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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and en	ding (JUN 30, 2012	
Во	heck if	C Name of organization		D Employer identific	ation number
а	pplicable	CONSERVATORY LAB CHARTER SCHOOL			
	Address change				
一	Name change	Doing Business As		04-34	143578
\vdash	Initial		om/suite		
\vdash	Termin-	,		(617)	
\vdash	–lated ∏Amende			G Gross receipts \$	632,863.
\vdash	⊒return ∏Applica			H(a) Is this a group ref	
Ь	_tión _pending	BRIGHTON, MA 02133		for affiliates?	Yes X No
		· · ·		·	
		same as C above		H(b) Are all affiliates incl	
		mpt status: X 501(c)(3)	527	₹	ist. (see instructions)
		e: ► WWW.CONSERVATORYLAB.ORG	1	H(c) Group exemption	
		organization: X Corporation	L Year	r of formation: 1998 M	State of legal domicile: MA
Pa		Summary			
ø		Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE } ext{ } ext{FC}}$			OSE IS TO
Activities & Governance		SUPPORT THE DISSEMINATION OF LEARNING THRO			
Ë	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of mor	e than 25% of its net as:	sets.
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6
G	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	6
Š	5 7	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
ij	6 7	otal number of volunteers (estimate if necessary)		6	0
휹		otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
4		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
-	8 (Contributions and grants (Part VIII, line 1h)		320,982.	285,186.
Revenue		Program service revenue (Part VIII, line 2g)		233,350.	225,400.
Ş	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		7,137.	9,615.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
			\vdash	561,469.	520,201.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		229,489.	108,500.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\vdash		
		Benefits paid to or for members (Part IX, column (A), line 4)	\vdash	0.	0.
es	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	0.	0.
Expenses	l	Professional fundraising fees (Part IX column (A) line 11e)		0.	
8		· ' F(F L (F L () F :)	<u>0. </u>	412 042	222 040
ш		Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e)	<u> </u>	413,942.	332,840.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (2)) line 25)	<u> </u>	643,431.	441,340.
	19 F	Revenue less expenses. Subtract line le tron line 12012		<81,962.	
Net Assets or Fund Balances		<u> </u>	<u> B</u>	eginning of Current Year	End of Year
ase	20	Total assets (Part X, line 16) OGDEN, UT	<u> </u>	963,579.	1,047,122.
₹E	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.
캺	22	Net assets or fund balances Subtract line 21 from line 20		963,579.	1,047,122.
Pa	art II	Signaturę Block			·
Und	er penal	ties of perjury, i declare that I have examined this return, including accompanying schedules a	and state	ments, and to the best of my	knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h prepar	er has any knowledge.	
		Musike		12,/11	12012
Sig	n İ	Signature of officer		Date *	•
Her		KATHARINE M. PELL, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's sigpature		Date Check	PTIN
Paid	1	DAVID F. MURPHY		12/12/12 self-employe	P00482310
	parer	Firm's name ZINER & MURPHY, PC		Fırm's EIN ▶	04-3434210
	Only	Firm's address TWO MAIN STREET, SUITE 240			
	,	STONEHAM, MA 02180		Phone no.	781-279-2950
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No
_	01 01-2		าร.		Form 990 (2011)
1321		ee Schedule O for Organization Mission Sta		ent Continua	
	5	of Politicate of the organizational literature pol	Vall		916
					J190

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION INC.

	art III Statement of Program Service Accomplishments	04-3443376	Page Z
rai			
	, Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	THE FOUNDATION'S PURPOSE IS TO SUPPORT THE DISSEMIN		
	THROUGH MUSIC AS AN EDUCATIONAL MODEL AND TO SUPPOR		S OF
	THE CONSERVATORY LAB CHARTER SCHOOL LOCATED IN BOST	ON, MA.	
	· · · · · · · · · · · · · · · · · · ·		
2	Did the organization undertake any significant program services during the year which were not listed		
	the prior Form 990 or 990-EZ?	 	es X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?	es 🗓 No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program se	rvices, as measured by expen-	ses
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the a		
	others, the total expenses, and revenue, if any, for each program service reported.	mount of grants and anotation	3 10
<u> </u>) (c	5,015.)
4a	(Code) (Expenses \$ 431,330. including grants of \$ 108,500. THE FOUNDATION RAISED FUNDS TO BENEFIT THE PROGRAMS		
		OF CONSERVATOR	CI LIAD
	CHARTER SCHOOL		
		· · · · · · · · · · · · · · · · · · ·	
		- · · -	
4b) (Revenue \$	
40	(Code) (Expenses \$ including grants of \$	_) (Heveline \$	
			
	·	_	
			
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
+0	Code / (expenses a		······································
			
		· · · · · · · · · · · · · · · · · · ·	
		-	
			
			
			
		·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$,	
4e	121 220		
ٽ.		Form	n 990 (2011)

04-3443578 Page 3

Form 990 (2011) FOUNDATION, INC.

Part IV | Checklist of Required Schedules

	•		Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_ <u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			35
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ :		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
	the 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," complete	. 7		
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a			**	
	Schedule D, Parts XI, XII, and XIII	12a	X	
- b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
Ь	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		l .	 -
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	_
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ļ		.
	complete Schedule G, Part III	19	<u> </u>	X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990)	2011)

Form 990 (2011) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	_X_	
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
~~	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	-	<u>X</u>
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			Х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):			- :
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	-31		-X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	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		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	000 /	0044
		rom	マプリ (2011)

