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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

OMB No 1545 0047 2012

Open to Public

Ā For the 2012 calendar year, or tax year beginning , 2012, and ending 2013 7/01 **Employer Identification Number** Check if applicable 77-0496752 Address change CENTER FOR ADVANCED RESEARCH & TECHNOLOGY FOUNDATION Telephone number Name change 2555 CLOVIS AVENUE (559) 248-7400 Initial return CLOVIS, CA 93612 Terminated G Gross receipts \$ 163,032 Amended return H(a) Is this a group return for affiliates XNo F Name and address of principal officer Yes Application pending H(b) Are all affiliates included?
If 'No,' attach a list (see instructions) No SAME AS C ABOVE Tax-exempt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or H(c) Group exemption number Website: ► M State of legal domicile Form of organization Trust Other ► L Year of Formation Corporation Association Part Summary Briefly describe the organization's mission or most significant activities THE FOUNDATION SUPPORTS CART'S MISSION TO PROVIDE MOTIVATION FOR STUDENTS TO BE BETTER LEARNERS BY CREATING Governance EDUCATION RELEVANT TO THE WORK FORCE. IN PARTNERSHIP WITH EDUCATION, BUSINESS, AND COMMUNITY AGENCIES CART PROVIDES THE RESOURCES NECESSARY TO HELP EDUCATE STUDENTS. If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ≪ Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990-T, line 34 7 b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 226,117 51,062. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 21,161 17,856. 93,707. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 94,114. 11 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 340,985 163,032. 20,704 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 21,043. 13 SCANNED NOV 2 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 96,692. 189,512. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 117,396 210,555. Revenue less expenses Subtract line 18 from line 12 223,589. -47,523. RECEIVED **End of Year Beginning of Current Year** 20 Total assets (Part X, line 16) 651,394. 603,896. Ö 21 Total liabilities (Part X, line 26) 503. 539. NOV 0 4 2013 Net assets or fund balances Subtract line 21 from line 20 22 650,855 603,393 Signature Block refits; and to the best of my knowledge and belief, it is true, correct, and knowledge Under penalties of perjury, I declare that I have examined this return, including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which preparer Signature of officer Date Sign Here Richard 10-31-13 Type or print name and title Print/Type preparer's name Preparer's signature Check JARIBU W NELSON JARIBU W NELSON self employed P00642873 Paid ARAKELIAN ACCOUNTANCY CORPORATION Preparer **Use Only** 7575 N PALM AVE STE 205 Firm's EIN ► 27-3006038 Firm's address FRESNO, CA 93711-5505 (559) 286-7546 Phone no

X Yes

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

	m 990 (2012) CENTER FOR ADVANCED RESEARCH &	77-04	96752	Page 2
Pa	Statement of Program Service Accomplishments			-
	Check if Schedule O contains a response to any question in this Part III			X
1				
	SEE_SCHEDULE O		-	
				_
2	Did the organization undertake any significant program services during the year	r which were not listed on the prior		
	Form 990 or 990-EZ?	·	Yes	X No
	If 'Yes,' describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it c	onducts, any program services?	Yes	X No
	If 'Yes,' describe these changes on Schedule O.			_
4	Describe the organization's program service accomplishments for each of its the Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are others, the total expenses, and revenue, if any, for each program service repo	required to report the amount of gran	asured by ex nts and alloc	penses ations to
4 a	a (Code.) (Expenses \$ 205,038. including grants of) (Revenue	3)
	CART ACHIEVEMENTS INCLUDE: UNIVERSITY OF SOUTHER		ONE OF	THE
	TWENTY CHARTER SCHOOLS THAT HAS DEVELOPED LEADIN			
	TECHNOLOGY WITH ACADEMICS; CART WAS NAMED A MICR			CART
	RECEIVED A GOLDEN BALL AWARD FROM THE CALIFORNIA		ION FOR	
	INNOVATIVE CURRICULUM THAT CONTRIBUTES TO STUDEN	<u> </u>		
4 b	b (Code) (Expenses \$ including grants of) (Revenue	3)
				
4 0	c (Code) (Expenses \$ including grants of) (Revenue	\$)
		- <i></i>		
4 0	d Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)
BAA	e Total program service expenses ► 205,038. TEEA0102L 08/08/12		Form	n 990 (2012)

