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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

Α	For th	e 2013 calendar year, or tax year beginning $$	JUN 30, 2014	
В	Check if	C Name of organization	D Employer identifi	
•	applicab	CONSERVATORY LAB CHARTER SCHOOL		
X	Addre	SS		
	Name chang		04-3	443578
	Initial			
	Termi		(617	
	Amen	ded	G Gross receipts \$	1,090,595.
	Application	DORCHESTER, MA 02124	H(a) Is this a group re	
	pendi	F Name and address of principal officer KATHARINE M. PELL	for subordinates	
		same as C above	H(b) Are all subordinates ii	
$\overline{\Gamma}$	Гах-ех			list (see instructions)
		te: WWW.CONSERVATORYLAB.ORG	H(c) Group exemptio	
				A State of legal domicile: MA
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities THE FOUN	DATION'S PURP	OSE IS TO
Governance		SUPPORT THE DISSEMINATION OF LEARNING THROUG		
E.	2	Check this box  if the organization discontinued its operations or disposed of r		
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	6
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
ಳ	1	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
, i≘	1	Total number of volunteers (estimate if necessary)	6	0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12		0.
1 Å	1	Net unrelated business taxable income from Form 990-T, line 34	7a	0.
	<u>U</u>	THE Unit lated business taxable income from Form 950-1, line 34	7b	
•		Contributions and grants (Dort VIII line 1b)	Prior Year	Current Year
Revenue		Contributions and grants (Part VIII, line 1h)	378,947.	601,428.
Ţ jā	9	Program service revenue (Part VIII, line 2g)	241,500.	350,928.
	1	Investment income (Part VIII, column (A), lines 3, 4 and 7d)	7,423.	16,970.
₽	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<u>-</u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	627,870.	969,326.
SCANNE Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1:3)	240,000.	0.
က	14	Benefits paid to or for members (Part IX, column (A), line-4)	0.	0.
Se.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	0.	0.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
.X	b	Total fundraising expenses (Part IX, column (D), line 25)		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	320,684.	373,915.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	560,684.	<u>373,915.</u>
	19	Revenue less expenses Subtract line 18 from line 12	67,186.	595,411.
Sor			Beginning of Current Year	End of Year
agar	20	Total assets (Part X, line 16)	1,181,829.	2,070,093.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	23,953.	264,422.
		Net assets or fund balances Subtract line 21 from line 20	1,157,876.	1,805,671.
Pa	art II	Signature Block		
Und	er pena	ilties of perjury //peclare that /have examined this return, including accompanying schedules and sta	itements, and to the best of m	y knowledge and belief, it is
true	, correc	t, and comple <b>re/</b> Declaration of greparer (other than officer) is based on all information of which prep	arer has any knowledge.	<u> </u>
		1 min	1/16/	<u> </u>
Sig	n	Signature of officer	Date 7	
Her	е	KATHARINE M. PELL, PRESIDENT		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	ı	DAVID F. MURPHY WIND TO MINING	12/10/14 "self-employ	P00482310
Pre	arer	Firm's name ZINER & MURPHY, PC	Firm's EIN	04-3434210
Use	Only	Firm's address TWO MAIN STREET, SUITE 240		
_		STONEHAM, MA 02180	Phone no.	781-279-2950
N 4 -	the !	RS discuss this return with the preparer shown above? (see instructions)		Yes No
ıvıaı	Citie ii			

Form	990 (2013) FOUNDATION, INC.	04-3443578	Page 2
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	THE FOUNDATION'S PURPOSE IS TO SUPPORT THE DISSEMINATION	N OF LEARNIN	G
	THROUGH MUSIC AS AN EDUCATIONAL MODEL AND TO SUPPORT AL		
	THE CONSERVATORY LAB CHARTER SCHOOL LOCATED IN BOSTON,		
2	Did the organization undertake any significant program services during the year which were not listed on	<u> </u>	
_	the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O	res	ואט
_		? Yes	<b>₩</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	γ ∟Yes	LA∟ NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	iers, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 356,728. including grants of \$ 0. ) (Rever		<u>898.</u> )
	THE FOUNDATION RAISED FUNDS TO BENEFIT THE PROGRAMS OF	CONSERVATORY	LAB_
	CHARTER SCHOOL	·	
	,		
		· · ·	
4b	(Code) (Expenses \$) (Rever	nue \$	<u> </u>
	/ (Liberty J. Liberty		
		-	
		· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·		
4c	(Code) (Expenses \$	nue \$	)
		-	
			• • • • • • • • • • • • • • • • • • • •
<i>A</i> ~ !	Other program services (Describe in Schedule O)		
→u		١	
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 356,728.		
		Form 9	90 (2013)

