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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

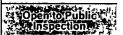
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file

Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The granization may have to use a copy of this return to satisfy state renoting requirements.

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

OMB No 1545-1150



d Net income or (loss) from gaming and fundraising events (add lines 6 and 6 b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee babetits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 23,838.	Α_		e 2011 calendar year, or tax year beginning Jul 1 , 2011, and ending Jun 30		2012		
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Tax-exempt status (ok only one)	ī		1. 0.1001				
K Check ► If the organization is not a section 590(a)(3) supporting organization or a section 522 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 190 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 65, and 7b, to line 9 b determine gross receipts are \$200,000 or more, or it total assets (Part II), line 25, column (3) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ or Form 11.) Check if the organization used Schedule O to respond to any question in this Part I	ì		I QQÒ Q	90-EZ, or 99	0-PF).		
normally not more than \$50,000 A Form \$990-EZ or Form \$90 return is not required though Form \$90-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. Add lines \$b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (8) below) are \$500,000 or more, file form \$90-NEZ	ĸ			tion and its	arnes receints are		
instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$250,000 or more, file form 990 instead of Form 990-EZ. \$\frac{43,458}{8.98}\$. \$\frac{\text{Add Inte 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$250,000 or more, file form 990 instead of Form 990-EZ. \$\frac{1}{2}\$ \$\frac	•	norma	ally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-p	ostcard) ma	v be required (see		
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b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED 9 35, 068. 10 Grants and similar amounts paid (list in Schedulard) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 See L-20 Stmt 20 23,838. 21 Net assets or fund balances at end of year. Combine lines 18 through 20	-	7 a	Gross sales of inventory, less returns and allowances				
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16. 18 Excess or (deficit) for the year (Subtract line 17 from line 9). 19 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). 10 Company rent, utilities, and maintenance. 11 Total expenses. Add lines 10 through 16. 12 See Form 990-EZ, Parti, Line 16 Other Expenses. 13 See Form 990-EZ, Parti, Line 16 Other Expenses. 14 Total expenses or (deficit) for the year (Subtract line 17 from line 9). 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 15, 100. 20 Other changes in net assets or fund balances (explain in Schedule O). 20 Other changes in net assets or fund balances (explain in Schedule O). 21 29, 485.		Ь	Less: cost of goods sold	7,71,7			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 PCCFIVFD 9 35, 068. 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 19 Net assets or fund balances at end of year. Combine lines 18 through 20 20 Other changes in net assets or fund balances (explain in Schedule O) 21 29, 485.	آآ	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c			
Total expenses. Add lines 10 through 16 Not assets or fund balances at end of year. Combine lines 18 through 20 Not assets or fund balances at end of year. Combine lines 18 through 20 Not assets or fund balances at end of year. Combine lines 18 through 20 Capacita and similar amounts paid (list in Schedule O) See L-20 Stmt 10 2,370. 11 12 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 388. 16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses 16 41,763. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt 20 23,838.	; _	8	Other revenue (describe in Schedule O)	8			
Total expenses. Add lines 10 through 16 Not assets or fund balances at end of year. Combine lines 18 through 20 Not assets or fund balances at end of year. Combine lines 18 through 20 Not assets or fund balances at end of year. Combine lines 18 through 20 Capacita and similar amounts paid (list in Schedule O) See L-20 Stmt 10 2,370. 11 12 12 13 Professional fees and other payments to independent contractors. 13 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 388. 16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses 16 41,763. 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) See L-20 Stmt 20 23,838.	ב	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	35,068.		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee betterits 13 Professional fees and other payments to independent contractors. 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29, 485.	デ	10		10			
Salaries, other compensation, and employee better its 12 Professional fees and other payments to independent contractors 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 See L-20 Stmt 22 29, 485.	É	11	Benefits paid to or for members	11			
14 Occupancy, rent, utilities, and maintenance UCIDEN. 15 15 388. 15 Printing, publications, postage, and shipping	3	1	Salaries, other compensation, and employee benefits NUV 1 5 ZUIZ O				
14 Occupancy, rent, utilities, and maintenance UCIDEN. 15 15 388. 15 Printing, publications, postage, and shipping	<u>ن</u>	1	Professional fees and other payments to independent contractors				
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 29, 485.	Ű	14		 †			
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 29, 485.	E	15		├	388.		
17 Total expenses. Add lines 10 through 16	S	16		144			
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 -9, 453. 19 15, 100. 20 23,838.		1		· —			
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) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29, 485.		+					
figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 19 15, 100. 20 23,838. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 29,485.				57.5%	7/300.		
S 21 Net assets or fund balances at end of year. Combine lines 18 through 20 29, 485.	Ν	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-y	cai i	15 100		
S 21 Net assets or fund balances at end of year. Combine lines 18 through 20 29, 485.	E I	20		1			
		si					
	B /			- 1 21			



