# Form **990**

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For th	ne 2012 calen	dar year, or tax year begi	nning Sep	1 ,2	012, and	ending	Aug	31		, 2013	
В	Check if	if applicable:	C Name of organization A.	W. Brown	Fellowship C	harte:	r Sch	ool	D Emplo	yer Iden	tification Number	
	Ad	ddress change	Doing Business As		*				75-	2742	2162	
	Na	ame change	Number and street (or P.O. be	ox if mail is not delive	ered to street addr)		Room/su	iite	E Teleph	one num	ber	
	Init	itial return	3610 W. Red Bird	d Lane					(97	2) 2	96-0742	
	Tei	erminated	City, town or country			State ZIP	code + 4		(-			
	Am	mended return	Dallas			TX 75	237		G Gross r	eceipts	\$ 14,748,53	0
	Ap	pplication pending	F Name and address of principa	I officer:	-			I(a) Is this a	group return			
			Armond Brown 1400 Cou	ntry Club Drive	Desoto	TX 75	115	(b) Are all a	affiliates inclu attach a list. (	ded?	-	
ī	Тах-е	exempt status	X 501(c)(3) 501(c) (	) <b>(</b> ins			527	If 'No,' a	attach a list. (	see insti	ructions)	
J	720700000000	bsite: ► N/		, (	1 1017(0)	(., 0.		l(c) Group e	exemption nu	mher 1	•	
K		of organization:	X Corporation Trust	Association	Other ►	L Year of		1999			egal domicile: T	
Mary Productions	art I	Summar		Addiciation	Other	L rear o	T Officialion	" T333	1111	nate of i	egai domicile. 12	7
	No. of the Control of		e the organization's mission	n or most signif	icant activities:	Prov	idina	free	nuhli	c 0	ducation	
d)			_economically_di			from	grade	s Pre	-K3		ucacion_	
ũ		- 7th gr		20101 211023			92 944					
Ë					· <b></b>							
ove	2	Check this box	if the organization	n discontinued i	ts operations or disp	oosed of r	more that	an 25% o	f its net as	sets.		
Activities & Governance	3	Number of vot	ing members of the govern	ing body (Part '	VI, line 1a)					3		11
SS	4		ependent voting members							4		7
ΉĚ	5		of individuals employed in							5		221
ict.	6		of volunteers (estimate if no							6		60
a.			d business revenue from P business taxable income fr							7a	3	,984.
_		14Ct unitelated	business taxable income in	0111 7 01111 990-1	, 11110 34					7b	Current Y	
	8 (	Contributions :	and grants (Part VIII, line 1	h)				FI	rior Year	_		
Revenue	10070		ce revenue (Part VIII, line 2					12	,145,5	0.		,820.
Ver			come (Part VIII, column (A)					13	205,2		14,717	,875.
æ			(Part VIII, column (A), line						203,2	0.		,984.
			<ul> <li>add lines 8 through 11 (</li> </ul>					13	,350,8		14,740	
			nilar amounts paid (Part IX						733070		11,710	, 302.
			o or for members (Part IX,									
			compensation, employee					8	8,073,197. 9,442,			955
Expenses			indraising fees (Part IX, co			5:						, , , , , .
Sen									0.			
X			ng expenses (Part IX, colu	3010 1020 30			0.			1		
			s (Part IX, column (A), line						,312,6		6,958	<u>,043.</u>
			s. Add lines 13-17 (must ed					12	,385,8		16,400	,998.
0 8		Revenue less	expenses. Subtract line 18	from line 12 .					965,0		-1,660	,436.
Net Assets Fund Balance	20 7	T-4-14- (F	) I V II 40)						g of Curren		End of Ye	200.30.00
Ass I Ba	20 T		Part X, line 16) (Part X, line 26)						,354,7		36,148	
Net	21 1		,					17,	,848,5	72.	28,955	,550.
1	22		und balances. Subtract line	21 from line 20	)			9,	,506,2	13.	7,192	<u>,770.</u>
	rt II	Signature										
Unde	r penaltie lete. Decl	es of perjury, I decla claration of preparer	are that I have examined this return, (other than officer) is based on all i	including accompan	ying schedules and staten	nents, and to	the best o	f my knowle	edge and beli	ef, it is tr	ue, correct, and	
								100	- 100 /1			
o:		Signature	e of officer					Date	5/20/14	<del>1</del>		
Sig Hei	n											
пе	C		S MONTFORT  rint name and title.					CHIEF	FINAN	CIAI	_ OFFICER	
	-	Print/Type pre		Preparer's signatu	re	Date			a. kr	Т. Т	PTIN	
_				150 E						]"		
Pai	d		m E. Brown III	·	E. Brown III	107/	/15/1	4 5	self-employed	1	P01686594	
rre He	parer Only			ROWN III	S 10 USATE						<u> </u>	
Jot	. Only	y Firm's address		STE 160					Firm's EIN ►	- / -	1476822	
	1L 100 -	0 -1:- :::	IRVING			062-23			Phone no.		1) 432-977	1000000
мау	the IRS	S discuss this	return with the preparer sh	own above? (se	ee instructions)						. X Yes	No