Part V Statements Regarding Other IRS Fillings and Tax Compliance The Check Schedule O contains a response to any question in this Part V	Form	990 (2011) FOUNDATION, INC. 04-3443	578	P	age 5
The Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable Enter the number of Forms W-G included in line 1a. Enter -0- if not applicable De the organization comptly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with many mems? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the caredarry year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file aft required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3b. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3c. If Yes, 1 set it filed a Form 905 To file his year? If Wo, Froncide an explanation on Schedule O 4d. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country. Year or profibe the state of the file organization and the state of the s	Par				
1a Enter the number or forms WaS of Form 1096. Enter -0" in not applicable be Enter the number or forms WaS fanduated in line 1. Enter -0" in the applicable be 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V			
1a Enter the number or forms WaS of Form 1096. Enter -0" in not applicable be Enter the number or forms WaS fanduated in line 1. Enter -0" in the applicable be 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				Yes	No
b Enter the number of Forms W.SG included in Iner 1a. Enter of Ir not applicable Det the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the cardinar year anding with or within the year covered by this return D If I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 25,00 you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross noome of \$1,000 or more during the year? 3a X If I Yea, File at little of Form 990 71 for this year? If You Fronded an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; so the signal and caounts, so the financial account; a foreign country (such as a bank account, secretives account, or other financial account)? b If Yea, Financial account in a foreign country, such as a bank account, secretives account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction? 5b Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization and the organization that the vas or as party to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt any receive deductible? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt may receive deductible contributions under section 170(c). 6c Was the organization shelt any receive deductible contributions under section 170(c). 6c Was the organization shelt may receive deductible contributions under section 170(c). 6c Was the organizatio	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 28, and the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) Did the organization have underlied business gross income of \$1.000 or more dump the year? 3a X If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," the it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O 3b If "Yes," the third is supposed to the organization of the organization org		· · · · · · · · · · · · · · · · · · ·			1
grambing) wrinings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b If If Yes, 1 was und plines 1 and 2 as greater than 250, you may be required to e-file (see instructions). 3b If Yes, 1 set if filed a Form 990 For for this year? If vol. *provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? If a transpose country (such as a bank account, securities account, or other financial account?) 5b If Yes, 1 enter the name of the foreign country; Implementation in the foreign country; Implementation in the organization that was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If Yes, 1 one Sa or 55, did the organization that it was or is a party to a prohibited tax sheller transaction any contributions that were not tax deductible? 6c If Yes, 1 one Sa or 55, did the organization the form 98867. 6d Des 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? 6c If Yes, 1 one should be contribution and express statement that such contributions or gifts were not tax deductible? 6d If Yes, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, 1 of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes, 2 of the organization include with every solicitation an express statement that such contributions or gifts were not such as a stat					
2a Enter the number of employees reported on Form W3, Transmittal of Wagos and Tax Statements. filled for the calendary year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelieded business gross income of \$1,000 or more dump the year? 3 At any time duming the celestradry year, of 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 accountry? 3 B A X Y If Yes, "has it filed a Form 950 T for this year? If No." provide an explanation in Schedule O 4 At any time duming the celestradry year, of the organization have not 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 accountry? 5 B Was the organization for the organization than the security of the organization and partity of problement and shelter transaction of it is any time during the tax year? 5 B Was 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? 5 B O see the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6 B If Yes, and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6 B If Yes, and the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6 B If Yes, and the organization include with every solicitation an express statement that such contributions or solicitation and partly for goods and services provided to the payor?	·		10		1
First of the calendary year ending with or within the year covered by this return 2a 0 b first least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines is a and Za is greater than 250, you may be required to e-file (see instructions) 3a X X X Y Y Y Y Y Y Y	22				
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, *has if filed a Form 990.* If or this year? If *No, *provide an explanation in Schedule 0 3b A at any time during the calendary 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)? 5b If Yes, *there the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 00.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to line \$a of \$b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, *to the segmanization shelt where yes olicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, *to line \$a of \$b, did the organization include with every solicitation and party for goods and services provided to the payor? 7d If Yes, *to the organization shelt mayority in the organization shelt that may receive deductible contributions u	20	• • • • • • • • • • • • • • • • • • • •			ĺ
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CONSERVATORY LAB CHARTER SCHOOL

04-3443578

Form 990 (2011) FOUNDATION, INC. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions X Check if Schedule O contains a response to any question in this Part VI

Sec	tion A. Governing Body and Management					<u> </u>
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		6		_
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				i	
b	Enter the number of voting members included in line 1a, above, who are independent	1b		6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		<u> </u>
6	Did the organization have members or stockholders?			6		<u>X</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	t one or	·		
	more members of the governing body?			7a		<u> X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by tl	he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	ie Code)			L
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If *	Yes," a	lescribe			
	ın Schedule O how this was done			12c	-	
-13-	Did the organization have a written whistleblower policy?		•	13	<u> </u>	X
14	Did the organization have a written document retention and destruction policy?			14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approve		ndependent	-		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,		1		,
а	The organization's CEO, Executive Director, or top management official	• •		15a		X
b	Other officers or key employees of the organization			15b	-	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		م ماخد			٠ ا
าซล	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment '	will a	40-		_v
	taxable entity during the year?	ata #c	norticipation	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the control of the					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with more state and tax law.		on s	16b		
<u>Sac</u>	exempt status with respect to such arrangements? tion C. Disclosure				<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ►MA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s onh) availat	ole	
.0	for public inspection. Indicate how you made these available. Check all that apply.	. ,550		, =		•
	Own website Another's website X Upon request					•
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	onflict	of interest policy	and fina	ncial	
13	statements available to the public during the tax year.		in incident policy,			
20	State the name, physical address, and telephone number of the person who possesses the books	and red	cords of the organi	zation:	>	
_0	LYNNE GONCALVES - (617) 254-8904					
	25 ARLINGTON STREET, BRIGHTON, MA 02135					
12200						

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	CONSERVATORI LAB CHARTER SCHOOL	ח								
Form 990 (2011)	FOUNDATION, INC.	04-3443578	Page 7							
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
Employees ar	nd Independent Contractors									