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Form 990 (2013) FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
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	X	
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> </u>
đ	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	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
'	the organization's separate of 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • •		
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to	_		,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Y
10	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		_X_
19	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
	7		~~~	(0010)

Form 990 (2013) FOUNDATION. INC. 04-3443578 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX. 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 Х 25a 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 I Part I Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II X 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II X 32 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 Х 33

Part V. line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2013)

X

Х

Х

Х

34

35a

35b

36

37

- 4.	' Check if Schedule O contains a response or note to any line in this Part V			
	•	I	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		l	
	any contributions that were not tax deductible as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7.	j	v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-,-		<del></del> _
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	İ	X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them)  11b	40.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 504(a)(00) qualified percentile health incurrence inquere.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

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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

	Check if Schedule O contains a response or note to any line in this Part VI						X
<u>Sec</u>	tion A. Governing Body and Management						
						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.						
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 relationship	o 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	e direc	t supervision	İ			
	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 S	90 wa	s filed?		4_		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		]	5_		Х
6	Did the organization have members or stockholders?				6_		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	point	one or				
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or				
	persons other than the governing body?			ļ	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	-			
	The governing body?			- [	<u>8a</u>	X	
	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 rea	ched a	at the	ļ			••
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9_		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code )				
40-	Did the construction have level shorters by such as on officers 0			Г	40-	Yes	
	Did the organization have local chapters, branches, or affiliates?		a affiliatas	-	10a		_X_
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	apter	s, annates,		10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	v hefo	re filing the form	,	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	y Deio	re ming the form	·	i ia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	t	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			ŀ	12.0		
	In Schedule O how this was done	00, 00		i	12c		
13	Did the organization have a written whistleblower policy?			·	13	_	Х
14	Did the organization have a written document retention and destruction policy?			- 1	14		Х
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent	ſ			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		i			
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)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	vith a				
	taxable entity during the year?				16 <u>a</u>		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nızatıo	n's	ļ			
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure					_	
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 990-7	(Sect	ion 501(c)(3)s on	ly) av	/aılab	le	
	for public inspection. Indicate how you made these available. Check all that apply	_					
	Own website Another's website X Upon request Other (explain			_	_		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	onflict (	of interest policy,	and	fınan	cial	
•-	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books at	na rec	oras of the organ	ıızati	on. 🗩	_	
	CYNTHIA MARIE - (617) 254-8904 2120 DORCHESTER AVENUE DORCHESTER MA 02124						

1	CONSERVATORY LAB CHARTER SCHOOL		
Form 990 (2013		04-3443578	Page <b>7</b>
Part VII Co	empensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	

ait Aii	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
,	Employees, and Independent Contractors	

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

· Check if Schedule O contains a response or note to any line in this Part VII

- 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

(A) Name and Title	(B) Average hours per week	erage (do			rson	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) KATHARINE M. PELL	2.00							_	_	_
PRESIDENT		X						0.	0.	0
(2) JOHN PAOLELLA	0.50	1								
REASURER		X						0.	0.	0
(3) ANDREW SNIDER	2.00				}					
CLERK		X						0.	0.	0
(4) DONNA COHEN	0.50									
DIRECTOR		X	_		_	<u> </u>		0.	0.	0
(5) BRADLEY RICHARDSON	2.00									
DIRECTOR		X						0.	0.	0
(6) DIANA LAM	1.00					İ				
HEAD OF SCHOOL				X				0.	225,000.	7,196
		<del> </del>	<del> </del>			-				
		1								
		<u> </u>					L_			
		$\vdash$	$\vdash$		-	_	_			
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		_								
		-		-	-	├—	$\vdash$			

(A) Name and business address NONE	(B)	(C) Compensation
2 Total number of independent contractors (including but not limited \$100,000 of compensation from the organization	d to those listed above) who received more than	

Form 990 (2013)

FOUNDATION, INC.