orm 9	990 (2012) A.W. Brown Fellowship Charter School  III Statement of Program Service Accomplishments	75-2	2742162	Page 2
ait	Check if Schedule O contains a response to any question in this Part III			
4 [		· · · · · · ·		
	Briefly describe the organization's mission:			
É	Providing free public education for 1600 economically disadvantaged children from grades Pre-K			
-		3		
1	- 7th grade			
2 [	Did the organization undertake any significant program services during the year which were not listed on t	he prior	100 m m m m m m m m m m m m m m m m m m	
	Form 990 or 990-EZ?		Yes	X No
1	f 'Yes,' describe these new services on Schedule O.			
3 E	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?	Yes	X No
ŀ	f 'Yes,' describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measu	red by expense	s.
c	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount thers, the total expenses, and revenue, if any, for each program service reported.	ount of grants	and allocations	to
4 a (	Code: ) (Expenses \$ 13,923,717. including grants of \$ 0.	) (Revenue	\$ 15,625	5,637.
]	Provide free public education for grades PreK 3 - 7th grades			
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1 b (	Code: ) (Expenses \$ including grants of \$	) (Revenue	\$	
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c (0	Code:        ) (Expenses \$including grants of \$	) (Revenue	\$	)
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d O	ther program services. (Describe in Schedule O.)	50-01	Name of the same o	
(E	Expenses \$ including grants of \$ ) (Revenue	\$	)	
	otal program service expenses > 13, 923, 717			

Part IV | Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . . Χ 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election X 4 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 X 5 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, X 6 Part I . . Did the organization receive or hold a conservation easement, including easements to preserve open space, the X 7 environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II . . . . . . . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X 8 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 X 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule X 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11 b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X . . . . 11 e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X. X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X 12a Schedule D, Parts XI, and XII. . . . b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . X 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . 14a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X 15 X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 X 19 X X 20 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H . . . . . . . 20 b 

			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	
-	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
(	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		Х
(	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		Х
25 8	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? 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		Χ
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		Х
36	<b>Section 501(c)(3) organizations</b> . Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		X
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? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	х	

# Form 990 (2012) A.W. Brown Fellowship Charter School Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V			. [
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	121		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamin (gambling) winnings to prize winners?	g1	c X	
2 a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State-			
ments, filed for the calendar year ending with or within the year covered by this return 2 a	221	77	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	is an a	1	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	200	000	
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	2 12 020 10 000 10	b X	
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	a 4	а	Х
<b>b</b> If 'Yes,' enter the name of the foreign country: ▶			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	а	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	0	Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
solicit any contributions that were not tax deductible as charitable contributions?	6	9	Х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	61	0	
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 partly for goods and services provided to the payor?	7	1	X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fill Form 8282?	le		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			10000
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		+	21
as required?	79	1	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	71		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	Name and Address of the Owner, where	х
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		-	_
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			
12a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu 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?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
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 in Schedule O			

Form 990 (2012) A.W. Brown Fellowship Charter School Page 6 75-2742162 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. 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 . . . If there are material differences in voting rights among members 11 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 . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ 6 X 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? . . . . . . . . . . . . . . . . Χ b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X X 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No Yes 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . . X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12 c Did the organization have a written whistleblower policy? . . . . . . . 13 X Did the organization have a written document retention and destruction policy? . . . . . . . . . . . 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official . . . . . . . . X 15a 15b X 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? . . X 16a 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?...... 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Texas 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. X Own website Another's website Other (explain in Schedule O) Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: \_\_\_3810\_Red Bird Lane Dallas (972) 296-7423

TEEA0106 08/08/12

Form 990 (2012)

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(0040)	800 8000	1922			
orm <b>990</b> (2012)	A.W.	Brown	Fellowship	Charter	School

75-2742162

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and
	Independent Contractors
	Check if Schedule O contains a response to any question in this Part VII

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

- 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.