	990-EZ (2011) HARI				20	-320	1318 Page 2
<u>Par</u>	II Balance Shee	ets. (see the ins	tructions for Part II.)				
	Check if the organ	nization used Sched	dule O to respond to any que	stion in this Part II .		·· , ·	
				<u> </u>	(A) Beginning of ye		(B) End of year
	Cash, savings, and in			· L	15,100		29,485.
	Land and buildings .		• • •	· L	0	_	0.
	Other assets (describe	•		· <u>L</u>	0		0.
	Total assets				15,100		29,485.
26	Total liabilities (descr	ibe in Schedule O)			0		0.
			column (B) must agree with li		15,100	. 27	29,485.
Par			vice Accomplishments		rt III.)		Expenses
			nedule O to respond to any qu				ured for section (3) and 501(c)(4)
What i Desc meas bene	s the organization's primary ribe the organization's cured by expenses. In a lited, and other relevar	exempt purpose? PR program service ac a clear and concise nt information for ea	OVIDE SUPPORT TO S complishments for each of its manner, describe the service ach program title.	SCHOOL COMMUN s three largest progra es provided, the numb	ITY m services, as per of persons	organ 4947	nizations and section (a)(1) trusts; optional hers.)
28	PROVIDED FINA	NCIAL AND VO	OLUNTEER SUPPORT TOUGH SOCIAL EVENTS	O STUDENTS			
	ACTIVITIES, F	'IELD TRIPS,	ETC.				44 122
29	-		ıs amount ıncludes foreign gr	 		28 a	44,133.
30	(Grants \$) If th	is amount includes foreign gr	ants, check here	▶∏	29 a	
•••							
			is amount includes foreign gr	ants, check here.	·	30 a	
31	Other program service (Grants \$	•	edule O) iis amount includes foreign gr	ants check here	▶ □	31 a	
32			nes 28a through 31a)			32	44,133.
Par	t IV List of Offic	ers. Directors.	Trustees, and Key Em	plovees. List each one	even if not compensated	(see th	e instructions for Part IV.)
	Check if the or	ganization used Scl	hedule O to respond to any q	uestion in this Part IV	,	•	🗍
	(a) Name and ad	ddress	(b) Title and average hours per week devoted to position	(c) Reportable compensat (Form W-2/1099-MISC) (If not paid, enter -0-)	d) Health benef contributions to em benefit plans, a deferred compens	oloyee nd	(e) Estimated amount of other compensation
Nec	Hall				deterred compens	10011	
	Lake St		PRES				
	INGTON,	MA 02474	1.00		0.	Ο.	0.
	ther Smith	PIA UZ474	11.00	<u>'</u>	U.	· ·	<u> </u>
	Lake St		CO-VP				
	INGTON,	MA 02474	1.00		o.	0.	0.
	sey Crimmins	11102171	1.00		· ·	<u> </u>	<u> </u>
	Lake St	·	CO-VP				
	INGTON	MA 02474	1.00		o.	0.	0.
	ly Forbes					<u> </u>	
	Lake St		Treas				
	INGTON,	MA 02474	1.00		o.	0.	0.
	ia Caballero	· · · ·					
	Lake St		Secy				
ARI	INGTON,	MA 02474	11.00		o.l	0.	0.
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Part:V ₁ Other Information (Note the Schedule A and personal benefit contract statement req the instructions for Part V.) Check if the organization used Schedule O to respond to any	uirements in			
		 -i	Yes	No
Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide each activity in Schedule O	a detailed description of	33	163	X
Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	amended documents if they reflect	34		х
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year (such as those reported on lines 2, 6a, and 7a, among others)?	from business activities	35 a		х
b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an ex	planation in Schedule O	35 ь		X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III		35 c		х
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition o year? If 'Yes,' complete applicable parts of Schedule N	f net assets during the	36		Х
37a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37a 0.	37 b	<u>& 21</u>	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key e any such loans made in a prior year and still outstanding at the end of the tax year covered by	mployee or were this return?	38a	i isi	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b		1. 2. 2. 19, 2. 2.	
39 Section 501(c)(7) organizations Enter.	1	1	2. 1	ا المحدوثة ا
a Initiation fees and capital contributions included on line 9	39 a			F
b Gross receipts, included on line 9, for public use of club facilities	39 b	A 24 4		5.7
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the y	rear under:	Page	4 100	40
section 4911 ►; section 4912 ►; section 495	5 ►	1	4	7.54
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 495 transaction during the year or did it engage in an excess benefit transaction in a prior year that on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	8 excess benefit it has not been reported	40 b	100] ² , -} x
c 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.	•	1875-19 1841-184 1841-184	1	7.7 R
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	•			
		1 2 '	ي تي ر	34
e All organizations. At any time during the tax year, was the organization a party to a prohibited shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► Massachusetts	tax 	40 e		х
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed Massachusetts 42a The organization's books are in care of Andy Forbes	Telephone no. ▶ <u>(781)</u>	316	-378	х
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed Massachusetts 42 a The organization's books are in care of Andy Forbes Located at 52 LAKE ST, ARLINGTON, b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other financial account.)	Telephone no. ► <u>(781)</u> MA ZIP + 4 ► <u>02474</u>	316	Yes	32 No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► Massachusetts 42 a The organization's books are in care of ► Andy Forbes Located at ► 52 LAKE ST, ARLINGTON, b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other firm of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final C At any time during the calendar year, did the organization maintain an office outside of the U	Telephone no. ► (781) MA ZIP + 4 ► 02474 r other authority over a lancial account)?	316 42b	Yes	32 No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► Massachusetts 42 a The organization's books are in care of ► Andy Forbes Located at ► 52 LAKE ST, B At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other firm if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Final States.	Telephone no. ► (781) MA ZIP + 4 ► 02474 r other authority over a junctial account)? ncial Accounts. S? eck here ► 43	316	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the U if 'Yes,' enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year 4a a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 mu of Form 990-EZ	Telephone no. ► (781) MA ZIP + 4 ► 02474 r other authority over a junctial account)? ncial Accounts. S? eck here ► 43	316 42b 42c	Yes The state of	No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ Massachusetts 42 a The organization's books are in care of ▶ Andy Forbes Located at ▶ 52 LAKE ST, ARLINGTON, b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other firm if 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial accounts the name of the foreign country: ▶ 143 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Character the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 more form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ	Telephone no. \(\bigcirc (781) \) MA \(\text{ZIP} + 4 \) \(\text{O2474} \) To other authority over a nancial account)? Incial Accounts. S? Telephone no. \(\text{C781} \) Telephone no. \(\	316 42b 42c 42c	Yes The state of	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the U if 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the U if 'Yes,' enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fina c At any time during the calendar year, did the organization maintain an office outside of the U 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 — Ch and enter the amount of tax-exempt interest received or accrued during the tax year 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 most form 990-EZ b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' p.	Telephone no. \(\bigcit{781} \) MA ZIP + 4 \(\bigcit{02474} \) r other authority over a lancial account)? Incial Accounts. S? eck here 43 ust be completed instead must be completed rovide an explanation in	42b 42c 42c	Yes	No X
shelter transaction? If 'Yes,' complete Form 8886-T 41 List the states with which a copy of this return is filed ► Massachusetts 42a The organization's books are in care of ► Andy Forbes Located at ► 52 Lake ST, ARLINGTON, b At any time during the calendar year, did the organization have an interest in or a signature of financial account in a foreign country (such as a bank account, securities account, or other fire if 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fination C. At any time during the calendar year, did the organization maintain an office outside of the U. 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 — Chaind enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must of Form 990-EZ. b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 instead of Form 990-EZ. c Did the organization receive any payments for indoor tanning services during the year? d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' proceed the process of the payments? If 'No,' proceed the payments.	Telephone no. ► (781) MA ZIP + 4 ► 02474 r other authority over a lancial account)? ncial Accounts. S? eck here ► 43 Inst be completed instead In must be completed rovide an explanation in 512(b)(13)? g of section 512(b)(13)? If 'Yes,'	42b 42c 44a 44a 44b	Yes Yes	No X X X