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
ŧ	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 Ь		Х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		X
t	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 and XII is optional	12 Ь		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20 á	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2012) CENTER FOR ADVANCED RESEARCH &

Part IV Checklist of Required Schedules (continued)

			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		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	c 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		
25 (a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ı	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	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)			posterior de la constanta de l
•	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
I	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	o If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38 	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Form	1 990 (2012)

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	1 a	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		l
c Did the organization comply with backup withholding rules for reportable payments to veno (gambling) winnings to prize winners?	dors and reportable gaming	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	e- 2a	0		
b If at least one is reported on line 2a, did the organization file all required federal employm	ent tax returns?	2 b		
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 y	ear?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule	0	3 b		
4a At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other	ire or other authority over, a r financial account)?	- 4a		х
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				
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the	•	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sh	elter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000 solicit any contributions that were not tax deductible as charitable contributions?	, and did the organization	6 a		х
b If 'Yes,' did the organization include with every solicitation an express statement that such not tax deductible?	contributions or gifts were	6 ь		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and services provided to the payor?	d partly for goods and	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provide	d?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for Form 8282?	which it was required to file	7 c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a persor	al benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal b	enefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organiz as required?	ation file Form 8899	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did Form 1098-C?	the organization file a	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support supporting organization, or a donor advised fund maintained by a sponsoring organization holdings at any time during the year?	ting organizations. Did the , have excess business	8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 Ь		
10 Section 501(c)(7) organizations. Enter.				
a Initiation fees and capital contributions included on Part VIII, line 12	10 a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
11 Section 501(c)(12) organizations. Enter.				
a Gross income from members or shareholders	_11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 ь			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lied	u of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a is the organization licensed to issue qualified health plans in more than one state?		13 a		
Note. See the instructions for additional information the organization must report on Scheol	dule O.			
b Enter the amount of reserves the organization is required to maintain by the states in	1424			
which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			-
14a Did the organization receive any payments for indoor tanning services during the tax year.		14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation i	n scriedule U	14b	000	(2012)
BAA TEEA0105L 08/08/12		⊦orm	990 ((2012)

Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 7 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1 b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? 4 5 X Did the organization become aware during the year of a significant diversion of the organization's assets? 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or other persons other than the governing body 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8 a X a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director or 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 No Х 10 a 10 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? $\overline{\mathbf{x}}$ 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12 a X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c $\overline{\mathsf{X}}$ 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 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 15 a Х X **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > CA 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. Other (explain in Schedule O) Another's website Upon request Describe in Schedule 0 whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to

IRMA OLQUIN 2555 CLOVIS AVENUE CLOVIS CA 93612 (559)

SEE SCHEDULE O

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

the public during the tax year

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order, individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

-				(C	;)					
(A) Name and Title	(B) Average hours per	one bo	x, un	iless p	perso	more to n is bot or/truste	h an e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	W 2/1099-MISC) Highest compensale	(W 2/1099-MISC)	(W 2/1099 MISC)	from the organization and related organizations
(1) PETER WEBER	2									
DIRECTOR	0							0.	0.	0.
(2) RICHARD LAKE CHAIRMAN	2							0.	0.	0.
(3) VALERIE DAVIS	2		_					<u> </u>	<u> </u>	
VICE CHAIRMAN	0 -							0.	0.	0.
(4) MICHAEL HANSON	2						<u> </u>			<u>_</u>
DIRECTOR	0	Ì						0.	0.	0.
(5) DR JANET YOUNG	2								·	
DIRECTOR	0							0.	0.	0.
(6) MICHAEL DER MANOUEL JR	2									
DIRECTOR	0							0.	0.	0.
(7) SAM GEIL	2									
DIRECTOR	0							0.	0.	0.
(9)										
(10)										· · · · · · · · · · · · · · · ·
<u>(11)</u>										
(12)										
(13)									_	
(14)										