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

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

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

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

Check this box if neither the organiz		orga										
(A)	(B)	1		(C Posi	S) ition	1		(D)	(E)	(F)		
Name and Title	Average		o not chec		eck more t			Reportable	Reportable	Estimated		
	hours per	box	, unie cer an	ss pe d a d	s person is both an I a director/trustee)		h an tee)	compensation from	compensation from related	amount of other		
	week (describe						<u> </u>	the	organizations	compensation		
	hours for	a diect						organization	(W-2/1099-MISC)	from the		
	related	50	器			1safe		(W-2/1099-MISC)	(11 2) 1000 111100,	organization		
	organizations	trust	E		уве	E E		(** 😅 *********************************		and related		
	in Schedule		Institutional trustee	<u></u>	읦	oyee	8			organizations		
	O)) pu	Instr	Officer	Key	Highest compensated employee	Former					
(1) KATHARINE M. PELL												
PRESIDENT	2.00	X		<u> </u>		L	Ĺ	0.	0.	0		
(2) ANDREW CABOT								_	_			
DIRECTOR	1.00	X		_	_	_		0.	0.	0		
(3) JOHN PAOLELLA		l	ļ			1	1			•		
FREASURER	0.50	X	ļ	_		-	_	0.	0.	0		
(4) ANDREW SNIDER			İ		İ					•		
CLERK	2.00	 X	├	_		├	├—	0.	0.	0		
(5) DONNA COHEN	0.50	,,				ļ		0.	0.	0		
DIRECTOR	0.50	╀┻	├		 	<u> </u>	├	0.		0		
(6) DIANA LAM	1 00			v		.		0.	190,000.	7 494		
HEAD OF SCHOOL	1.00	\vdash		_	X	<u> </u>	-	U •	190,000.	7,484		
(7) BRADLEY RICHARDSON	2.00							0.	0.	n		
DIRECTOR	2.00	┼─	<u> </u>	├-	-	╁	-	<u> </u>	0.	. 0		
							İ					
		┼┈				H	-					
		\vdash	1	<u> </u>			 					
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		\perp			!	1_		\				

	VII Section A. Officers, Directors, To	ustees, Key E	IIPI	byee	5, a	iiu r	ngn	<u>cər</u>	Compensated Employ	ees (continued)				
	. (A)	(B)			(0	>)			(D)	(E)			(F)	
	Name and title	Average	,		Pos				Reportable	Reportable		Est	imate	ed
		hours per		not c					compensation	compensation	1	am	ount	of
		week		cer an					from	from related		(other	
		(describe	Ę						the	organization	s	comp	ensa	ition
		hours for	l e				- -		organization	(W·2/1099·MIS		fro	m th	е
		related	89	Ste Ste			nsat		(W-2/1099-MISC)	•	´	orga	ınızat	ion
		organizations	trust	를		yee	ᇤ		`			-	relat	
		ın Schedule	Individual trustee or director	Institutional trustee	_	oldm	est co	H			į.	orga	nızati	ons
		O)	<u> </u>	喜	Officer	Key employee	Highest compensated employee	Form				_		
				İ										
		 	┢	\vdash		_	-							
		+		├	_	-								
			ļ											
			<u> </u>	<u> </u>										
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		1	T	\vdash						 				
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				\vdash						<u> </u>				
			<u> </u>	<u> </u>										
				<u> </u>										
1b	Sub-total			-					0.	190,0	00.		7,4	84.
	Total from continuation sheets to Part	/II. Section A					•		0.		0.			0.
	Total (add lines 1b and 1c)	,							0.	190,0		•	7 . 4	84.
<u>u</u>	Total number of individuals (including but	not limited to th	2000	liete	nd al	2011	3\ 14/h	00 r						<u> </u>
2	· · · · · · · · · · · · · · · · · · ·	not writed to th	1030	, note	o ai	5046	S) **:	10 10	scered more than \$100	,ooo or reportab				0
	compensation from the organization											T	Yes	No
_											Г			
3	Did the organization list any former office			е, ке	y en	npic	yee,	or I	nignest compensated e	mpioyee on		_		٠,,
	line 1a? If "Yes," complete Schedule J for											3		X
-4	For any individual listed on line 1a, is the									the organization		- 1		
	and related organizations greater than \$1	50,000? <i>If</i> "Yes	, " cc	mpl	ete S	Sche	edule	J f	or such individual		L	4	Х	
5	Did any person listed on line 1a receive of	accrue compe	nsat	tion 1	rom	any	unr	elat	ed organization or indivi	dual for services		- 1		
	rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	uch	pers	son					5		Х
Sec	tion B. Independent Contractors	•												
1	Complete this table for your five highest of	omnensated in	den	ende	ent c	onti	racto	ors t	hat received more than	\$100 000 of con	nensa	tion fr	om	
•	the organization. Report compensation for										,			
		the calcridar	Cui	Cildi	ng v	VICII	<u> </u>	<u> </u>		your.		(C	`	
	(A) Name and busines	s address	NT	∩NT1					(B) Description of s	ervices	Co	mper		ภ
	Traine and Beening		14,	ON	<u> </u>			\dashv						
								_						
									***				_	
									-					
								-						
						-						_		
		(including but a	not !		<u> </u>	the			I abovo) who received n	nore than			_	
~	Total number of independent contractors													
2	Total number of independent contractors \$100,000 of compensation from the organ		101 1	mine	:a to		0	stec	above, who received h	iore triair				