04-3443578 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 601,428. similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ 601,428. h Total. Add lines 1a-1f **Business Code** 350,928. 350,928. 2 a RENTAL INCOME 611110 Program Service f All other program service revenue 350,928. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 11,654. 11,654. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 126,585. assets other than inventory b Less cost or other basis 121,269 and sales expenses 5,316. c Gain or (loss) 5,316. 5,316. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ \_\_\_\_\_ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

Total revenue See instructions.

969,326.

367,898.

## Form 990 (2013) FOUNDATION, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respons	se or note to any line in t	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
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 403(b) employer contributions)				
9	Other employee benefits				·
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
ь	Legal				
С	Accounting	11,163.		11,163.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	2,682.		2,682.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	350,928.	350,928.		
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				
22	Depreciation, depletion, and amortization	5,800.	5,800.		
23	Insurance	689.		689.	
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	OFFICE EXPENSES	1,512.		1,512.	
b	BANK FEES	794.		794.	
c	TAXES AND LICENSES	347.		347.	
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	373,915.	356,728.	17,187.	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 if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2013)

04-3443578 Page 11

Form 990 (	2013)	
Part X	Balance	Sheet

Part A		<del></del>	_	<del></del>
	Check if Schedule O contains a response or note to any line in this Part X	(A)		(P)
	•	(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing	533,534.	1	393,032
2	Savings and temporary cash investments	188,842.	2	219,327
3	Pledges and grants receivable, net	32,942.	3	121,177
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,	1		
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined unc	ler		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribute	ting		
	employers and sponsoring organizations of section 501(c)(9) voluntary			
হ	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
⋖   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 492,89			
	b Less accumulated depreciation 10b 14,78	6,240.	10c	478,105
11	Investments - publicly traded securities		11	
12	2 Investments - other securities See Part IV, line 11	409,231.	12	490,056
13	Investments · program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11	11,040.	15	368,396
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,181,829.	16_	2,070,093
17	Accounts payable and accrued expenses		17	253,505
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		_20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖွ 22		.		
<b>E</b>	key employees, highest compensated employees, and disqualified persons	İ		
Liabilities	Complete Part II of Schedule L		22	
_ 23			23	
24	• • •		24	
25	, , ,			
	parties, and other liabilities not included on lines 17-24) Complete Part X of	22.052		10 017
	Schedule D	23,953.	25	10,917.
26		23,953.	26	264,422.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X an	od		
8	complete lines 27 through 29, and lines 33 and 34.	820 222		1 222 647
<u>E</u> 27		829,222. 323,177.		1,233,647.
B 28	• •	5,477.	28	566,540. 5,484.
달   29	·	7 3,4//•	29	5,404
년	Organizations that do not follow SFAS 117 (ASC 958), check here	<b>-</b>		
8 2	and complete lines 30 through 34.			
30 8 8 8 8			30	
Net Assets or Fund Balances			31	
등   32 본   32	- · · · · · · · · · · · · · · · · · · ·	1,157,876.	33	1,805,671.
2 33		1,181,829.		2,070,093.
34	Total liabilities and net assets/fund balances	1,101,027.	34	Form <b>990</b> (2013

Form 990 (2013)