. (A) Name and title	(B) Average hours per week	(do box	not c	Pos check	sition more erson direct	than is botl or/trus	one h an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
•	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(15)					-					
(16)									<u> </u>	
(17)										·
(18)					 					
(19)									<u> </u>	
(20)		-								
(21)							ļ			
(22)										
(23)										
(24)		-				_		:		
(25)									10-12-	
1 b Sub-total	_		!l			<u> </u>	-	0.	0	
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	A						-	0.	0	
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se lis	ted	abo	ve)	who	rece			
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such if the organization and related organizations greater is such individual 5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' 	ndividua portable than \$15	e con 50,00	nper 0? /	nsat If 'Yo	ion a es' d	and comp	othe <i>lete</i>	r compensation fr	om	Yes No 3 X 4 X
Section B. Independent Contractors 1 Complete this table for your five highest compensa								· -	an \$100 000 of	
compensation from the organization. Report compe								ding with or within	the organization	s tax year. (C)
Name and business addre	ss ——–							Description of	of services	Compensation
		_								
2 Total number of independent contractors (including \$100,000 in compensation from the organization		lımıt	ed to	o th	ose	listed	d ab	ove) who receive	d more than	
BAA		TEEA)108L	. 01/	24/13					Form 990 (2012)

	Check if Schedule O contains a response to any question	1 1	(D)	(C)	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ATS NTS	1 a Federated campaigns 1 a				
중	b Membership dues 1 b]			
FTS. RA	c Fundraising events 1 c				[
ਙੁੱ≦	d Related organizations 1 d				
SIS	e Government grants (contributions) 1 e	_			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 51,062.				
S S	g Noncash contributions included in lns 1a-1f \$				
뽕	h Total. Add lines 1a-1f Business Code	51,062.			
Ē	2 a				
Æ	b	,			
VICE	<u> </u>				
PROGRAM SERVICE REVENUE	d			 	
AM:	e				
8	f All other program service revenue.				
폺	g Total. Add lines 2a-2f			- ·	
	3 Investment income (including dividends, interest and				
	other similar amounts)	17,856.	17,856.		
	4 Income from investment of tax-exempt bond proceeds ▶	•			
	5 Royalties	•			
	(i) Real (II) Personal				
	6 a Gross rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other	_			
	assets other than inventory	_			
	b Less cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	Thet gain or (1033)				-
Щ	8a Gross income from fundraising events				
Ē	(not including \$ of contributions reported on line 1c).				
OTHER REVENU	See Part IV, line 18 a				
품	b Less direct expenses b	-			
P	c Net income or (loss) from fundraising events		1		
	9a Gross income from gaming activities. See Part IV, line 19 a 2,076.				
	b Less. direct expenses b				
	c Net income or (loss) from gaming activities.	2,076.			- 2,076.
	10 a Gross sales of inventory, less returns	2,070.			2,070.
	and allowances a				
	b Less. cost of goods sold b	1			
	c Net income or (loss) from sales of inventory		1		1
	Miscellaneous Revenue Business Code				1
	11a FACILITY USAGE 611600	60,000.	60,000.		
	b VENDING 611600	28,695.	28,695.		
	c REIMBURSEMENTS 611600	3,343.	3,343.		
	d All other revenue				
	e Total. Add lines 11a-11d	92,038.			
	12 Total revenue. See instructions	163 032	109.894	0	2.076.

Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX. X <u>(C)</u> Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 21,043. 21,043. Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0. 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0. 0 0 0 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). a Management 4,577 4,577 **b** Legal c Accounting 800 800 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) 12 Advertising and promotion 3,714. 3,714 13 Office expenses 14 Information technology 46,000 46,000 Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 1,161 1,161 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a CONTRACTED SERVICES 48,461. 48,461. **b** SUPPLIES 28,031 28,031 c VENDING 17,538 17,538 d EXPENDABLE EQUIPMENT 16,836 16,836. SEE SCH. e All other expenses 22,254 22,394 140. 25 Total functional expenses. Add lines 1 through 24e 210,555 205,038. 5,517. 0. Joint costs. Complete this line only if 26 the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► If following SOP 98-2 (ASC 958-720).