Form 990-E	Z (2011) HARDY ELEMENTARY SC	CHOOL PTO			20-320	1318	P	age 4
							Yes	No
46 Did the	e organization engage, directly or indirect	tiy, ın political campaigi	n activities on	behalf of o	r in opposition to		,	1
candid	dates for public office? If 'Yes,' complete:	Schedule C, Part I				. 46	<u> </u>	<u>X</u>
Pärt VI.	Section 501(c)(3) organizations	and section 4947	(a)(1) none:	xempt ch	aritable trusts on	ly. All sec	tion	
	501(c)(3) organizations and sec 47-49b and 52, and complete th	tion 494/(a)(1) noi	nexempt cn	iaritable i	trusts must answe	r questior	15	
	•							
	Check if the organization used Schedule	O to respond to any qu	uestion in this	Part VI .	<u> </u>			لل
47 5 1 11							Yes	No
47 Did the	e organization engage in lobbying activitilete Schedule C, Part II	es or have a section 50	11(h) election i	n effect du	ring the tax year? If 'Ye	es,' 47		X
	organization a school as described in sec					48		<u>x</u>
	e organization make any transfers to an					49 a	_	X
	s,' was the related organization a section	•	related Organiz	zation:	•	49b		
	-	-		ar than affire				
emplo	lete this table for the organization's five houses) who each received more than \$100	iighest compensated en 0,000 of compensation (riployees (other from the organ	er man ome nzation if t	there is none, enter 'No	ne.'		
<u>-</u>		(b) Title and average			(d) Health benefits.	(e) Estimate	d amou	nt of
(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Reportable co (Forms W-2/10	99-MISC)	contributions to employee	other con		
	paid more stain \$100,000	dototed to position	1	1	benefit plans, and deferred compensation			
None					- Control Control			
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e Total	number of other employees paid over \$1	00.000	<u> </u>			·		
	plete this table for the organization's five l		dependent cor	ntractors w	he each recoved more	than \$100	nnn of	
comp	ensation from the organization of there is	none, enter 'None '	idependent coi	illiaciois W				
(a) N	lame and address of each independent contractor paid	more than \$100,000		(b) Type o	of service	(c) Com	pensatio	חנ
None			<u> </u>					
			1					
			 					