	990 (2013)	FOUNDATION,	INC.	04	4-34435	78	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of	of Net Assets						
	Check if Schedule O	contains a response or not	e to any line in this Part XI					
	•							
1	Total revenue (must equal	Part VIII, column (A), line 12	)	1		<u>969</u>	, 3	26.
2	Total expenses (must equa	I Part IX, column (A), line 25	5)	2		373	, 9	15.
3	Revenue less expenses. Su	ubtract line 2 from line 1		3		595	, 4	11.
4	Net assets or fund balance	s at beginning of year (mus	t equal Part X, line 33, column (A))	4	1,	157	, 8	76.
5	Net unrealized gains (losse	s) on investments		5		52	, 3	84.
6	Donated services and use	of facilities		_6				
7	Investment expenses			7				
8	Prior period adjustments			8				
9	Other changes in net asset	s or fund balances (explain	ın Schedule O)	9				0.
10	Net assets or fund balance	s at end of year Combine I	ines 3 through 9 (must equal Part X, line 3	3,				
	column (B))			10	1,	805	,6	<u>71.</u>
Pa	rt XII Financial Stater	nents and Reporting						
	`Check if Schedule O	contains a response or not	e to any line in this Part XII					
		_				\	res	No
1	Accounting method used to	o prepare the Form 990	Cash X Accrual Other				ł	
	If the organization changed	lits method of accounting f	from a prior year or checked "Other," expla	ın ın Schedule O				
2a	Were the organization's fina	ancial statements compiled	or reviewed by an independent accountai	nt?	<u>L</u>	2a		X
	If "Yes," check a box below	v to indicate whether the fin	ancial statements for the year were compi	led or reviewed on a	a			
	separate basis, consolidate	d basis, or both.			j			
	Separate basis	Consolidated basis	Both consolidated and separate b	asis				
b	Were the organization's fin	ancial statements audited b	y an independent accountant?		L	2b	x	
	If "Yes," check a box below	v to indicate whether the fin	ancial statements for the year were audite	d on a separate bas	sıs,			
	consolidated basis, or both	I			İ			
	X Separate basis	Consolidated basis	Both consolidated and separate b	asıs			1	
С	If "Yes" to line 2a or 2b, do	es the organization have a	committee that assumes responsibility for	oversight of the aud	dit,		ĺ	
	review, or compilation of its	financial statements and s	election of an independent accountant?		<u>_</u>	2c	X	
	If the organization changed	l either its oversight process	s or selection process during the tax year,	explain in Schedule	90			
3a	As a result of a federal awa	rd, was the organization rec	quired to undergo an audit or audits as set	forth in the Single	Audit			
	Act and OMB Circular A-13	3?				3a		X
b	If "Yes," did the organization	in undergo the required aud	dit or audits? If the organization did not une	dergo the required a	audit			
	or audits, explain why in Sc	hedule O and describe any	steps taken to undergo such audits			3ь		

Form **990** (2013)

## **SCHEDULE A**

(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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number

04-3443578

Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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). 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 d Type III - Non-functionally integrated \_ Type I Type II c \_\_\_\_ Type III - Functionally integrated 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? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (v) Did you notify the (iv) Is the organization (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary organizátion in col in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the above or IRC section governing document? (i) of your support? (see instructions)) Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2013

(Form 990 or 990-EZ) 2013 FOUNDATION, INC. 04-34435 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 04-3443578 Page 2 Schedule A (Form 990 or 990-EZ) 2013

Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not					1	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Pe	ercentage			<del></del>	
	Public support percentage for 2013 (li		•	column (f))		14	%
	Public support percentage from 2012					_15	<u>%</u>
16a	33 1/3% support test - 2013. If the o	-			14 is 33 1/3% or i	more, check this bo	ox and
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2012. If the o	-			d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali		- · ·		40.40		
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac			•	<u>=</u>	irt IV how the organ	nization
_	meets the "facts-and-circumstances"	<del>-</del>	•	• •	-	49	100/
b	10% -facts-and-circumstances test	•	•				
	more, and if the organization meets th				-		, _
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	i box on line 13, 16	oa, 165, 17a, or 17	b, check this box	and see instruction	<u>s</u>

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. 04-3443578 Page 3

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

· qualify under the tests liste	d below, please comp	olete Part II)		<del></del>		
Section A. Public Support		<b>T</b>		· · · · ·		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do no						
include any "unusual grants ")	310,880.	320,982.	285,185.	378,947.	601,428.	1897422.
2 Gross receipts from admissions, merchandise sold or services per- formed, 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- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit the organization without charge	to					
6 Total. Add lines 1 through 5	310,880.	320,982.	285,185.	378,947.	601,428.	1897422.
7a Amounts included on lines 1, 2, ar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3 received from disqualified perso		188,450.	208,700.	160,967.	112.963.	822,455.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year  c Add lines 7a and 7b	151,375.	188,450.	208 700	160,967.	112,963.	0. 822,455.
8 Public support (Subtract line 7c from line 6)		100,400.	200,700.	100,907.	112,900.	1074967.
Section B. Total Support	!	<u> </u>				10/4/0/-
······································	(a) 2009	(b) 2010	(a) 2011	(d) 2012	(e) 2013	(f) Total
Calendar year (or fiscal year beginning in)  9 Amounts from line 6	310,880.	(b) 2010 320, 982.	(c) 2011 285, 185.	378,947.	601,428.	
10a Gross income from interest,	310,000.	320,302.	203,103.	310,341.	001,420.	103/422.
dividends, payments received on securities loans, rents, royalties and income from similar sources	4,249.	5,874.	6,736.	7,701.	11,654.	36,214.
<b>b</b> Unrelated business taxable income					-	_
(less section 511 taxes) from business acquired after June 30, 1975						
c Add lines 10a and 10b	4,249.	<u>5,874.</u>	6,736.	7,701.	11,654.	36,214.
11 Net income from unrelated busine activities not included in line 10b, whether or not the business is regularly carried on	ss					
12 Other income Do not include gair or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 1	315,129.	326,856.	291,921.	386,648.	613,082.	1933636.
14 First five years. If the Form 990 is	for the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here Section C. Computation of Pi	ublic Support Pe	rcentage				<b>▶</b> □
15 Public support percentage for 20°	• • • • • • • • • • • • • • • • • • • •		column (f))		15	55.59 %
16 Public support percentage from 2					16	42.08 %
Section D. Computation of In		-			•	
17 Investment income percentage fo			ne 13, column (f))		17	1.87 %
18 Investment income percentage from					18	2.12 %
19a 33 1/3% support tests - 2013. If	•		on line 14, and line	e 15 is more than 3	L	
more than 33 1/3%, check this bo						$\triangleright \mathbf{X}$
b 33 1/3% support tests - 2012. If						and
line 18 is not more than 33 1/3%,						. —
20 Private foundation. If the organiz	ation did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	▶□
						0 or 990-F7) 2013