Part X Balance Sheet

77-0496752

Check if Schedule O contains a response to any question in this Part X (B) (A) Beginning of year End of year 296,556 1 233,506. Cash - non-interest-bearing 2 354,746 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 92. 92. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other 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). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D 10 a 10b 10 c b Less, accumulated depreciation 11 !nvestments - publicly traded securities 346,001 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 24,297. 651,394. 16 603,896 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 502 17 539. 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 25 26 539. 503 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 õ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 650,855 32 603,393. Total net assets or fund balances 33 33 650,855. 603,393. 34 Total liabilities and net assets/fund balances 34 603,896. 651,394 BAA Form 990 (2012)

9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	je 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603, 39	
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603, 39	
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	32.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	55.
5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	23.
Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	<u>55.</u>
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 603,39	61.
column (B)) 10 603,39	0.
	93.
Part XIII Financial Statements and Reporting	
Check if Schedule O contains a response to any question in this Part XII	
	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other	
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
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.	
Separate basis Consolidated basis Both consolidated and separate basis	
b Were the organization's financial statements audited by an independent accountant?	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.	
Separate basis Consolidated basis Both consolidated and separate basis	
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?	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
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 Act and OMB Circular A-133? 3a 3a	Х
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	
BAA Form 990 (2)	(012

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047

edity of mage

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.

Name of the organization CENTER FOR ADVANCED RESEARCH & Employer identification 77-0496752

Partill Reason for Public Charity Status (All organizations must complete this part.) See instructions Employer identification number

The o	roa	·		it is. (For lines 1 throu				<u> </u>	00 11101			
1	i ga	•		ation of churches desc	,		,	,				
2	X			(ii). (Attach Schedule E		3000011	170(0)(· //~//·/·				
3	Ĥ			e organization described		ion 170	ΉΥΊΥΔ Υ	(iii)				
4	Н	•	•	in conjunction with a ho				• •	ьу1уду	iii) Ent	er the hospital's /	
•	Ш	name, city, and state	•	in conjunction with a ric	opna. a		5556		-7(-7/-7/	,	or and modphare	
5		, ,,	ated for the benefit of	a college or university	owned o	or opera	ted by a	govern	mental ı	init des	cribed in section	
6	П			vernmental unit describ	ed in se	ction 17	'0(Ь)(1)(A)(v).				
7		in section 170(b)(1)(A	A)(vi). (Complete Part		-	_	ernment	tal unit d	or from t	he gene	eral public described	
8		A community trust de	escribed in section 176	0(b)(1)(A)(vi). (Complete	e Part II.	.)						
9	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 See section 509(a)(2). (Complete Part III)											
10		An organization orga	nized and operated ex	clusively to test for put	olic safe	ty See	section !	509(a)(4).			
11		supported organizations	zed and operated exclus s described in section 50 ion and complete lines	ively for the benefit of, to 09(a)(1) or section 509(a)(3 11e through 11h	perform (2) See s	the functi section 5	ons of, o 609(a)(3).	r carry o Check t	ut the pu he box th	rposes o at descr	f one or more publicly ibes the type of	
		a Type I b	Type II c	Type III - Function	nally inte	grated	•	d	Гуре III -	– Non-f	unctionally integrated	
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)											
f	If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box											
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?										
•		,	,	. , , ,			,		٠.		Yes No	
			directly or indirectly co erning body of the sup	introls, either alone or t ported organization?	ogether	with per	rsons de	scribed	ın (ıı) ar	nd (III)	11 g (i)	
		(ii) A family memb	er of a person describ	ed in (i) above?							11 g (ii)	
		(iii) A 35% controlle	ed entity of a person o	lescribed in (i) or (ii) ab	ove?						11 g (iii)	
h		Provide the following	information about the	supported organization	า(s).							
		(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (i your go	s the ation in in listed in overning ment?	(v) Did yo the organi column (supp	zation in	organız colun	s the ation in in (i) ed in the	(vii) Amount of monetary support	
					Yes	No	Yes	No	Yes	No		
(A)												
(B)												
<u>`-'</u>						 				_	_	
(C)												
(D)		<u> </u>								_		
(E)												

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

Schedule A (Form 990 or 990-EZ) 2012

77-0496752

Partill 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	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc (see inst	ructions)			12	
	First five years. If the Form 990 i organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3	▶ [
	tion C. Computation of Pu	<u></u>					
	Public support percentage for 20	•	• • •	e 11, column (f))		14	
15	Public support percentage from 2	2011 Schedule A,	Part II, line 14			15	%
	and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ ∐
ľ	33-1/3% support test — 2011. If the and stop here. The organization				, and line 15 is 33	-1/3% or more, o	check this box
17 a	10%-facts-and-circumstances test or more, and if the organization rethe organization meets the 'facts'	meets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here	. Explain in Part	IV how
ł	0 10%-facts-and-circumstances test or more, and if the organization reorganization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here	. Explain in Part	15 is 10% IV how the ►
18	Private foundation. If the organiz	ation did not ched	ck a box on line 1	3, 16a, 16b, 17a, d	or 17b, check this	box and see ins	tructions

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.)