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• Total	number of other independent contractors	each recovered over \$1	100,000					
	,	• ,	•	s and 4047	//a\/1\ nanayamni			
	he organization complete Schedule A? No table trusts must attach a completed Sch		organization	is and 4947	(a)(1) nonexempt	. ► X Ye	s [No
Under penaltie	es of perjury, I declare that I have examined this return and complete. Declaration of preparer (other than office	, including accompanying sche	dules and stateme	nts, and to the	best of my knowledge and be			
true, correct, a	and complete: Declaration of preparer (other than office	er) is based on all information	or which preparer I	nas any knowl	///3/20			
Ci	Signature of officer				Date 7// 3/20			
Sign Here								
пете	Andy Forbes Type or print name and title							
	Print/Type preparer's name	Preparer's signature	·	Date		PTIN		
D-14		, -	ľ		Crieck [] II]		1	
Paid Properer	WALTER FEY CON	WALTER FEY	_ <u></u> <u>_</u>	10/29/1	.2 self-employed	20009873) T	
Preparer Use Only	Furm's name WALTER FEY CPA,	PC				26 164	0266	:
OSC OIIIY	Firm's address > 223 MASS AVE.		200	00474	Firm's EIN	26-164	0300	
Ma 11 17	ARLINGTON			02474	Phone no	► Uva		1
may the IR	S discuss this return with the preparer sh	iown above? See instru	ctions			116		(2011)
						Form 9 9	ルーピム	(2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