Pa	rt VII	Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats ste	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	. 1b					
S, E	С	Fundraising events	. 1c					
ig ig	d	Related organizations	1d					
iE,	е	Government grants (contribut	tions) 1e					
iz Si	f	All other contributions, gifts, gran	nts, and					
ള		similar amounts not included abo	ove 1f	285,186.				
팀	g	Noncash contributions included in lines	s 1a-1f \$					
<u> </u>	h	Total. Add lines 1a-1f		•	285,186.			
İ				Business Code				
8	2 a	RENTAL INCOME		611110	225,400.	225,400.		
Program Service Revenue	b							
호림	C							
동희	d							
5	e	<u></u>						
٩	f	All other program service reve	enue					ļ
\rightarrow	g	Total. Add lines 2a-2f			225,400.			
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)	•		6,736.	6,736.		
	4	Income from investment of ta	x-exempt bond	proceeds				
]	5	Royalties		, D				
			(i) Real	(ii) Personal				
		Gross rents	· · · · · · · · · · · · · · · · · · ·					
		Less: rental expenses						
ł		Rental income or (loss)						
		Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	115,541	<u></u>				
	b	Less: cost or other basis	110 660					
Ì		and sales expenses	112,662					
		Gain or (loss)	2,879		0.070	0.70		
		Net gain or (loss)-			2,879.	2,879.		
9	8 a	Gross income from fundraising						
ě		including \$	OT	1				
æ		contributions reported on line						
Other Revenue		Part IV, line 18	8			;		
ਰ∣		Less: direct expenses	b					
		Net income or (loss) from fun Gross income from gaming a	=	_				
	9 а							
		Part IV, line 19	a					
		Less: direct expenses	t nina saturitios	·				
ļ		Net income or (loss) from gar Gross sales of inventory, less	=			-		<u> </u>
	iu a	and allowances						
	.	Less. cost of goods sold	a					
				'				
ł	<u> </u>	Net income or (loss) from sale Miscellaneous Reven		Business Code				
}	11 a			Dusiness Code				
	b							
	C							
		All other revenue						
		Total. Add lines 11a-11d	•	•				
	12	Total revenue. See instructions.			520,201.	235,015.	0 .	0.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any guestion in thi	e Part IY		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	108,500.	108,500.		
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
С	Accounting .	7,600.		7,600.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other				···
12	Advertising and promotion Office expenses				
13 14	Information technology				
15	Royalties				
-16-	Occupancy	225,400.	225,400.		
17	Travel		•		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				<u> </u>
22	Depreciation, depletion, and amortization	97,430.	97,430.	451	
23	Insurance	451.		451.	
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 0.)				
а	BANK FEES	1,694.		1,694.	
b	TAXES AND LICENSES	265.		265.	
C					
d					
е	All other expenses	446 546	404 000	40.040	
<u>25</u>	Total functional expenses. Add lines 1 through 24e	441,340.	431,330.	10,010.	0.
26	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 rif following SOP 98-2 (ASC 958-720)				Form 990 (2011)

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Form 990 (2011)
Part X Balance Sheet

FOUNDATION, INC.

Par	τχ	Balance Sheet		Т			(0)
		•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			232,983.	1	306,566.
	2	Savings and temporary cash investments			208,746.	2	181,831.
	3	Pledges and grants receivable, net			24,441.	3	27,140.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	trustees, key			
		employees, and highest compensated employee	es. Con	plete Part II			
		of Schedule L				5_	
	6	Receivables from other disqualified persons (as	define	under section			}
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing		ŀ	i
		employers and sponsoring organizations of sect	ion 50	(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)	į		6	
Assets	7	Notes and loans receivable, net			30,000.	7	121,699.
Ass	8	Inventories for sale or use				8	
`	9	Prepaid expenses and deferred charges		· . [9	
	10a	Land, buildings, and equipment cost or other			-		
		basis Complete Part VI of Schedule D	10a	711,147.			
	b	Less: accumulated depreciation	10b	685,641.	122,937.	10c	25,506.
	11	Investments - publicly traded securities			11	_	
	12	Investments - other securities. See Part IV, line 1	11		318,452.	12	358,351.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	26,020.	15	26,029.		
- 1	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	963,579.	16	26,029. 1,047,122.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue	·	19			
	20	Tax-exempt bond liabilities				20	
က္က	21	Escrow or custodial account liability. Complete	of Schedule D		21		
Liabilities	22	Payables to current and former officers, director					
ᅙ		highest compensated employees, and disqualifi	ed per	sons. Complete Part II			
=		of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela	ated the	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25-	Other liabilities (including federal income tax, pa	yables	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			0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.					
2	27	Unrestricted net assets			660,437.		739,277.
ala	28	Temporanly restricted net assets		<u></u>	297,677.		302,375.
D G	29	Permanently restricted net assets			5,465.	29	5,470.
בּ		Organizations that do not follow SFAS 117, c	heck h	ere 🕨 🔲 and			
٥		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		ļ		30	
\SS\	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		i		32	
ž	33	Total net assets or fund balances		. [963,579.	33	1,047,122.
	34	Total liabilities and net assets/fund balances		<u></u>	963,579.	34	1,047,122.

CONSERVATORY LAB CHARTER SCHOOL

Form	990 (2011) FOUNDATION, INC.	04-	<u>3443578</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	, Check if Schedule O contains a response to any question in this Part XI				X
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			01.
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>40.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			<u>79.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>82.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,047	<u>7,1</u>	<u>22.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
				Yes	No
1	Accounting method used to prepare the Form 990 L Cash X Accrual Cher				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			}
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1 1		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	rt		
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	t		
	ex guides, explain why in Schodulo O and decambs any stone taken to undergo such guides		25		l

Form **990** (2011)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL

Employer identification number

04-3443578 FOUNDATION, INC. 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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 Part III.) 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 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. b Type II c Type III - Functionally integrated d ____ Type III - Other a Type I 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g 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) (ii) 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? Provide the following information about the supported organization(s) h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organizátion in col. organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nο Yes

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for 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	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	I					
	include any "unusual grants ")	L					
2	Tax revenues levied for the organ-	1			ļ		
	ization's benefit and either paid to	I					
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						,
	supported organization) included				+		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1		1		
	column (f)						
	Public support. Subtract line 5 from line 4	<u> </u>					
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		<u> </u>				
11-	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor	here					<u>P</u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			 	
14	Public support percentage for 2011 (line 6, column (f) o	divided by line 11,	column (f))		14	%
	Public support percentage from 2010					15	%
16a	33 1/3% support test - 2011. If the				14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies						. ▶□
b	33 1/3% support test - 2010. If the				d line 15 is 33 1/39	6 or more, check to	his box
	and stop here. The organization qua					·· · ·	▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiz	ation qualifies as a	a publicly supporte	d organization		▶□
t	10% -facts-and-circumstances tes	it - 2010. If the or	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circ	umstances" test, o	check this box and	stop here. Explai	n in Part IV how th	e
	organization meets the "facts-and-cir	cumstances" test	. The organization	qualifies as a publ	licly supported org	janization	▶□
18	Private foundation. If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶□
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2011

FOUNDATION, INC.