Investment income percentage from 2011 Schedule A, Part III, line 17 19a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3% support tests — 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	Sec	tion A. Public Support									
and membership less details and membership less details and membership less details of the production	_		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
2 Gross receipts from admissions, methodologies solves, performed, or fabilities solves, performed, or fabilities related to the organization's partial purpose and the production of the organization's benefit and ethic product for expended on the organization's benefit and ethic product for expended on the organization's benefit and ethic product for expended on the organization's benefit and ethic product for expended on the organization without charge of the organization without charge of services or facilities translated by a organization without charge of the organization of the organization without charge of the organization organization of the organization of th	1	and membership fees received. (Do not include	_								
3 Gross receipts from activules that are not an unrelated rade of business under section 13 decided of the either pact to or expended on its behalf of the either pact to or expended on its behalf of the organization without charge governmental unit to the organization without charge governmental unit to the organization without charge of the property of the propert	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's		- "							
organization's benefit and either paid to or expended on the sheaf of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2 and 3 received from disqualified persons b Amounts included on line 13 for the year c Add lines 7 and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calledary year of itselary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total on smiller forestary helpinong in) > (a) 2008 (d) 2011 (e) 201	3	Gross receipts from activities that are not an unrelated trade									
6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year unto on line 13 for the year of the greater of \$5,000 or 1% of the amount on line 13 for the year unto on line 13 for the year of the greater of \$5,000 or 1% of the amount on line 13 for the year of the greater of \$5,000 or 1% of the year of ye	-	organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the									
and 3 received from other than disqualified persons the story of the 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 7c from line 6) Section B. Total Support Calendar year (or fiscal y beginning in > 9 Amounts from line 6) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources but all the story of the		Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from									
Section B. Total Support Calendar year (or fiscal yr beginning in) > 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b whether on on the business is regularly carried on 120. Other income, Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (Add line 9, 10, 11, and 12) 14 First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage form 2011 Schedule A, Part III, line 15 17 Investment income percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 18 Investment income percentage for 2011 Cine line, column (f) divided by line 13, column (f) 19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	b	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13									
Total Support Calendar year (or fiscal by beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total	c	Add lines 7a and 7b									
Calendar year (or fiscal yr beginning in) > Amounts from line 6 Amounts from line 10 Amounts from line		7c from line 6)			夏 山憲						
9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain of loss from the sale of part IV.) 13 Total support. (Add lins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Total support (Add lins 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2011 Schedule A, Part IIII, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2011 Schedule A, Part IIII, line 17 18 Investment income percentage from 2011 Schedule A, Part IIII, line 17 19 a 33-1/3% support tests — 2012. If the organization did not check the box on line 14, and line 16 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33-1/3%, check this box and stop here.	<u>Sec</u>	tion B. Total Support									
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unterlated business activities not included in line 10b, whether or not the business is requirely carried on loss from the sale of capital assets (Explain in Part IV.) 13 Total support, (add line 9, 10c., 11, and 12) 14 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 1 Public support percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 2 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 1 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 2 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, c	Calen	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies as	a publicly suppor	ted organization	▶ 📗			
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TELEGRAPH DECEMBER 1 TOTAL STREET AND A TENTIL WHITE A TENTIL WHIT	BAA							0 or 990-F7\ 2012			

Schedule A	(Form 990 o	r 990-EZ) 2012	CENTER	FOR	ADVANCED	RESEARCH	&	77-0496752	Page 4
Part IV	Supplemer Part II, Iin (See instr	ntal Informati e 17a or 17 uctions).	on. Comple b; and Part	e this III, lir	part to prov ne 12. Also	vide the expla complete th	nations required us part for any a	by Part II, line 10; additional information.	
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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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545 0047

2012

Open to Public Inspection

Employer identification number Name of the organization ئد CENTER FOR ADVANCED RESEARCH & TECHNOLOGY FOUNDATION 77-0496752 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 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? Yes No 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 Yes No impermissible private benefit? 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 a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements 2Ь c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2dNumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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) No and section 170(h)(4)(B)(ii)? In Part XIII, 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 conservation easements 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 XIII, 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. **►** S (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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 ÞŚ b Assets included in Form 990, Part X