Check this box if neither the organization	nor any rel	ated or	rgan	izati	on c	compe	nsat	ed any current officer,	director, or trustee.	
(A) Name and Title	(B) Average hours per	one bo	x, unl	ess p	heck ersor recto	more th is both r/trustee	an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Armond Brown CEO	40.00			Х	Х	Х		127,115.	0.	0.
(2) James Montford CFO	40.00			Х	Х	Х		121,370.	0.	0.
(3) Paula Brown exec Principal	40.00			Х	Х	Х		103,880.	0.	0.
_(4)_Judy_Carroll Vice Principal	40.00				Х	Х		89,176.	0.	0.
(5) Cynethia Belton Vice Principal	40.00				Х	Х		89,376.	0.	0.
_(7)										70
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trus	stees,	Key	Em	ple	oye	es,	an	d Highest Con	pensated Emp	loye	es (co	nt)
	(B)			(0								
(A) Name and title	Average hours per	box	, unle	ss pe	more rson	than o is both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	am	(F) Estimated ount of ot	her
	week (list any hours	or di	Institu	Officer	Key e	Highe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)		mpensation from the ganization	
	for related organiza	individual trustee or director	nstitutional trustee	Q.	Key employee	Highest compensated employee	ক্			a	nd related ganization	t t
	<ul> <li>tions</li> <li>below</li> <li>dotted</li> </ul>	truste	trus		yee	npen						
	line)	ō	ee			sated						
<u>(15)</u>												
(16)												
(17)												
(18)											20010	
<u>(19)</u>												**************************************
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub-total			S 8 8		35 30	ā 858 .	<b></b>	530,917.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>A</b>	522 215				
2 Total number of individuals (including but not limited to							ived	530,917.	0.  0. of reportable com	nensa	tion	0.
from the organization 3				,						. p 0		
											Yes	No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indi										. 3		X
4 For any individual listed on line 1a, is the sum of report the organization and related organizations greater that such individual	n \$150,0	00?	If 'Ye	es'c	omp	lete :	Sch	edule J for		4		X
5 Did any person listed on line 1a receive or accrue comfor services rendered to the organization? If 'Yes,' con	npensation	on fro	m a	ny u <i>for</i> .	nrel such	ated	orga son	anization or individu	ual			X
Section B. Independent Contractors												
Complete this table for your five highest compensated compensation from the organization. Report compens	indepen ation for	the c	contalen	tract dar	tors yea	that r r end	rece ling	with or within the o	00,000 of rganization's tax yea	ır.		
(A) Name and business address	3							(B) Description of	services (		C) ensation	n
Cummings and Associates 2M	No. Main St	Suite 1	09 Dun	œn <b>x</b> il	le			comstruction	n			
The Paper Plate								food service	es			
	112											
Total number of independent contractors (including but)	t not limi	tod to	the	100 I	ictor	d aha	1	who received man	thon			
\$100,000 in compensation from the organization	t not min	icu ((		1301	1316(	abu	,ve)	who received more	uidii			

	Ch	neck if Schedule O	contains a	respor	nse to any question	in this Part VIII	* * * * * * * * * *		
<b></b>						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ANT	1 a Fede	rated campaigns .		1 a					
8 5	<b>b</b> Mem	bership dues		1 b					
TS A	c Fund	raising events		1 c					
5 5	d Relat	ted organizations .		1 d					
SIS	e Gover	nment grants (contributi	ions)	1 e					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	<b>f</b> All oth similar	er contributions, gifts, g amounts not included a	above	1 f	36,820.				
N N	<b>g</b> Nonca	sh contributions include			- 0.0	PH 1			
	h Total	I. Add lines 1a-1f .				36,820.			
Z	n comp				Business Code				
Æ	2a sta	te program :	receip	ts_	611710	12,299,086.	12,299,086.	0.	0.
땅		<u>eral program</u>				2,314,995.	2,314,995.	0.	0.
PROGRAM SERVICE REVENUE	c stu	DENT_FEES			611710	103,552.	103,552.	0.	0.
RAI	е				10.080				
စ္တ	f All ot	her program service	revenue		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
4	g Total	. Add lines 2a-2f .				14,717,633.			
	3 Inves	tment income (inclusimilar amounts)	ıding divid	ends, i	nterest and	-17,875.	-17,875.	0.	0.
		ne from investment			A DESCRIPTION OF SECURITY OF STATE OF	-17,875.	-17,673.	0.	0.
		lties		2					10000000
	,-		(i) Re		(ii) Personal			OF THE STATE OF A STATE OF	
	6 a Gross	s rents	11	952.					
		rental expenses		968.					
		income or (loss)		984.					
		ental income or (los				3,984.	0.	3,984.	0
		and Administration of the Committee of t	(i) Secur		(ii) Other	3,984.	0.	3,984.	0.
	assets	amount from sales of other than inventory							
	and sa	cost or other basis les expenses							
		or (loss)							
	d Net g	ain or (loss)							
ENUE	(not ir	income from fundr							
OTHER REVENU		ntributions reported							
꼾		Part IV, line 18							
E		direct expenses .							
_	c Net in	come or (loss) from	ı fundraisir	ng ever	nts				
	9 a Gross See P	s income from gamin	ng activitie	s. a					
	<b>b</b> Less:	direct expenses .		b					
	c Net in	come or (loss) from	gaming a	ctivities	S	The state of the s			
	10 a Gross and a	sales of inventory,	less return	ns a					
	b Less:	cost of goods sold		b					
		come or (loss) from				· · · · · · · · · · · · · · · · · · ·			
ŀ		Miscellaneous Revenue			Business Code				
	11 a						Since do the control of the control		
	b					31 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1			
	c							W. 1000.0	
	d All oth	er revenue							
		Add lines 11a-11d		!					
					L L	14 740 562	14 600 750	3 09/	0