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

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

Sec	etion A. Public Support	ciow, picase comp	nete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	400,752.	314,434.	310,880.	320,982.	285,185.	1632233.
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 bus- iness under section 513						
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	400,752.	314,434.	310,880.	320,982.	285,185.	1632233.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	238,356.	208,650.	151.375.	188,450.	208,700.	995,531.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	238,356.	208,650.	151,375.	188,450.	208,700.	995,531.
	Public support (Subtract line 7c from line 6)						636,702.
	ction B. Total Support	· ·	-				
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	400,752.	314,434.	310,880.	320,982.	285,185.	1632233.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,972.	10,269.	4,249.	5,874.	6,736.	38,100.
t	Unrelated business taxable income						
	-(less section 511-taxes) from businesses-						
	acquired after June 30, 1975	10.070	40.000	1 0 1 0	5 054	5 505	20 100
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	10,972.	10,269.	4,249.	5,874.	6,736.	38,100.
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)	411,724.	324,703.	315,129.	326,856.	291,921.	1670333.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage		- 	т т	
	Public support percentage for 2011 (column (f))		15	38.12 %
	Public support percentage from 2010			 	····	16	<u>38.64 %</u>
_	ction D. Computation of Inve					T T	2 20 **
	Investment income percentage for 20	•	•	ne 13, column (f))		17	2.28 %
	Investment income percentage from				 . 45 in magne 45	18	2.38 %
19:	a 33 1/3% support tests - 2011. If the	_					I7 is not ►X
	more than 33 1/3%, check this box a 33 1/3% support tests - 2010. If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che			•		•	▶Ц
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check the	nis box and see in:	structions	▶ ∐

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	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	-	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	•• • — • • • • • • • • • • • • • • • •
•	for charitable purposes and not for the benefit of the donor of	, , ,	•
	impermissible private benefit?	or deriver advices, or for any enter purpose se	Yes No
Pai		ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e	[]	rically important land area
	Protection of natural habitat	Preservation of a certifie	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	a conservation easement on the last
-	day of the tax year.		`
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
-	Number of conservation easements included in (c) acquired		
Ī	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax
_	year▶		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements	<u>-</u>	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements duri	ng the year 🕨
- 7-	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year > \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expense st	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the	e organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtheranc	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1	-	. • \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION INC.

Par		collections of A		easures. or	Other			ts (contin	
3	Using the organization's acquisition, accessing					•			
J	(check all that apply):	on, and other record	is, check any or the	lollowing that t	are a sign	mioant	450 01 110	00110011011	itoms
а	Public exhibition	d	I Dan or evo	hange program	ne				
b	Scholarly research	e		nange program					
	Preservation for future generations		Outien			-			
4	Provide a description of the organization's co	oilections and explain	n how they further t	he organization	ı's exem	nt num	nse in Pari	ł XIV	
5	During the year, did the organization solicit of			=			000 1111 (411		
•	to be sold to raise funds rather than to be ma						<u> </u>	Yes	☐ No
Par	t IV Escrow and Custodial Arran				es" to Fe	orm 990). Part IV. I	_	
	reported an amount on Form 990, Par		9				,		
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other asse	ets not in	ncluded	_		
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	Illowing table.				-		
_			• • • • • • • • • • • • • • • • • • • •					Amount	
С	Beginning balance					1c	-		
	Additions during the year	·				1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV								
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to Fo	rm 990, Part IV	, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (d	1) Three y	years back	(e) Four	ears back
1a	Beginning of year balance	5,465.	5,460,	5,	305.		5,150.		
b	Contributions								
С	Net investment earnings, gains, and losses	5,	. 5,		155.		155.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			-					
f	Administrative expenses								
g	End of year balance	5,470.	5,465,	5,	460.		5,305.		
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	-	%						
	Permanent endowment ► 100.00	%							
C	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	ind administere	ed for the	e organi	zation	_	
	by:								res No
	(i) unrelated organizations							3a(i)	X.
	(ii) related organizations							3a(ii)	X
	If "Yes" to 3a(ii), are the related organizations			•	•	••		3b	
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm				· · · · · ·				
rai			· · · · · · · · · · · · · · · · · · ·		(=) A==			(d) Dools	
	Description of property	(a) Cost or o basis (investr	, , ,	or other (other)		cumulate reciation		(d) Book	value
	Land	Dasis (iiivesti	nony basis	(Other)	<u>aebi</u>	Coanon			
	Land .		-						
b	Buildings		- 60	2,812.	6	74,1	46	1 0	,666.
C	Leasehold improvements	•	03	745.			45.		0.
d	Equipment		1	7,590.		$\frac{7}{10.7}$		6	,840.
	Add lines 1a through 1e (Column (d) must e	orual Form 990 Part	<u> </u>			<u> </u>			506.

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. Se			04	<u>-3443578</u>	Page 3
(a) Description of security or category	e Form 990, Part X, line		Method of valua	etion:	
(including name of security)	(b) Book value	, , ,	end-of-year mar		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) 800 UNITS WEATHERFORD					
(B) INTERNATIONAL, LTD	10,104	. End-of-Yea	r Market	Value	
(C) 200 SHS AMERICAN TOWER					
(D) CORP	13,982				
(E) 200 SHS AMGEN INC	14,582	End-of-Yea	<u>r Market</u>	Value	
(F) 1250 UNITS CLOUGH GLOBAL					
(G) OPPORTUNITIES FUND	13,437	End-of-Yea	<u>r Market</u>	<u> Value</u>	
(H) 500 UNITS ENTERPRISE	25.606				
(I) PRODUCTS	25,620		<u>r Market</u>	Value	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	358,351				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line		\$ 4 - 4b d - 5 1 - 1		
(a) Description of investment type	(b) Book value		Method of valua end-of-year mar		
		0031 01	end-or-year mar	Ret Value	
(1)					
(2)					
(3)	<u>†</u>				
<u>(4)</u> (5)					
(6)				-	
(7)					
(8)					
(9)					
(10)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	•		_		
Part IX Other Assets. See Form 990, Part X, line	15.				
(a)	Description			(b) Book val	ue
(1)					
(2)					
(3)		<u></u>			
(4)					
(5)				-	
(6)					
(8)					
(9)	. <u></u>			.=	
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line					
Part X Other Liabilities. See Form 990, Part X,		_			
1. (a) Description of liability		(b) Book value		-	
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
(11)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	e 25.) to the organization's financial sta	itements that reports the organizatio	n's liability for uncerta	in tax positions under	
2. FIN 48 (ASC 740).					
o1-23-12 See Part	t XIV for Cor	icinuations	Sch	edule D (Form 99	3 0) 201