Schedule D (Louit 330) 5015 CEMI				77-04			raye z
Part III Organizations Maintain	ning Collection	s of Art, Historica	l Treasures, or Ot	her Similar Assets	(contin	ued)_	
3 Using the organization's acquisiti items (check all that apply).	on, accession, and	other records, chec	k any of the following	that are a significant u	se of its	collectio	n
a Public exhibition		d Loan or	exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations						
4 Provide a description of the orga Part XIII	nization's collection	ns and explain how the	ney further the organi	zation's exempt purpos	e in		
5 During the year, did the organiza to be sold to raise funds rather th	tion solicit or recei ian to be maintaine	ve donations of art, hed as part of the orga	nistorical treasures, or anization's collection?	r other similar assets	Yes	Г	No
Part IV Escrow and Custodial Arra reported an amount of	ngements. Compl	ete if the organization			e 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or	other intermediary fo	or contributions or other	er assets not included	Yes		
b If 'Yes,' explain the arrangement	ın Part XIII and co	mplete the following	table.			_	_
					Amount	t	
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2a Did the organization include an a	mount on Form 99	0, Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII. Check	there if the explantic	on has been provided	ın Part XIII]
Part V Endowment Funds. Co	mplete if the o	rganization answ	ered 'Yes' to Forr	n 990, Part IV, line	10.		
	(a) Current	(b) Prior year	(c) Two years	(d) Three years		Four yea	rs
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
e Other expenditures for facilities and programs							
f Administrative expenses					1		
g End of year balance							
2 Provide the estimated percentage	e of the current year	ar end balance (line	1g, column (a)) held a	as.	 		
a Board designated or quasi-endov	vment ►	%					
b Permanent endowment ►	%						
c Temporarily restricted endowmer	nt ►	ફ					
The percentages in lines 2a, 2b,	and 2c should equ	al 100%					
3 a Are there endowment funds not a organization by	n the possession o	of the organization that	at are held and admır	nistered for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(ii), are the related of	rganizations listed	as required on Sche	edule R?		3b		
4 Describe in Part XIII the intended	•	•			<u> </u>		
Part VI Land, Buildings, and							
Description of property		Cost or other basis	(b) Cost or other	(c) Accumulated	(d) I	Book va	lue
		(investment)	basis (other)	depreciation	ļ , , ,		
1 a Land				-			
b Buildings							
c Leasehold improvements							
d Equipment							
e Other							
Total. Add lines 1a through 1e. (Colum	n (d) must equal F	orm 990, Part X, coli	umn (B), line 10(c).)				0.
BAA				Sche	dule D (F	orm 99	0) 2012

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Schedule D (Form 990) 2012 CENTER FOR ADVANCED RESEARCH &

77-0496752

Page 3

Schedule D (Form 990) 2012 CENTER FOR ADVANCED RESEARCH &	7	7-0496752 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements		
Total revenue, gains, and other support per audited financial statements.		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	45	4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XIII Reconciliation of Expenses per Audited Financial Statements	With Evnences per Det	
1 Total expenses and losses per audited financial statements	Willi Expenses per Ket	1 1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2 b	_
c Other losses	2 c	-
d Other (Describe in Part XIII.)	2d	-
e Add lines 2a through 2d	_ <u>zu</u>	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	3
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	-
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also comp	rt III, lines 1a and 4, Part IV, plete this part to provide any	Innes 1b and 2b, Part V, additional information.
BAA		Schedule D (Form 990) 2012

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SCHEDULE E (Form 990 or 990-EZ)

Schools

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CENTER FÖR ADVANCED RESEARCH &

Employer identification number

77-0496752

<u> </u>				
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs,			
	and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Part II	3	X	
4				
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	_X	
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4 c	x	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	4 d	Х	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to.			
	a Students' rights or privileges?	5 a		Х
	b Admissions policies?	5 b		Х
	- Employment of fear the or administrative staff?			3,7
	c Employment of faculty or administrative staff?	5 c		Х
	d Scholarships or other financial assistance?	5 d		Х
				-
	e Educational policies?	5 e		Х
	f Use of facilities?	5 f		Х
		<u> </u>		Λ
	g Athletic programs?	5 g		Х
	h Other extracurricular activities?	5 h		<u> </u>
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II.			
				i
6	a Does the organization receive any financial aid or assistance from a governmental agency?	6 a		Х
	b Has the organization's right to such aid ever been revoked or suspended?	6 b		Х
_	If you answered 'Yes' to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If			
	'No,' explain on Part II	7	Х	