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				AND CO. VA. U.S. BR. DAYS ST. THE ST. TO.
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21		. 8		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			e e	
7	Other salaries and wages	8,673,203.	7,372,223.	1,300,980.	0.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	656,954.	558,411.	98,543.	0.
10	Payroll taxes	112,798.	95,878.	16,920.	0.
11	Fees for services (non-employees):				
á	Management				
t	Legal	7,422.	0.	7,422.	0.
(	Accounting	40,500.	0.	40,500.	0.
C	Lobbying				
•	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) Advertising and promotion	2,304,252.	1,958,614.	345,638.	0.
13	Office expenses	868,608.	738,984.	129,624.	0.
14	Information technology	555/5551	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
15	Royalties		5.0		
16	Occupancy	377,442.	320,826.	56,616.	0.
17	Travel	22,680.	19,278.	3,402.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				4143 VARSONS 4
20	Interest	1,433,171.	1,242,325.	190,846.	0.
21	Payments to affiliates				
	Depreciation, depletion, and amortization	805,933.	685,043.	120,890.	0.
	Insurance	116,140.	98,719.	17,421.	0.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	727,735.	618,575.	109,160.	0.
	TRANSPORTATION	5,422.	4,609.	813.	0.
	RENTALS	139,135.	118,265.	20,870.	0.
	REPAIRS AND MAINTAINCE	117,571.	99,935.	17,636.	0.
	All other expenses	-7,968.	-7,968.	0.	0.
	Total functional expenses. Add lines 1 through 24e	16,400,998.	13,923,717.	2,477,281.	0.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)	20,200,330.	10,000,111.	2,1,1,201.	0.

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	935,992.	1	1,536,098.
	2	Savings and temporary cash investments	2,820,437.	2	
	3	Pledges and grants receivable, net	0.	3	
	4	Accounts receivable, net	1,152,422.	4	1,811,639.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
			0.	5	
	6	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			
٨			0.	6	
ASSETS	7	Notes and loans receivable, net	0.	7	
E	8	Inventories for sale or use	0.	8	
s	9	Prepaid expenses and deferred charges	91,482.	9	101,795.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 4 , 921 , 838 .	20,760,831.	10 c	25,290,629.
	11	Investments – publicly traded securities	0.	11	4,537,762.
	12	Investments – other securities. See Part IV, line 11	<u> </u>	12	1,33,,,02.
	13	Investments – program-related. See Part IV, line 11	0.	13	
	14	Intangible assets	0.	14	7
	15	Other assets. See Part IV, line 11	1,593,621.	15	2,870,397.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,354,785.	16	36,148,320.
	17	Accounts payable and accrued expenses	324,893.	17	1,000,958.
	18	Grants payable	0.	18	270007350.
	19	Deferred revenue	0.	19	
L	20	Tax-exempt bond liabilities	17,523,679.	20	27,954,592.
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
I L	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
T	23	Secured mortgages and notes payable to unrelated third parties	0.	22	
E S	24	Unsecured notes and loans payable to unrelated third parties	0.	23	
5500	25		0.	24	
	12000000	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	
-	26	Total liabilities. Add lines 17 through 25	17,848,572.	26	28,955,550.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ►  and complete lines 27 through 29, and lines 33 and 34.			
- 1	27	Unrestricted net assets	1 000 536	27	F12 60F
ASSETS	28	Temporarily restricted net assets	1,288,536.	27	713,627.
F S	29	Permanently restricted net assets	8,217,677.	28	6,479,143.
o R	23	Organizations that do not follow SFAS 117 (ASC 958), check here ►		29	
R FUZD		and complete lines 30 through 34.			
D	30	Capital stock or trust principal, or current funds		30	
В	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ł.	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	9,506,213.	33	7,192,770.
ŝ	34	Total liabilities and net assets/fund balances	27,354,785.	34	36,148,320.
BAA	4				Form 990 (2012)

