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M

R.A.

ARTICLE 1		
ו ידוייועם		

VOTED: To change the name of the corporation from Friends of the Excel Academy Charter Schools, Inc. to:

Friends of Excel Academy Charter Schools, Inc.

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than thirty days after such filing, in which event the amendment will become effective on such later date.

Later effective date:			····	-		1
SIGNED UNDER THE	Description of the same proofs	12	Sunt	Todana		
· ·	CALLES OF FEIGH		And of sent		•••••••••••••••••••••••••••••••••••••••	20_11
					•	
Sugar Preson	17		<u> </u>	 	_ President	'V zer vis ioen
	Lecital -					*ASSEMBLINECOMP
Bhan Truesdale	and water				·	

MA SOC Filing Number: 201153583730 Date: 9/13/2011 3:37:00 PM

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

September 13, 2011 03:37 PM

WILLIAM FRANCIS GALVIN

Statem Frain Dalies

Secretary of the Commonwealth

*						
Form 8868 (Rev. 1-2011)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Mon						
Note. Only complete Part II if you have already been grante			Form	3868.		
• If you are filing for an Automatic 3-Month Extension, core Part II Additional (Not Automatic) 3-Month Extension, core Part II Additional (Not Automatic) 3-Month Extension, core Part II Additional (Not Automatic) 3-Month			00100	and ad		
	Itti Exterisio	The Chily file the original (no c	Υ			
Type or Name of exempt organization			Emp	oyer identifi	ication number	
print FRIENDS OF EXCEL ACADEMY	TNC		3	0-0211	613	
File by the		tions		0 0222		
Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 285268						
return See City, town or post office, state, and ZIP code. Instructions EAST BOSTON, MA 02228	For a foreign add	dress, see instructions				
				.,,		
Enter the Return code for the return that this application is	for (file a separa	ite application for each return)			[0]1]	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990 T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already g		natic 3-month extension on a previou	ısly file	d Form 886	8	
THE ORGANIZ		m pogmovi 143 00000				
• The books are in the care of PO BOX 2852	68 - EAS					
Telephone No. ► 617-561-1371		FAX No. ▶			. \square	
 If the organization does not have an office or place of bit 					>	
If this is for a Group Return, enter the organization's four						
box Lifit is for part of the group, check this box		ach a list with the names and EINs of all	memb	ers the exter	nsion is for.	
4 I request an additional 3-month extension of time unt	7777 1	15, 2012	TITAL	20 2	011	
5 For calendar year, or other tax year beginni	·	, 2010 , and ending			<u> </u>	
6 If the tax year entered in line 5 is for less than 12 mo	nths, check reas	son: L Initial return L	Final r	eturn		
Change in accounting period						
7 State in detail why you need the extension INFORMATION NEEDED TO FILE	A DEMIID	N TO NOM SEM ASSAULT AT	T 13			
INFORMATION NEEDED TO FILE	A RETUR	N 15 NOT TET AVAILAR	SPE.			
8a If this application is for Form 990-BL, 990-PF, 990-T,	4720, or 6069, e	enter the tentative tax, less any			0	
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					0	
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a Include y	, ,	th this form, if required, by using			0.	
EFTPS (Electronic Federal Tax Payment System). Se		nd Verification	8c	\$		
Under penalties of perjury, I declare that I have examined this form it is true, correct, and complete, and that I am authorized to prepar	, including accom		e best o	f my knowledg	ge and belief,	
	te BOARD	CHATR	Date			
Olymature 📂 III			Dale			

Form **8868** (Rev. 1-2011)

Signature >

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 \triangleright X

Form 8868 (Rev. 1-2011)

• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form).			
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration	
	to file Form 990-T), or an additional (not automatic) 3-mo				•		
•	file any of the forms listed in Part I or Part II with the ex		· ·		-		
	Benefit Contracts, which must be sent to the IRS in pap	•					
	ris gov/efile and click on e-file for Charities & Nonprofits					,	
Part I			ibmit original (no copies needed)	-			
	ation required to file Form 990-T and requesting an autor			nolete			
Part I onl	, ,	natio o me	Sittle Oxfolioion Oriook tillo Dox tillo Con	ipioto			
	y corporations (including 1120-C filers), partnerships, REM	IICs and t	rusts must use Form 7004 to request ar	exten	sion of time		
	ome tax returns.	ros, and t	rusts must use roim root to request ar	CALCII	Sion of time		
Type or	Name of exempt organization			Emp	loyer identification	number	
print	Name of exempt organization			p	zinpioyor racinimoation nambor		
print	FRIENDS OF EXCEL ACADEMY,	TNC.		l 3	0-0211613		
File by the	Number, street, and room or suite no. If a P.O box, s		tions		0 0011010		
due date for filing vour	PO BOX 285268	ee manuc	dons.				
return See instructions	City, town or post office, state, and ZIP code For a fee EAST BOSTON, MA 02228	oreign add	iress, see instructions.		······································		
	DIDI DODION, INI 02220						
Enter the	Return code for the return that this application is for (file	a conara	te application for each return)			0 3	
criter the	neturn code for the return that this application is for the	в а осрага	tte application for each return)				
Applicat	ion	Return	Application		_	Return	
Applicat	ion .	Code	Is For			Code	
Is For		01	Form 990-T (corporation)			07	
Form 990		02					
Form 990			Form 1041-A			08	
Form 990		03	Form 4720			09	
	Form 990-PF 04 Form 5227					10	
Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069					11		
Form 990	O-T (trust other than above) THE ORGANIZATION] 06 ○N	Form 8870			12	
	ooks are in the care of PO BOX 285268		T BOCTON MA 02228				
		EAS					
	none No. ► 617-561-1371		FAX No.				
	organization does not have an office or place of busines						
	is for a Group Return, enter the organization's four digit	7	·				
box 🕨	. If it is for part of the group, check this box				ers the extension is	tor.	
1 I re	quest an automatic 3-month (6 months for a corporation				_		
_	FEBRUARY 15, 2012, to file the exemp	it organiza	ition return for the organization named a	above.	The extension		
ıs f	or the organization's return for:						
•	calendar year or		TIM 20 2011				
	X tax year beginning JUL 1, 2010	, ar	nd ending JUN 30, 2011		_ ·		
2 If t	he tax year entered in line 1 is for less than 12 months, on the control of the c	check reas	son:	al retur	n		
20 15:	his application in fev Form 000 DL 000 DE 000 T 4700	or 6060 -	anter the tentative tay less any				
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					&	0.	
nonrefundable credits. See instructions. b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				Ψ			
	• •	-] a.	.	0.	
_	timated tax payments made. Include any prior year over			3b	\$	_ 	
	lance due. Subtract line 3b from line 3a. Include your pa	-				0.	
by	using EFTPS (Electronic Federal Tax Payment System).			3c	50 for power == 1		
a contine	IT YOU BE GOING TO MAKE AN ELECTRODIC TUNG WITH GRAWAL	WITH THIC -	OUD AKEK SEE FOUR KINK.FU JORG FORM	KK / U.	FU IOI DAVIMENT INCI	THETHONE	

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