Schedule	E (Form 990 or	990-EZ) 2	012 CEI	NTER F	OR A	DVANCEI) RESE	<u>ARCH</u>	&			<u>77-0496</u>	752	Page 2
	Supplemental and 7, as app	Informatio	n. Comple Iso comp	ete this pa lete this	art to p part to	orovide the o provide	e explana any other	tions i r addit	required b sional info	oy Part I, ormation	lines 3 (see ir	, 4d, 5h, 6b structions)	,).	
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2012

OMB No 1545 0047

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Open'to Public (**)

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Employer identification number

Name of the organization					:	Employer identification number	ton number
CENTER FOR ADVANCED RESEARCH &	CH &					1/-0496/52	7
Tan in General Information on Grants and Assistance	arditis and Assist	alice					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ds to substantiate the a e grants or assistance	mount of the grants 2	s or assistance, the grar	itees' eligibility for the o	rants or assistance, a	pu	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for monito	ring the use of gran	it funds in the United Sta	ates.]
Partill Grants and Other Assistance to Governments and Order Form 990, Part IV, line 21 for any recipient that rece	ce to Government for any recipient	s and Organizat that received n	Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	states. Complete if	the organization icated if additional	answered 'Yes' to al space is neede	<u>ن</u>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
<u> </u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations	3) and government org		listed in the line 1 table		-	A	0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line 1	table	į			•	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructions	for Form 990.		TEEA3901L 11/30/12	11/30/12	Schedul	e I (Form 990) (2012)

Schedule I (Form 990) (2012) CENTER FOR ADVANCED RESEARCH & 77-0496752 | 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 can be duplicated if additional space is needed.

(f) Description of non cash assistance								olumn (b), and any other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 			 	 1 1 1 1 1 1 1 1 1 			.
(e) Method of valuation (book, FMV, appraisal, other)								art I, line 2, Part III, co			1 1 1 1 1 1 1 1 1	 	 				 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(d) Amount of non cash assistance								ition required in P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		 	† 	 	 		 	 	
(c) Amount of cash grant	21,043.							rovide the informa]				 	! ! ! ! !
(b) Number of recipients	61			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				olete this part to p	 		 	 	 				 	
(a) Type of grant or assistance	SCHOLARSHIPS AND DESIGNATED 1 FUNDS	2	8	4	5	9	7	Parally Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.										

Schedule I (Form 990) (2012)

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2012

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

CENTER FOR ADVANCED RESEARCH & TECHNOLOGY FOUNDATION	77-0496752
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	.
THE FOUNDATION SUPPORTS CART'S MISSION TO PROVIDE MOTIVATION FO	DR STUDENTS TO BE
BETTER LEARNERS BY CREATING EDUCATION RELEVANT TO THE WORK FORCE	CE. IN PARTNERSHIP
WITH EDUCATION, BUSINESS, AND COMMUNITY AGENCIES CART PROVIDES	THE RESOURCES
NECESSARY TO HELP EDUCATE STUDENTS IN A CROSS CURRICULAR PROJEC	CT-BASED ENVIRONMENT
THAT IS ACADEMICALLY RIGOROUS, AND FACILITATED THOUGH A BUSINES	SS_BASED_INSTRUCTIONAL
MODEL.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	·
NO REVIEW WAS OR WILL BE CONDUCTED.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	/AILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
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SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

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CENTER FOR ADVANCED RESEARCH & TECHNOLOGY FOUNDATION

77-0496752

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FORM 990, PART IX, LINE 24E OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
BANK CHARGES EQUIPMENT REPAIR FEES/ADMISSION STUDENT FOOD/REFRESHMENTS MISCELLANEOUS RECOGNITION REIMBURSED EXPENSES TAXES	140. 370. 8,480. 4,849. 1,206. 4,632. 2,632. 85. TOTAL \$ 22,394.	370. 8,480. 4,849. 1,206. 4,632. 2,632. 85. \$ 22,254.	140. <u>\$ 140.</u>	<u>\$</u> 0.