## CONSERVATORY LAB CHARTER SCHOOL 04-3443578 Page 4 Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC. Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions)

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or 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 advise	ed 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	0 0	•
	impermissible private benefit?	or donor advisor, or for any other purpose of	Yes No
Pai		ganization answered "Yes" to Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space	Treservation of a certification	ica mistorio stracture
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a consequation easement on the last
_	day of the tax year	ned conservation contribution in the form of	a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
9	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	, ,	
u	listed in the National Register	arter 6/17/00, and not on a mistoric structu	2d
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by the	<del></del>
Ŭ	year >	modes of the second of the second of the	organization during the tax
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	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting.		. — *** — ***
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abo		<u> </u>
•	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	
	include, if applicable, the text of the footnote to the organiza		
	conservation easements		no organization o accoming to
Pai	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or Ot	her Similar Assets.
L	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		, , , , , , , , , , , , , , , , , , , ,
ь			and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	• •	
	relating to these items:	accountry of toolsalest in land of allow of pos	me control provide the reneming arricants
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
~	the following amounts required to be reported under SFAS		gang provide
_	5 5 .000 5	To vice soo, relating to these items	<b>&gt;</b> \$
a h	Assets included in Form 990, Part X		► \$ ► \$
μ	, 155515 11014464 11 1 01111 0001 1 WILA		- v

		ATION, INC					43578		<u>e 2</u>
Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	<u>ier Sim</u>	ilar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significar	nt use of its	collection	ıtems	
	(check all that apply)								
а	Public exhibition	d	I 🔛 Loan or exc	hange programs					
b	Scholarly research	e	e Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's ex	empt pur	pose in Pai	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets		_		
	to be sold to raise funds rather than to be ma						Yes		No_
Pai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes" to	o Form 99	90, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other assets no	t include	d			
	on Form 990, Part X?						Yes	r	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			. $\square$	Yes	r	No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation has been	provided in Part XII	l <u>.</u>				
Pai	t V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	rm 990, Part IV, line	10				
	ļ	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years bad	<u>ck</u>
1a	Beginning of year balance	5,477.	5,470.	5,465,		5,460.		5,30	)5.
b	Contributions					-			
С	Net investment earnings, gains, and losses	7,	7,	5,	,	5,		15	55.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	·							
g	End of year balance	5,484.	5,477,	5,470,	,	5,465,	<u> </u>	5,46	50.
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment	%		_					
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered for	the organ	ization	_		
	by.								10
	(i) unrelated organizations						3a(ı)		<u>X</u>
	(ii) related organizations						3a(iı)		<u>X</u>
b	If "Yes" to 3a(II), are the related organizations					-	3b		
4	Describe in Part XIII the intended uses of the		owment funds			<del></del>			
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	- II							
	Description of property	(a) Cost or o			Accumulat	l l	(d) Book	value	
	<del> </del>	basis (investr	nent) basis	(other) de	epreciatio	-			—
	Land								—
þ	Buildings								
C	Leasehold improvements						· -		—
d	Equipment		10	2 201	1 4 5	706	A 17 /	101	
<u>е</u>	Other		· · · · · ·	2,891.	14,7	80.	4/8	8,105	<u>.</u>