990 (2012) A.W. Brown Fellowship Charter School 75- t XI Reconciliation of Net Assets	2742	2162		Pa	age 12
t XI Reconciliation of Net Assets					
Check if Schedule O contains a response to any question in this Part XI					. [
Total revenue (must equal Part VIII, column (A), line 12)	1	1	4.7	40.5	562.
Total expenses (must equal Part IX, column (A), line 25)	2			-	
Revenue less expenses. Subtract line 2 from line 1	3	1		7.1	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
Net unrealized gains (losses) on investments	5		2,3	00,2	.10.
Donated services and use of facilities	6		152000		
Investment expenses	7				
Prior period adjustments	8	_	1.5	38.0	182
Other changes in net assets or fund balances (explain in Schedule O)	9				
				33,0	13.
column (B))	10		7,1	92,7	770.
Financial Statements and Reporting	•				
Check if Schedule O contains a response to any question in this Part XII					. $\Gamma$
	50 (93)=1	in the second		Yes	No
Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
Were the organization's financial statements compiled or reviewed by an independent accountant?		]	2a		Х
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					
Were the organization's financial statements audited by an independent accountant?			2 b	X	
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					
If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	i, 		2 c	Х	į
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
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?		[	3 a	х	
The same of the sa	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Net unrealized gains (losses) on investments.  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)).  **EXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII.  Accounting method used to prepare the Form 990: Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  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  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  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  If Yes to line 2a or 2b, dose the organization have a committee that assumes responsibil	Total revenue (must equal Part VIII, column (A), line 12)	Total revenue (must equal Part VIII, column (A), line 12)	Total revenue (must equal Part VIII, column (A), line 12)	Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).  At 9,506,2  Solumn (B),  Donated services and use of facilities.  Constead services and use of facilities.  Contract services and use of facilities.  Cother changes in net assets or fund balances (explain in Schedule O).  Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Total expenses.  Prior period adjustments  Cother changes in net assets or fund balances (explain in Schedule O).  Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Total expenses.  Prior period adjustments  Cother changes in net assets or fund balances (explain in Schedule O).  Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).  Total expenses.  Prior period adjustments  Cock if Schedule O contains a response to any question in this Part XII.  Yes  Accounting method used to prepare the Form 990:  Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  Total expenses.  2a 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  Were the organization's financial statements audited by an independent accountant?  2b X  If Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis.  Separate basis Consolidated basis Both consolidated and separate basis  For the organization changed either its oversight process or selection process during the tax year, explain in

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Form 990 (2012)

3 b

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047 2012

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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.

Brown Fellowship Charter School 75-2742162 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities 9 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). An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of 11 supporting organization and complete lines 11e through 11h. Type III - Functionally integrated Type III - Non-functionally integrated d Type II C 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). If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) (ii) 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11 g (iii) Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the organization in (i) Name of supported (ii) EIN (vi) Is the organization in column (i) organized in the U.S.? organization support column (i) listed in (see instructions)) Yes No Yes Yes No No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990 or 990-EZ) 2012

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')				13,145,579.	14,614,081.	27,759,660.
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				13,145,579.	14,614,081.	27,759,660.
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						27,759,660.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ▶	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4				13,145,579.	14,614,081.	27,759,660.
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						27,759,660.
12	Gross receipts from related activities	es, etc (see instruc	tions)			12	
	First five years. If the Form 990 is organization, check this box and st	op here		hird, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	
	tion C. Computation of Pub						
	Public support percentage for 2012						100.00%
15	Public support percentage from 20	11 Schedule A, Pa	rt II, line 14			15	%
16 a	33-1/3% support test $-$ 2012. If t and stop here. The organization $\phi$	he organization did ualifies as a public	d not check the box ly supported organ	on line 13, and t	he line 14 is 33-1/3	% or more, check t	this box
b	<b>33-1/3% support test</b> — <b>2011.</b> If the and <b>stop here</b> . The organization q						
	10%-facts-and-circumstances terms or more, and if the organization methe organization meets the 'facts-and the organization meets the 'facts-and the organization meets the 'facts-and the organization's meets and the organization's meets	ets the 'facts-and-	circumstances' tes	t, check this box a	and stop here. Exp	lain in Part IV how	
	10%-facts-and-circumstances teror more, and if the organization me organization meets the 'facts-and-companization meets the 'facts-and-companization meets the 'facts-and-companization meets the 'facts-and-companization	ets the 'facts-and- ircumstances' test	circumstances' tes . The organization	t, check this box a qualifies as a pub	and <b>stop here.</b> Exp plicly supported orga	lain in Part IV how anization	the ▶
18	Private foundation. If the organiza	ition did not check	a box on line 13, 1	16a, 16b, 17a, or 1	1/b, check this box	and see instruction	ns ▶ [