		ELEMENTARY SO							20-32	01318	3	
Par		Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstructi	ions.	_
				it is (For lines 1 through								_
1		A church, convention	of churches or associ	ation of churches descr	ibed in s	section 1	70(b)(1	χΑχi).				
2												
3	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	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 state											
5		170(b)(1)(A)(iv). (Cor	nplete Part II.)	a college or university of		·	-	-	nental u	nit descr	ibed in section	
6 7	Н	An organization that i		rernmental unit describe ibstantial part of its sup II.)					r from t	ne gener	ral public described	
8				(b)(1)(A)(vi). (Complete	Part II.)						
9	X	An organization that if from activities related investment income ar	normally receives: (1) I to its exempt function	more than 33-1/3% of a subject to certain of taxable income (less se	its suppo	ort from	(2) no n	nore tha	n 33-1/3	1% of its	support from gross	
10		An organization organ	nized and operated ex	clusively to test for pub	lic safet	y. See s	ection 5	09(a)(4)).			
11		more publicly support	ted organizations desc supporti <u>ng</u> organization	clusively for the benefit cribed in section 509(a) on and complete lines 1	(1) or se	ction 50	he funct 9(a)(2).	ons of, See se	or carry ction 50	out the 9(a)(3).	purposes of one or Check the box that	
	_	a ∐ Type I	b Type II	c 🔙 Type III						d 🗌	Type III - Other	
е	Ш	By checking this box, other than foundation section 509(a)(2).	I certify that the orga managers and other	nization is not controlled than one or more public	d directl ly supp	y or ındı orted org	rectly by janization	one or	more di cribed in	squalifie section	ed persons 509(a)(1) or	
f		If the organization red check this box	ceived a written deterr	mination from the IRS th	nat is a	Туре І, Т	ype II o	r Type I	li suppo	rtıng org	anization,	
g		Since August 17, 200	6, has the organizatio	n accepted any gift or	contribu	tion fron	n any of	the folio	owing pe	ersons?		
							-		٠.		Yes No	_ o
		(i) A person who delow, the gove	lirectly or indirectly co erning body of the supp	ntrols, either alone or to ported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	d (III)	. 11g (i)	_
			er of a person describ	-						•	11 g (ii)	_
		(iii) A 35% controlle	ed entity of a person d	escribed in (i) or (ii) ab	ove?						11 g (iii)	_
_ h				supported organization								_
		(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (your go	Is the sation in in incorporation in inc	the organ	ou notify lization in n (i) of upport?	organız colur	s the ation in nn (i) ed in the 5.?	(vii) Amount of support	
					Yes	No	Yes	No	Yes	No		
<u>(A)</u>												
(B)												
<u> </u>		·										_
<u>(C)</u>		 			<u> </u>			 				
<u>(D)</u>						<u> </u>						_
<u>(E)</u>				Margaret (11) with the first section of the section	- مردا لشي الوتي	Star Print	_ 	d madent	Sur	and the second	- · · · · · · · · · · · · · · · · · · ·	
Tota	١						第2 年		74			

Pa就訓數 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.)

