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## Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The construction may be used to use a copy of this return to satisfy state proporting organizations.

OMB No 1545-1150

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

7	A F	or th	e 2008 calendar year, or tax year beginning JUL 1, 2008 and	ending JU	N 30	), 2	009
ı	B C	heck if	C Name of organization		D Empl	oyer ide	ntification number
	Г	Addres	S USS IRS CONCERVATORY TAR CHARTER SCHOOT.				
	₹	Name change	print or FOUNDATION, INC.		0.4	1-34	43578
	F	Initial	Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite		phone n	
	Τ	Termi	n- Specific 25 ADI.TNOMON CODEEM		-		254-8904
	一	_ation Amen	ded tions City or town, state or country, and ZIP + 4			p Exem	
	$\overline{}$	⊣return  Applica  pendin	BRIGHTON, MA 02135			ber 🕨	34011
-			tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed	G Accoun			Cash X Accrual
			Schedule A (Form 990 or 990-EZ).	l l	specify)		
ī	W	Vebsit	e: ►N/A	H Check			organization is not
				<del>_</del>	-		e B (form 990, 990-EZ, or 990-PF)
i		heck					
			1, but if the organization chooses to file a return, be sure to file a complete return.			4=0,	
ī			es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead	of Form 990-F7		<b>\$</b>	602,873.
Ī		ırt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance		ictions 1		.)
·	ij	1	Contributions, gifts, grants, and similar amounts received	(		1	314,434.
	İ		Program service revenue including government fees and contracts			2	208,719.
	ŀ	3	Membership dues and assessments		F	3	200,113.
		4	Investment income		F	4	10,269.
			Gross amount from sale of assets other than inventory  Stmt 4 5a 5a	69,4	51 T	-	10,209.
	l		Less; cost or other basis and sales expenses	89,0			
	l		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedu		T. # •		<19,563.
	<b>.</b>	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gamin	•	-	5c	<u> </u>
	Revenue			y, check here			
	<b>§</b>	a					
	≖		· · · · · · · · · · · · · · · · · · ·				
		C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	
		7a	Gross sales of inventory, less returns and allowances 7a				
			Less: cost of goods sold 7b				
	l		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		.  -	7c	
		8	Other revenue (describe		—'├	8	
-	$\dashv$	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>		9	513,859.
	ŀ	10	Grants and similar amounts paid (attach schedule)  Benefits paid to or for members  FEB 1 2 2010	Stmt	י ר	10	200,000.
		11	October 1 the control members		H	11	
	Ses	12	Salaries, other compensation, and employee benefits		-	12	0.000
	penses	13	Professional fees and other payments to independent contraptors DEN, USee Sta		_  -	13	8,000.
			1	tement	7	14	266,293.
	_	15	Printing, publications, postage, and shipping		_ }	15	
		16		tement	<u>1</u> )	16	2,063.
-		17	Total expenses. Add lines 10 through 16	=		17	476,356.
SCANNED	g,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		L	18	<u>37,503.</u>
چې د م	šel	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
室。	As		(must agree with end-of-year figure reported on prior year's return)		L	19	945,333.
<b>a</b>	z	20		tement	6 <u> </u>	20	<85,768.
8		21	Net assets or fund balances at end of year. Combine lines 18 through 20			21	<u>897,068.</u>
	<u>Pa</u>	<u>ırt II</u>		1 990 instead of I	Form 99	0-EZ.	
			(See the instructions for Part II.)	(A) Beginning of	f year		(B) End of year
<b>5</b> .0	22	Cas	n, savings, and investments	632,	<u>457.</u>	22	603,782.
۰,۰	23	Lan	d and buildings			23	
( )	24	Othe	er assets (describe ► See Statement 2 )	335,			322,061.
(S)	25	Tota	I assets	968,			925,843.
5		Tota	I liabilities (describe ► See Statement 3 )	22,	833.	26	28,775.
_	27		assets or fund balances (line 27 of column (B) must agree with line 21)	945,	333.	27	897,068.
	8321 12-17	/1 7-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Form <b>990-EZ</b> (2008)