CONSERVATORY LAB CHARTER SCHOOL

,	dule D (Form 990) 2011 FOUNDATION, INC.	Audited Fines	aial Ctata		4435/8 Page 4
Ь	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financ		ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		520,201.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		441,340.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		78,861.
4	Net unrealized gains (losses) on investments	-	4		4,682.
5	Donated services and use of facilities		5		
6	Investment expenses	•	6		
7	Prior period adjustments .		7		
8	Other (Describe in Part XIV.)	-	8		
9	Total adjustments (net). Add lines 4 through 8		9		4,682.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	\ _ d	83,543.
	t XII Reconciliation of Revenue per Audited Financial Statemen	nts with never	iue per H	T	<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	524,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	4 (00		
а	Net unrealized gains on investments		<u>4,682.</u>	1	
b	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	_2d		-	4 600
е	Add lines 2a through 2d			2е	4,682.
3	Subtract line 2e from line 1			3	520,201.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV.)	4b		-	
С	Add lines 4a and 4b			4c	500 001
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Stateme	nto With Evno	ncoc nor	Botum	520,201.
		ants with Expe	nses her	1	
1	Total expenses and losses per audited financial statements			1	441,340.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			•
a	Donated services and use of facilities	2a		- 1	
b	Prior year adjustments	2b		-	•
С	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d		1 _	0
е	Add lines 2a through 2d			2e	441,340.
3	Subtract line 2e from line 1	• •		3	441,340.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		┨	
	Other (Describe in Part XIV.)	4b		1 . 1	0
_	Add lines 4a and 4b			4c	441,340.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information	•		5	441,340.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a and 4: Pa	rt i\/ lines 1	b and 2h	v Dart V line A: Dart
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp				
	e 2, Part XI, line 8, Part XII, lines 20 and 45, and Part XIII, lines 20 and 45. Also comp ct V, line 4: INCOME EARNED ON THE ENDOWMEN				
<u>ra.</u>	CC V, Time 4. INCOME EARCHED ON THE EARDOWNER	I TONDO I	<u> </u>	<u> </u>	<u>BB TOR</u>
COI	NSERVATORY LAB CHARTER SCHOOL'S VIOLIN PROC	GRAM			
Pa:	rt X, Line 2: FIN 48: THE FOUNDATION HAS A	OOPTED THE	PROVI	SION	S OF
FA	SB ASC 740, INCOME TAXES, RELATIVE TO ACCOU	JNTING FOR	UNCE	<u> NIATS</u>	TIES IN
Lev 2 .	v pogratona imper muede providciona mue i	₽∕₹₽₽₹₽₽₽	DECO	יז כי דואַצ	Q MUG MXV
<u>'1'A.</u>	K POSITIONS. UNDER THESE PROVISIONS, THE I	COMPATION	KECUC	21 <u>4 T 7 T</u>	o Ine TAA
BE	NEFIT OF TAX POSITIONS TO THE EXTENT THAT	THE BENEFI	T WILI	MOR	E LIKELY
<u></u>					
TH	AN NOT BE REALIZED. THE DETERMINATION AS '	TO WHETHER	THE T	AX B	ENEFIT
				Schedu	le D (Form 990) 2011

CONSERVATORY LAB CHARTER SCHOOL

Schedule D (Form 990) 2011 FOUNDATION, INC.	04-3443578 Page 5
Part XIV Supplemental Information (continued)	
WILL MORE LIKELY THAN NOT REALIZED IS BASED UPON THE T	FECHNICAL MERITS OF
THE TAX POSITION AS WELL AS CONSIDERATION OF THE AVAIL	LABLE FACTS AND
CIRCUMSTANCES. AS OF JUNE 30, 2012, THE FOUNDATION DO	DES NOT HAVE ANY
UNCERTAIN TAX POSITIONS.	
	- ·
	

Schedule D (Form 990) 2011 FOUNDATION , INC.

Part XIV Supplemental Information (continued)

04-3443578 Page 5

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
50 SHS EXXON MOBIL CORP	4,279.	FMV
159 UNITS TR RUSSELL 2000 VALUE INDEX FUND	11,192.	FMV
500 SHS MICROSOFT CORP	15,295.	FMV
220 SHS PRECISION CASTPARTS CORP	36,188.	FMV
80 UNITS SPDR GOLD TR GOLD SHS	12,415.	FMV
218 UNITS VANGUARD EMERGING MKTS VIPERS	8,705.	FMV
300 SHS VODAFONE GROUP	8,454.	FMV
1000 UNITS REGENCY ENERGY PART LP COM	23,770.	FMV
150 WILLIAMS PARTNERS LP COM LTD	7,836.	FMV
350 WILLIAMS PARTNERS LP COM LTD	18,284.	FMV
45 SHS AMAZON COM INC	10,276.	FMV
500 SHS BANK OF NOVA SCOTIA	25,895.	FMV
500 SHS RED HAT INC	28,240.	FMV
500 SHS SANOFI SPONSORED ADR	18,890.	FMV
4952.070 SHS EATON VANCE SHORT TERM	50,907.	FMV
	,	
132421 05-01-11	<u> </u>	Schedule D (Form 990) 201