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 FOUNDATIO	N, INC.	04	1-3443578 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) 200 SHS AMERICAN TOWER			
(B) CORP	17,996.	End-of-Year Market	: Value
(C) 150 SHS AMGEN INC	15,388.	End-of-Year Market	: Value
(D) 2250 UNITS CLOUGH GLOBAL			
(E) OPPORTUNITIES FUND	29,250.	End-of-Year Market	<u> Value</u>
(F) 500 UNITS ENTERPRISE			
(G) PRODUCTS	23,487.		
(H) 110 SHS EXXON MOBIL CORP	16,612.	End-of-Year Market	:_Value
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12)	490,056.		<del></del>
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			<del></del>
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			<del></del>
(5)			
(6)			
(7)			
(8) (9)			
Total. (Col (b) must equal Form 990, Part X, col. (B) line 13.)		· · · · · · · · · · · · · · · · · · ·	
Part IX Other Assets.			
Complete if the organization answered "Yes"	to Form 990. Part IV. line 1	1d See Form 990, Part X, line 15	
•	Description	, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) SECURITY DEPOSIT			11,044.
(2) PREPAID EXPENSES			12,442.
(3) DUE FROM RELATED ENTITY			344,910.
(4)			
(5)			
(6)			
(8)			
(9)	•		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	e 15)		368,396.
Complete if the organization answered "Yes"	to Form 990. Part IV, line 1	11e or 11f See Form 990, Part X, line 25	5
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) PREPAID RENT		10,917.	
(3)			
(4)			
(5)			
(6)			

10,917. Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2013

(7) (8)

04-3443578 Page 4 FOUNDATION, INC. Schedule D (Form 990) 2013 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 1,021,710. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990. Part VIII, line 12 2 52,384 a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d 52,384. Add lines 2a through 2d 2e 969,326. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII) 4b c Add lines 4a and 4b 4c 969 326. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 373,915. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX, line 25 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 24 2e e Add lines 2a through 2d 373,915 3 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII ) 4c c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information Part V, line 4: Explanation: INCOME EARNED ON THE ENDOWMENT FUNDS IS TO BE USED FOR CONSERVATORY LAB CHARTER SCHOOL'S VIOLIN PROGRAM Part X, Line 2: Explanation: FIN 48: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES, RELATIVE TO ACCOUNTING FOR UNCERTAINTIES IN TAX UNDER THESE PROVISIONS, THE FOUNDATION RECOGNIZES THE TAX POSITIONS. BENEFIT OF TAX POSITIONS TO THE EXTENT THAT THE BENEFIT WILL MORE LIKELY THE DETERMINATION AS TO WHETHER THE TAX BENEFIT THAN NOT BE REALIZED. WILL MORE LIKELY THAN NOT BE REALIZED IS BASED UPON THE TECHNICAL MERITS OF THE TAX POSITION AS WELL AS CONSIDERATION OF THE AVAILABLE FACTS AND Schedule D (Form 990) 2013 332054 09-25-13

## CONSERVATORY LAB CHARTER SCHOOL Schedule D (Form 990) 2013 FOUNDATI Part XIII Supplemental Information (continued) FOUNDATION, INC. 04-3443578 Page 5 CIRCUMSTANCES. AS OF JUNE 30, 2014, THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2013

04-3443578 Page 5

Part XIII Supplemental Information (continued)

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
159 UNITS TR RUSSELL 2000 VALUE INDEX FUND	16,418.	FMV
500 SHS MICROSOFT CORP	20,850.	FMV
150 SHS PRECISION CASTPARTS CORP	25,240.	FMV
218 UNITS VANGUARD EMERGING MKTS VIPERS	9,402.	FMV
1000 UNITS REGENCY ENERGY PART LP COM	32,210.	FMV
45 SHS AMAZON COM INC	14,615.	FMV
500 SHS BANK OF NOVA SCOTIA	26,640.	FMV
500 SHS SANOFI SPONSORED ADR	26,585.	FMV
5093 SHS EATON VANCE SHORT TERM	53,090.	FMV
500 SHS MONDELEZ INTL	18,805.	FMV
60 SHS MEDNAX INC	6,978.	FMV
350 SHS AMTRUST FINL SVC	14,634.	FMV
100 SHS CORE LABORATORIES	16,706.	FMV
600 SHS ENLINK MID STREAM	24,996.	FMV
300 SHS MASTERCARD INC	22,041.	FMV
325 SHS MICROCHIP TECH INC	15,863.	FMV
500 SHS MORGAN STANLEY	16,165.	FMV
300 SHS RANGE RESOURCES CORP	26,085.	FMV
	-	
		-
	<del></del>	Sahadula D (Farra 200)

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs gov/form990.