CONSERVATORY LAB CHARTER SCHOOL

	n 990-EZ (2008) FOUNDATION, INC.			04-	34435	78 Page 2
Pá	art III Statement of Program Service Accomplishme	nts (See the instructions for	Part III.)		1	(penses
	at is the organization's primary exempt purpose? See Statement		<u> </u>		(Required	for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		ecribe the conjuge		and (4) or	ganizations and
	rided, the number of persons benefited, or other relevant information for each pi		escribe file services		for others.	) trusts; optional
		ogram title.			Tor Galers.	•)
28	See Statement 9					
	<del></del>					
	(Grants \$ 200,000.) If this amount includes foreign of	grants, check here			28a	466,293.
29						
		·····				
				<del>_</del>		
	(Grants \$ ) If this amount includes foreign of	grants, check here		<u> </u>	29a	<del></del>
30						
				-		
	(Grants \$ ) If this amount includes foreign of	grants, check here		$\overline{\Box}$	30a	
	Other program services (attach schedule)	,			-	
	(Grants \$ ) If this amount includes foreign of	rants, check here	<u>P</u> _	لبل	31a	100
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	<u>466,293.</u>
Pá	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	(See the	instructions f	or Part IV)
					ontributions	
	(a) Name and address	(b) Title and average hours	(c) Compensation		employee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)		eferred pensation	other allowances
TZ 3	MILL DATE A DELL OF ADLANCEON			COIII	pensation	<del></del>
	THARINE M PELL, 25 ARLINGTON	PRESIDENT			_	_
	REET, BRIGHTON, MA 02135	1.00	0.		0.	0.
<u>AN</u>	DREW CABOT , 25 ARLINGTON STREET,	DIRECTOR				
BR	IGHTON, MA 02135	1.00	0.		0.	0.
	HN PAOLELLA, 25 ARLINGTON STREET,	TREASURER				
	IGHTON, MA 02135	1.00	0.		0.	0.
			U.•			0.
	EPHANIE PERRIN, 25 ARLINGTON	DIRECTOR			_	
	REET, BRIGHTON, MA 02135	1.00	0.		0.	0.
<u>AN</u>	DREW SNIDER, 25 ARLINGTON STREET,	CLERK				
BR	IGHTON, MA 02135	1.00	0.		0.	0.
DO	NNA COHEN, 25 ARLINGTON STREET,	DIRECTOR				
	IGHTON, MA 02135	1.00	0.		0.	0.
	EC MACMILLAN, 25 ARLINGTON STREET,	DIRECTOR			<u> </u>	<u></u>
					^	
ВĶ	IGHTON, MA 02135	1.00	0.		0.	0.
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8321 12-1	72					000 EZ :::::
12-17	7-08				Form	990-EZ (2008)

Page 3

Pa	Int V Other Information (Note the statement requirements in the instructions for Part VI.)			
$\overline{}$			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36_		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	ļ		i
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made		,	
	in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities  39b N/A	ł		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	}		
	section 4911 ► 0 . ; section 4912 ► 0 . ; section 4955 ► 0 .			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or		 	
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization  O.	ì		1
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			,,
	transaction? If "Yes," complete Form 8886-T	40e	L	<u> </u>
41	List the states with which a copy of this return is filed.   MA  CONTRACT  C	254	0.0	<u> </u>
428	The books are in care of  CYNTHIA GONCALVES  Telephone no.  (617)			04
		213	<u> </u>	
D	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Vac	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	420		^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
^	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
Ü	If "Yes," enter the name of the foreign country:	720	L	1 42
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
70	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	and onto the unburn of the exempt interest reconfed of accorded during the tax year	11/21	·	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
• •	Form 990-EZ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
			90-EZ	(2008)

### CONSERVATORY LAB CHARTER SCHOOL

Form 990-EZ (2008) FOUNDATION, INC. 04-3443578 Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the Part VI tables for lines 50 and 51. No Yes Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public X office? If "Yes," complete Schedule C, Part I 46 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II X 47 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to account and benefit plans & than \$100,000 position deferred other allowances compensation NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other indepen nt contractors each receiving over \$100,000 that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here CHIMP BOARD OF TRUSTESS Paid Preparer's signature Check if self-Preparer's Identifying Number (See instr.) Preparer's employed 🛌 10/24/09 **Use Only** PC ZINER & MURPHY. EIN > Firm's name (or yours if self-employed). TWO MAIN STREET SUITE 240 Phone > address, and ZIP + 4 STONEHAM 02180 -279 - 295MA May the IRS discuss this return with the preparer shown above? See instructions Yes Form 990-EZ (2008)

## **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization) 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), (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 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 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.) 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 the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to 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 supporting organization and complete lines 11e through 11h. \_ Type I b Type II c \_\_\_\_ Type III - Functionally integrated d Type III - Other 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 it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the organizations the organization supports. (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9) governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No No