SCHEDULE 1 (Form 990)			<u> </u>	ants and O ernments,	ther Assistance and Individuals i	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	s) tes			OMB No. 1545-0047
Department of the Treasury internal Revenue Service		Comple	ste if the ore	yanization (answered "Yes" to Fo ► Attach to Form 990.	to Form 990, Par n 990.	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.			Open to Public Inspection
Name of the organization	on CONSERVATORY FOUNDATION	LAB	CHARTER	SCHOOL	ī				Employer ide	Employer identification number 04-3443578
Part I General In	General Information on Grants and Assistance	nd Assistance								
1 Does the organiz	Does the organization maintain records to substantiate the amount of th	o substantiate the	amount of t	ne grants or	assistance, the	grantees' eligibility	y for the grants or assi	e grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to a	criteria used to award the grants or assistance?	tance?					٠		×	X Yes No
앎	Describe in Part IV the organization's procedures for monitoring the use	cedures for monito	oring the use	of grant fu	of grant funds in the United States.	States.				
Part II Grants and	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	Organization	ons in the L	Jnited States. Co	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for	any
recipient th	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000. Check this	box if no on	e recipient i	eceived more that	an \$5,000. Part II	can be duplicated if a	ddrtional space is nee		A
1 (a) Name and ad or gov	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Pur or s	(h) Purpose of grant or assistance
	1001100 00000		~ ~~~~						44 TXO GG OF	Om dowemotook activode on
CONSERVATORI LAB	Charles school			-					LEARNING T	CEARNING THROUGH MISTO
25 AKLINGTON ST		, , , , , ,			000		***************************************		THE STATE OF THE	Troops Work
BRIGHTON MA 02135	5	04-3414994	-		108,500.	0	BOOK		AND VIOLIN PROGRAMS	PROGRAMS
							,			
							-			
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations į	sted in the l	ine 1 table				A	
3 Enter total numb	Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table						A	
LHA For Paperwork	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for For	n 990.					Schedule	Schedule I (Form 990) (2011)

Page 2 Schedule | (Form 990) (2011) (f) Description of non-cash assistance 04-3443578 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 29 (c) Amount of cash grant CONSERVATORY LAB CHARTER SCHOOL (b) Number of recipients FOUNDATION, INC. (a) Type of grant or assistance Schedule I (Form 990) (2011) 132102 01-27-12 Part III

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

CONSERVATORY LAB CHARTER SCHOOL

NSERVATORY_LAB_CHARTER_SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. 6a a The organization? X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 X not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2011

CONSERVATORY LAB CHARTER SCHOOL

FOUNDATION, INC.

Schedule J (Form 990) 2011

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

								-
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
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Schedule J (Form 990) 2011

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578_____

Form 990, Part I, Line 1, Description of Organization Mission:
EDUCATIONAL MODEL AND TO SUPPORT ALL ACTIVITIES OF THE CONSERVATORY LAB
CHARTER SCHOOL LOCATED IN BOSTON, MA.
Form 990, Part VI, Section A, line 8b: THERE ARE NO ADDITIONAL COMMITTEES
OR SUBCOMMITTEES
Form 990, Part VI, Section B, line 11: THE FINANCIAL STATEMENTS AND TAX
RETURN OF THE ORGANIZATION ARE REVIEWED WITH THE BOARD OF DIRECTORS BY
THEIR INDEPENDENT CPA. IF THE BOARD REQUESTS THAT A CHANGE BE MADE TO THE
FORM 990, THE ITEM IN QUESTION IS DISCUSSED BETWEEN THE BOARD AND THE CPA.
IF IT IS DETERMINED APPROPRIATE THAT THE CHANGE BE MADE, THE BOARD VOTES TO
ADOPT THE CHANGE AND THE CPA WILL MAKE THE CHANGE TO THE TAX RETURN.
Form 990, Part VI, Section B, Line 15: THE FOUNDATION DOES NOT HAVE ANY
PAID EMPLOYEES OR DIRECTORS
Form 990, Part VI, Section C, Line 19: ALL GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH WRITTEN REQUEST.
Form 990, Part XI, line 5, Changes in Net Assets:
Net unrealized gains on investments: 4,682.

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 Employer identification number ŝ Open to Public Inspection OMB No 1545-0047 × entity? 2011 Direct controlling Yes 04-3443578 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ. Direct controlling entity End-of-year assets **e** status (if section Public chanty 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. Total income Related Organizations and Unrelated Partnerships Exempt Code € SECTION 115 section Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) **fassachusetts** LAB CHARTER SCHOOL CONSERVATORY LAB CHARTER SCHOOL - 04-3414994 CHARTER PUBLIC SCHOOL FOR PRE-KINDERGARTEN THROUGH Primary activity Primary activity <u>e</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990, 5TH GRADE INC. FOUNDATION, CONSERVATORY Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 02135 Name of the organization Department of the Treasury Internal Revenue Service 25 ARLINGTON ST BRIGHTON MA SCHEDULE R (Form 990) Part Part

132161 01-23-12 LHA

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Schedule R (Form 990) 2011

Page 2

04-3443578

Percentage ownership General or Percentage managing ownership Schedule R (Form 990) 2011 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes Share of end-of-year assets Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) .<u>6</u> Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e <u>6</u> Direct controlling entity Share of total income ਉ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত 34 Primary activity Direct controlling entity ਉ (c)
Legal
domicile
(state or
foreign Primary activity <u>a</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 132162 01-23-12 Part IV Part III

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Schedule R (Form 990) 2011

Page 3

04 - 3443578

Schedule R (Form 990) 2011 × × × × × × Yes × ם 9 ဗ 투 5 9 19 f = 두 9 5 节 ¥ Ŧ ¥ = ÷ : (d)
Method of determining
amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) 285,185.COST 225,400.COST (c) Amount involved (b)
Transaction type (a-r) 35 Performance of services or membership or fundraising solicitations by related organization(s) ф Performance of services or membership or fundraising solicitations for related organization(s) m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this sched^{ul}le i Lease of facilities, equipment, or other assets to related organization(s) Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses CHARTER SCHOOL (2) CONSERVATORY LAB CHARTER SCHOOL Reimbursement paid to related organization(s) for expenses Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of other organization e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) (1) CONSERVATORY LAB 132163 01-23-12 Part V 7 9 0 €

CONSERVATORY LAB CHARTER SCHOOL

INC. FOUNDATION,

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Page 4

04-3443578

Dispreperations Code V-UBI Ceneral of Percentage bonate amount in box 20 managing ownership of Schedule K-1 partner of Schedule K-1 partner of Form 1065) Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. 3 Ξ end-of-year Share of assets **(6)** Share of total income Predominant income parinesse (related, unrelated, 501(c)(3) excluded from tax under section 512-514) Yes No (e)
Are all
partners sec
501(c)(3)
orgs? Legal domicile (state or foreign country) <u>ပ</u> Primary activity 9 Name, address, and EIN of entity