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

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

Sec	ction A. Public Support							
	ndar year (or fiscal yr beginning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')							
2								9
3	Gross receipts from activities that are not an unrelated trade or business under section 513.							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
	organization without charge							
6 7 a	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and 3 received from disqualified persons							
ı	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							
(	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							1. 50.2
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 201	2	(f) Total
9	Amounts from line 6							
	d Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
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					A 112-12		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					44.		
13	Total support. (Add Ins 9, 10c, 11, and 12.)							
	First five years. If the Form 990 is organization, check this box and st	for the organizatio	n's first, second, t	hird, fourth, or fifth	tax year as a secti	on 501(c)(3)		▶ □
Sec	tion C. Computation of Pub	olic Support Po	ercentage				113	
15	Public support percentage for 2012	2 (line 8, column (f)	divided by line 13	, column (f))			15	ે
16	Public support percentage from 20	11 Schedule A, Par	rt III, line 15			1	16	%
	tion D. Computation of Inve							
	Investment income percentage for				0)		17	90
	Investment income percentage from					1	18	%
	<b>33-1/3% support tests</b> — <b>2012.</b> If is not more than 33-1/3%, check th	the organization did	d not check the bo	x on line 14, and li	ine 15 is more than	33-1/3% ai	nd line 1	17
b	33-1/3% support tests $-$ 2011. If the line 18 is not more than 33-1/3%, c	the organization did	not check a box	on line 14 or line 1	9a and line 16 is n	nore than 33	1/30/	and
	Private foundation. If the organiza							

Schedule A	(Form 990 o	r 990-EZ)	2012	A.W.	Brown	Fello	wship	Chart	er S	chool		75-2742	162	Page 4
Part IV	Suppleme Part II, line (See instr	ental Intelled e 17a or uctions)	<b>format</b> : 17b; a	ion. C	complete t III, line	this par 12. Also	t to pro compl	vide the ete this	e expl	anations for any a	require dditiona	d by Part al informa	II, line 10 tion.	);
		·												

### SCHEDULE D (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

A.W. Brown Fellowship Charter School 75-2742162 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) . . . Aggregate grants from (during 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? 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 impermissible private benefit? No Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7 Part II 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 2 a 2 b 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 Number 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? 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) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a 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: **▶**\$ 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: ► \$

Schedule D (Form 990)	2012	A W	Brown	Fellowshin	Charter	School

7 -		0		1	0	7	62	
15	-	1	1	4	1	- 1	h	

Page 2

Part III   Organizations Mainta	ining Coll	ections of An	, Historic	ai ireasures, c	or Other	Similar As	ssets (	continu	ıed)
3 Using the organization's acquisition items (check all that apply):	ı, accession,	and other records	s, check any	of the following that	t are a sigr	nificant use of	its collec	tion	
a Public exhibition		d	Loan or ex	change programs					
b Scholarly research e Other									
c Preservation for future generations									
4 Provide a description of the organize Part XIII.	zation's colle	ctions and explain	how they fu	rther the organization	on's exemp	ot purpose in			
5 During the year, did the organization to be sold to raise funds rather than	n to be maint	ained as part of th	e organizati	on's collection?					No
Part IV Escrow and Custodial reported an amount on	Arrangem Form 990	ents. Complete , Part X, line 2	if the org 1.	anization answer	red 'Yes'	to Form 990	), Part I	V, line	9, or
1 a Is the organization an agent, truste on Form 990, Part X?	e, custodian,	or other intermed	iary for cont	ributions or other as	sets not in	cluded	Yes	. [	No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the follo	owing table:					L	
		5	5 <del>4</del> 41			1,500	Amour	it	
c Beginning balance					1c				
d Additions during the year					1d		-		
e Distributions during the year					1e				
f Ending balance					1f				
2 a Did the organization include an am	ount on Form	n 990, Part X, line	21?				Yes	T	No
b If 'Yes,' explain the arrangement in	Part XIII. Ch	eck here if the exp	lantion has	been provided in Pa	art XIII			[	
				•					
Part V Endowment Funds. C	omplete if	the organization	on answer	ed 'Yes' to Forn	n 990, P	art IV, line 1	10.		
	(a) Currer	nt (b)	Prior year	(c) Two years	(d)	Three years	(e)	Four yea	irs
1 a Beginning of year balance		**							
<b>b</b> Contributions									
c Net investment earnings, gains, and losses	11000								
<b>d</b> Grants or scholarships							- 1		
e Other expenditures for facilities and programs					1894				
f Administrative expenses			1						
g End of year balance						0.00			
2 Provide the estimated percentage of	of the current	vear end balance	(line 1a. col	umn (a)) held as:		10 H NO.			
a Board designated or quasi-endowm		, %	, 3,	(-),					
<b>b</b> Permanent endowment ►	- 90	<u> </u>							
c Temporarily restricted endowment		00							
The percentages in lines 2a, 2b, an									
					2020 W				
3 a Are there endowment funds not in t organization by:	he possessio	on of the organizat	ion that are	held and administer	ed for the		1	Yes	No
(i) unrelated organizations							. 3a(i)	163	140
(ii) related organizations							. 3a(ii)		
b If 'Yes' to 3a(ii), are the related orga							. 3b		
4 Describe in Part XIII the intended us							. sb		
							77		
Part VI Land, Buildings, and E Description of property	:quipmen	(a) Cost or other	- I		(a) A = .		(-0)	2 1	
Description of property		(investmen		o) Cost or other basis (other)		cumulated reciation	(a) i	Book va	lue
1a Land				4,750,888.			4	,750,	888
<b>b</b> Buildings				22,753,378.	3	874,828.		,878,	
c Leasehold improvements					٥, ١	-, -, 020.	10	, 0 , 0 ,	
d Equipment				2,708,201.	1	047,010.	1	,661,	101
e Other				2,700,201.		J= / , UIU.		,001,	191.
Total. Add lines 1a through 1e. (Column (		T.	X. column (F	3). line 10(c) )			) F	200	620
BAA	,		.,(E	,,, , 5 (0), ,			lule <b>D</b> (F	, 290, orm 990	
PRESENTATION OF THE PROPERTY O						Coned	11 000	0.111 000	1/2012