Sec	tion A. Public Support						
Calend	dar year (or fiscal yr beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions and membership fees			•		•	
	received (Do not include						
•	any 'unusùal grants.') .	16,380.	9,162.	19,690.	20,609.	29,217.	95,058.
2	Gross receipts from admis- sions, merchandise sold or				1		
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose	41,742.	32,947.	32,116.	28,257.	14,227.	149,289.
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the		·				
	organization'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 .						
	Total. Add lines 1 through 5	58,122.	42,109.	51,806.	48,866.	43,444.	244,347.
7 a	Amounts included on lines 1, 2, and 3 received from						
	disqualified persons .					:	
b	Amounts included on lines 2						
	and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or						
	1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	·					
8	Public support (Subtract line						
<u></u>	7c from line 6.)		是是不是自身	电影影响	TANK WASHING	Mark Walter	244,347.
	tion B. Total Support		_			· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	58,122.	42,109.	51,806.	48,866.	43,444.	244,347.
iva	Gross income from interest, dividends, payments received				ļ	1	
	on securities loans, rents,				İ		
	royalties and income from similar sources	0.	104.	4.	15.	14.	137.
b	Unrelated business taxable						
	income (less section 511 taxes) from businesses			}			
	acquired after June 30, 1975	· · · · · · · · · · · · · · · · · · ·					
	Add lines 10a and 10b	0.	104.	4.	15.	14.	137.
11	Net income from unrelated business activities not included in line 10b,				 		
	whether or not the business is				l		
12	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 Ins 9, 10c, 11, and 12.)	58,122.	42,213.	51,810.	48,881.	43,458.	244,484.
	First five years. If the Form 990	is for the organiza					
	organization, check this box and	stop nere	<u></u>				, >
	tion C. Computation of Pu Public support percentage for 20			- 12 (5)		125	00 04 8
	Public support percentage from 2		• •	e 13, column (1))		15 16	99.94 8 99.89 8
	tion D. Computation of Inv			 P	•	10	99.09 8
17	Investment income percentage for				n (f))	17	0.06 %
18	Investment income percentage fr				(1)	18	0.11 %
	33-1/3% support tests - 2011. If	the organization (did not check the	hox on line 14, an	id line 15 is more	than 33.1/3% and	
	is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	s a publicly suppor	ted organization	▶ 🔀
t	33-1/3% support tests — 2010. If line 18 is not more than 33-1/3%	the organization	did not check a bo	ox on line 14 or lin	ne 19a, and line 16	is more than 33-1	/3%, and
	Private foundation. If the organization						auon
	ate tourisation it the organia	Lactori dia not che	on a box on line 1	7, 130, UL 130, UL	CON UNO DUX AIRU S	ee iristi uctions	

•	990 or 990-EZ), Supplemental Information to	o Form 990 or 990-EZ						
Other expenses (d	escribe in Schedule O)							
CLASS ACTIVIT	•	13,995.						
DIRECTORY		420.						
ENRICHMENT		5,732.						
INSTRUCTIONAL	SUPPORT	1,083.						
LIBRARY SUPPO	DRT	3,078.						
TEACHER SUPPO		4,365.						
PROGRAM EQUII	PMENT AND SUPPLIES	13,090.						
Total		41,763.						
	990 or 990-EZ), Supplemental Information t							
Purpose of Payme	ent <u>Hardship and genera</u>	l donations						
Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given					
Program	Business Person . X Various	Various						
			2,370.					
If property other the Description of ProDate of Gift	nan cash was given, the following additional perty	Information needs to be p	provided.					
Book Value	How Book Value	e Determined						
FMV	FMV How FMV Determined							
	n 990 or 990-EZ), Supplemental Information t ge 1, Part I, Line 20	to Form 990 or 990-EZ						
	Amount							
TO CORRECT B	TO CORRECT BEGINNING OF THE YEAR CASH BALANCES							
Total			23,838.					