132164 01-23-12

Schedule R (Form 990) 2011

CONSERVATORY LAB CHARTER SCHOOL 04-3443578 Page 5 Schedule R (Form 990) 2011 FO Part VII Supplemental Information FOUNDATION, INC. , Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

OMB No. 1545-1709

		araco appi	TOURION TOUR OUTSTAND				
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			•	X
●- lf-you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this for	n).		
Do not	complete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed	For	m 8868	
Electro	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file	e (6	months for a corpo	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	ile Form	188	68 to request an ex	ktension
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 1	Fransfe i	rs A	ssociated With Cei	rtain
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	on the e	elec	tronic filing of this f	om,
Part	w irs.gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time		submit original (no conies ne	eded)			
	ration required to file Form 990-T and requesting an autor						
Part I or		mado o mo	one of the second of the secon	oompio		•	
All other	ry corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and t	rusts must use Form 7004 to reques	t an ex	tens	sion of time	_
Type or	Name of exempt organization or other filer, see instru	Emplo	nployer identification number (EIN) or				
print	CONSERVATORY LAB CHARTER SO	,					
	FOUNDATION, INC.			X	X 04-3443578		
File by the due date fo	North an abreat and ream arrante no If a D.O. hours	ee instruc	tions.	Social	al security number (SSN)		
filing your return Sec	25 ARLINGTON STREET]		
instruction	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.				
	BRIGHTON, MA 02135						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)				0 1
Applica	tion	Return	Application				Return
ls For		Code	Is For				Code
Form 99	0	01	Form 990-T (corporation)	-			07
Form 99		02	Form 1041-A				08
Form 990-EZ		01	Form 4720				09
Form 990-PF		04	Form 5227				10
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069				11
Form 99	0-T (trust other than above)	06	Form 8870				12
	LYNNE GONCALVE	S					
• The l	books are in the care of > 25 ARLINGTON S	TREET					
Tele	phone No. ► (617) 254-8904		—FAX-No-▶– <u>(-617)254-</u>	<u>8909</u>	<u> </u>		
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			•	
	s is for a Group Return, enter the organization's four digit						
	. If it is for part of the group, check this box				mb	ers the extension is	for
1 H	equest an automatic 3-month (6 months for a corporation						
_	February 15, 2013, to file the exemp	ot organiza	tion return for the organization name	ed abov	/e. ⁻	The extension	
IS	for the organization's return for:						
•	calendar year or						
P	tax year beginning JUL 1, 2011	, an	nd ending <u>JUN 30, 2012</u>			- ·	
2 If	the tax year entered in line 1 is for less than 12 months, o	hack reas	on: Initial return	Final re	tur	,	
֓֟֟֟֟֝֟֟֟֓֟֓֟֟ <u>֟</u>	Change in accounting period	oricon reas	on millar return	i iiiai ic	·tuii	•	
L	Change in accounting period						
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
n	nonrefundable credits. See instructions.				la	\$	0.
b If	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
<u>e</u>	estimated tax payments made Include any prior year overpayment allowed as a credit.					\$	<u> </u>
с В	alance due. Subtract line 3b from line 3a. Include your pa	ayment wr	th this form, if required,				
	y using EFTPS (Electronic Federal Tax Payment System)				3c	\$	0.
Caution	n. If you are going to make an electronic fund withdrawal			orm 88	79·I		
LHA	For Privacy Act and Paperwork Reduction Act Notice	, see Instr	ructions.			Form 8868 (R	ev. 1-2012)

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868**

(Rev. January 2012)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

Internal R	evenue Service Pille a sep	arate app	ilcation for each return.									
• If you	u are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			X						
●-If yo	u are filing for an Additional (Not <u>Automatic)</u> 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form)								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.												
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation												
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension												
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain												
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form,												
visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.												
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).												
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete												
Part I only												
	r corporations (including 1120-C filers), partnerships, REM		rusts must use Form 7004 to reques	t an exter	nsion of time							
	acome tax returns.											
Type or	Name of exempt organization or other filer, see instru	Employe	nployer identification number (EIN) or									
print	CONSERVATORY LAB CHARTER SO		. ,									
	FOUNDATION, INC.	X	X 04-3443578									
File by the	North and and and an arrangement to DO hours	Social se	ocial security number (SSN)									
filing your	YOUT 25 ART.TNGTON STREET											
return Sec Instruction	566											
	BRIGHTON, MA 02135											
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1						
		Dod	Application		<u>-</u>	Datum						
Applica	tion	Return	Application			Return						
Is For		Code	Is For			Code 07						
Form 99		01	Form 990-T (corporation)									
Form 990-BL			Form 1041-A		 ,	08						
Form 990-EZ			Form 4720	-		09						
Form 99		04 05	Form 5227	-		10						
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11						
Form 990-T (trust other than above)			Form 8870		_	12						
	LYNNE GONCALVES											
	books are in the care of 25 ARLINGTON ST	PREET										
-	phone No. ► (617) 254-8904		FAX No. ▶- <u>(-6-1-7-)—2-54 - (</u>									
	organization does not have an office or place of business											
If this	s is for a Group Return, enter the organization's four digit of											
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	for.						
1 1	request an automatic 3-month (6 months for a corporation											
_	February 15, 2013 , to file the exemp	t organizat	tion return for the organization name	d above.	The extension							
is	is for the organization's return for:											
•	calendar year or											
tax year beginning JUL 1, 2011 , and ending JUN 30, 2012 .												
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return												
	Change in accounting period											
_												
3a If	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any											
	onrefundable credits. See instructions.	3a	\$	0.								
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and									
	stimated tax payments made. Include any prior year overp			3ь	\$	0.						
	alance due. Subtract line 3b from line 3a. Include your pa											
	y using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.						
0	If you are going to make an electronic fund withdrawal w				_ 							

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.