TEEA3302 06/07/12

(a) Description of liability
(b) Book value
(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . . .

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Fait	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	1,478
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	1,478
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4 c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,478
_	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	
	Total expenses and losses per audited financial statements	1	14,694
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	A 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2 e	
	Subtract line 2e from line 1	3	14,694
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		14,004
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines <b>4a</b> and <b>4b</b>	4 c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,694
Part	XIII Supplemental Information		· · · · · · · · · · · · · · · · · · ·
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b. Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional	il inform	eation.

Schedule <b>D</b> (Form 990) 2012 A.W	N. Brown Fellowship Charter School	75-2742162 Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)	
	4	

# 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

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

A.W. Brown Fellowship Charter School

Employer identification number

75-2742162

Part I YES NO 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? X 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, 2 X 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 This school does not do any advertising or solicitation of students Does the organization maintain the following? 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 4 b X c 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 X If you answered 'No' to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges?....... 5 a X **b** Admissions policies? . . . 5 b X c Employment of faculty or administrative staff? 5 c X d Scholarships or other financial assistance? . . 5 d X e Educational policies?. X f Use of facilities? . X q Athletic programs? . 5 g X h Other extracurricular activities? . . . . . . . . . . . 5 h Χ If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a X b Has the organization's right to such aid ever been revoked or suspended? . . . 6 b X If you answered 'Yes' to either line 6a or line 6b, explain on Part II. 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

# SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information on Tax Exempt Bonds

Complete if the organization answered 'Yes' to Form 990, Part IV, line 24a. Provide descriptions,
 explanations, and any additional information in Part VI.
 Attach to Form 990.

OMB No. 1545-0047

2012

Open to Public Inspection

Employer identification number

×

(i) Pooled financing Yes No ô S<sub>N</sub> ۵ Yes No (h) On behalf of × × × issuer Yes Yes 75-2742162 (g) Defeased Yes No × × × 024 23,947,812 2,133,200 S ŝ 12,403, O GENERAL CONSTRUCTION REFINANCE GENERAL REFINANCE CONSTRUTION C REFINAN Yes Yes Description of purpose CONSTRUCTION, å ô B B Yes Yes GENERAL, E 812. 2,385,000. 5,680,000. 21,562,812. å å 23,947 (e) Issue price 4 4 Yes Yes 7 Issuance costs from proceeds ...... 8 Credit enhancement from proceeds....... Capital expenditures from proceeds .............. Other spent proceeds. Year of substantial completion 1 Amount of bonds retired ...... Total proceeds of issue...... (d) Date issued 10/11/12 Does the organization maintain adequate books and records to support the final allocation 10/11/12 10/11/12 BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 650277AA4 650277AC0 Are there any lease arrangements that may result in private business use of 650277AB2 (c) CUSIP# Brown Fellowship Charter School (b) Issuer EIN 95-3571558 95-3571558 95-3571558 Part III Private Business Use Amount of bonds legally defeased bond-financed property? **Bond Issues** (a) Issuer Name Proceeds C BNY MELON BNY MELON BNY MELON of proceeds? Part II Part A.W. 4 10 7 2 13 12 4 17 2 4 B 