832021 12-17-08

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2008

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

CONSERVATORY LAB CHARTER SCHOOL Schedule A (Form 990 or 990-EZ) 2008 FOUNDATION. INC 04-3443578 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (b) 2005 (e) 2008 (a) 2004 (c) 2006(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 412,393, 310,038, 400,752, 314,434. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 400,752. 487.061. 412,393. 310,038. 314,434. 6 Total. Add lines 1 - 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 33,193. 155,980. 214,301 238,356. 208,650. 850,480. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 33.193. 155,980, 214,301 238,356. 208,650. 850,480. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 1074198. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 314,434 487,061 412.393. 310,038. 400,752. 9 Amounts from line 6 1924678. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 13,972. 2,524 5,116. 9,101. 10,269 40,982. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 2,524. 5,116. 9,101. 13.972. 10,269. 40,982. c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b,

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		ightharpoons			
Se	ction C. Computation of Public Support Percentage					
15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)	. 15	54.65 %			
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	5 54.65 % 6 68.95 % 7 2.08 % 8 1.12 %			
Se	ction D. Computation of Investment Income Percentage					
17	Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.08 %			
18	Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	1.12 %			
19	a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is mor	e than 33 1/3%, and	I 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 - 2007**. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

1965660

ightharpoons x

whether or not the business is

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)

13 Total support (Add lines 9, 10c, 11, and 12)

regularly carried on

Form 990-EZ	Other Expenses		Statement	1
Description			Amount	
BAD DEBT EXPENSE			1,0	
BANK FEES OFFICE EXPENSE				10. 19.
TAXES AND LICENSES				19. 35.
INTEREST EXPENSE				58.
Total to Form 990-EZ, line 16			2,0	63.
Form 990-EZ	Other Assets		Statement	2
Description		Beg. of Year	End of Ye	ar
PLEDGES RECEIVABLE		73,482.	38,4	<u>4</u> 1
DUE FROM CONSERVATORY LAB CHART	ER SCHOOL	2,300.	61,3	
SECURITY DEPOSITS		10,964.	10,9	
Other Depreciable Assets		248,963.	211,2	74.
Total to Form 990-EZ, line 24		335,709.	322,0	61.
Form 990-EZ	Other Liabilities		Statement	3
Description		Beg. of Year	End of Yea	ar
<del></del>				
ACCRUED EXPENSES NOTE PAYABLE		2,300.	4,6	
DUE TO CONSERVATORY LAB CHARTER	SCHOOL	20,533. 0.	24,1	0. 75.
Total to Form 990-EZ, line 26		22,833.	28,7	
TOUL CO LOLM JJO ED, TIME 20		22,033.	40,1	, , ,

Form 990-EZ Gain	(Loss) From Pub	(Loss) From Publicly Traded Securities			
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)	
	69,451.	89,014.	0.	<19,563.>	
To Form 990-EZ, line	5 69,451.	89,014.	0.	<19,563.>	

Form 990-EZ Payments	to Affiliates	Statement	5
Affiliate's Name	Affiliates Address		
CONSERVATORY LAB CHARTER SCHOOL	25 ARLINGTON ST. BRIGHTON, MA 02135		
Purpose of Payment		Amount	
CONTRIBUTION EXPENSE		200,0	00.
Total included on Form 990-EZ, line 1	.0	200,0	00.
Form 990-EZ Other Changes in Net A	Assets or Fund Balances	Statement	6
Description		Amount	
NET DEPRECIATION OF MARKETABLE SECURI	TTIES	<85,7	68.>
Total to Form 990-EZ, line 20		<85,7	68.> —
Form 990-EZ Occupancy, Rent, Util	ities and Maintenance	Statement	7
Description		Amount	
Depreciation Other Expenses		57,5° 208,7	
Total to Form 990-EZ, line 14		266,2	93.

FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts			ment	8	
directly or	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?	[	] Yes	[X]	No
	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?.	. [	] Yes	[X]	No

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990-EZ Pg 2 Statement 9

THE PRIMARY EXEMPT PURPOSE OF THE FOUNDATION IS TO SERVE AS A FUNDRAISING ENTITY TO SUPPORT THE CONSERVATORY LAB CHARTER SCHOOL.

990-EZ Pg 2

Statement 10

\_\_\_\_

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC. SERVES AS A FUNDRAISING ENTITY TO SUPPORT THE CONCEPT OF LEARNING THROUGH MISIC.