Schedule K (Form 990) 2012

	Α	_	В	O		٥	
	Yes No	Yes	No	Yes	No	Yes	No
3 a Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×	***	
<b>b</b> If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?	×		×		×		
dlf Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?							
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0/0	0/0		0/0		0/0
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government · · · · · · · · · · · · · · · · · · ·		0/0	0/0		0/0		0/0
<b>6</b> Total of lines 4 and 5		0/0	0/0		0/0		0/0
7 Does the bond issue meet the private security or payment test?							
8 a Has there been a sale or disposition of any of the bond-financed property to a nongoven- mental person other than a 501(c)(3) organization since the bonds were issued?	X		X		×		×
<b>b</b> If 'Yes', to line 8a, enter the percentage of bond-financed property sold or disosed of		0/0	olo		0/0		0/0
c If Yes' to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?							
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?							
Part IV Arbitrage							
	4		8	3		۵	
	Yes No	Yes	S N	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?							
2 If 'No' to line 1, did the following apply?							
a Rebate not due yet?							
<b>b</b> Exception to rebate?							
<b>c</b> No rebate due?							
If you checked 'No rebate due' in line 2c, provide in Part VI the date the rebate computation was performed.		,,,,,,					
3 Is the bond issue a variable rate issue?							
4 a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?							
b Name of provider							
c Term of hedge							
d Was the hedge superintegrated?							
e Was the hedge terminated?							

Schedule K (Form 990) 2012

Page 3

75-2742162

A.W. Brown Fellowship Charter School

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

# Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
A.W. Brown Fellowship Charter School	75-2742162
Pt VI, Line 15b FINANCE COMMITTEE OF THE BOARD	
Pt_VI, Line 19Through the achools website and whenever request	ed
Pt_VI, Line 12c remind the board members annually	
Pt_VI, Line 15aFINANACE COMMITTEE OF THE BOARD	
Pt VI, Line 12c BOARD RESIGNS AND AUDITOR CONFIRMATIONS	
Pt VI, Line 11b REVIEW IN FINANCE COMMITTEE	

# Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

▶ Do not send to the IRS. Keep for your records.

For calendar year 2012, or fiscal year beginning  $\underline{Sep} \ \underline{1}$  , 2012, and ending  $\underline{Aug} \ \underline{31}$  ,  $\underline{2013}$  .

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

2012

Form 8879-EO

Name of exempt organization	Employer identification number
A.W. Brown Fellowship Charter School Name and title of officer	75-2742162
JAMES MONTFORT CHIEF FINANCIAL C	FFICER
Part I Type of Return and Return Information (Whole Dollars Only)	777
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if an check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with thi eave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the the applicable line below. Do not complete more than 1 line in Part I.	is form was blank, then
1 a Form 990 check here	2b 3b ne 5)4b
Part II Declaration and Signature Authorization of Officer	
Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a delectronic return and accompanying schedules and statements and to the best of my knowledge and belief, the further declare that the amount in Part I above is the amount shown on the copy of the organization's electron ntermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any defund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payme authorize the financial institutions involved in the processing of the electronic payment of taxes to receive configuration's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.	ey are true, correct, and complete. in return. I consent to allow my in to the IRS and to receive from elay in processing the return or Agent to initiate an electronic for payment of the for revoke a payment, I must int (settlement) date. I also idential information necessary to
Officer's PIN: check one box only	
X I authorize WILIAM E. BROWN III to enter my PIN ERO firm name	42165 as my signature Enter five numbers, but
on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a cop a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement the return's disclosure consent screen.	do not enter all zeros  by of the return is being filed with  ntioned ERO to enter my PIN on
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 el indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charitie program, I will enter my PIN on the return's disclosure consent screen.	ectronically filed return. If I have es as part of the IRS Fed/State
Officer's signature $\mathcal{A}$ $\mathcal{C}$ $\mathcal{C}$ $\mathcal{C}$ Date $\triangleright$ $06/20/2$	014
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN	75692310005
	do not enter all zeros
certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub 4163</b> , Modernized Authorized IRS <i>e-file</i> Providers for Business Returns.	r the organization indicated l e-File (MeF) Information for
ERO's signature ► Date ► 07/15/2	014
ERO Must Retain This Form — See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So	0

BAA For Paperwork Reduction Act Notice, see instructions.