2013

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

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 Travel for companions Payments for business use of personal residence 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 directors, trustees, and officers, including 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, but 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 X a Receive a severance payment or change-of-control payment? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b 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. 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 X The organization? 5a 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 The organization? X 6a Any related organization? X 6b 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 Х 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 Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2013

04 - 3443578FOUNDATION, Schedule J (Form 990) 2013

Do not list any individuals that are not listed on Form 990, Part VII

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

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.

5	f							
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation			in prior Form 990
(1) DIANA LAM	Ξ	0	0	0	0	0	0.	
<b>.</b>	(II)	225,000.	0.	0	6,75	446.	232,196.	0
	Ξ							
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	(ii)							

Schedule J (Form 990) 2013

# CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Schedule J (Form 990) 2013

Page 3

04-3443578

Schedule J (Form 990) 2013 Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III Supplemental Information

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule M (Form 990) and its instructions is at www.irs gov/form990. CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number

04-3443578

Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1	(d) Method of de noncash contribe	etermining	nts
1	Art - Works of art		nems commuted	Onn 550, 1 art vin, and	9		
2	Art - Historical treasures						
3	Art - Fractional interests	·		···· · · · · · ·			
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	38,064.	FAIR MARKET	' VALUI	3
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies		-				
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens					<u></u>	
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ( )		- 45 - 4				
29	Number of Forms 8283 received by the organ		-				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29		Yes	l Na
20-	During the year, did the organization receive to			norted in Dart Lines 1. O	that it must hold for	Yes	No
SUA	at least three years from the date of the initial						
	•	CONTRIBUTION	, and which is not	required to be used for ex	empt purposes for	202	x_
	the entire holding period?					30a	<u> </u>
	If "Yes," describe the arrangement in Part II  Does the organization have a gift acceptance	naliov that r	oguiros the review	of any non-standard cont	ributions?	24	X
31	Does the organization have a gift acceptance		•	•		31	+^
s∠a	contributions?	o or related 0	iganizations to soi	ioit, process, or seil nonca	311	32a	x
<b>L</b>	If "Yes," describe in Part II					JZ.a	+*-
33	If the organization did not report an amount in	a column (c)	for a type of prope	ity for which column (a) is	checked		
33	describe in Part II	i coluitiii (c)	ioi a type or prope	ity for willon column (a) is	oriothou,		
	uescribe III Fait II						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

## CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC. 04-3443578 Schedule M (Form 990) (2013) Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information Part II

## 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 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:
Explanation: THERE ARE NO ADDITIONAL COMMITTEES OR SUBCOMMITTEES
Form 990, Part VI, Section B, line 11:
Explanation: 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:
Explanation: THE FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES OR DIRECTORS
Form 990, Part VI, Section C, Line 19:
Explanation: ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE
TO THE PUBLIC THROUGH WRITTEN REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Partl

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or
Attach to Form 990.

or 37.	

CONSERVATORY LAB CHARTER SCHOOL

Open to Public Inspection Employer identification number

> Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 INC. FOUNDATION, Name of the organization

04-3443578

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations Complete If organizations during the tax year		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 be	cause it had one o	r more related tax-exen	ıpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13)
CONSERVATORY LAB CHARTER SCHOOL - 04-3414994 2120 DORCHESTER AVENUE DORCHESTER, MA 02124	04-3414994 CHARTER PUBLIC SCHOOL FOR PRE-KINDERGARTEN THROUGH 7TH GRADE	Massachusetts	SECTION 115				<u>اب</u>
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.			-	Schedule R (Form 990) 2013	Form 990) 2	2013

04-3443578 Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year FOUNDATION, Schedule R (Form 990) 2013 Part III

Page 2

General or Percentage managing ownership Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes No 9 Ξ Code V-UBI camount in box 20 of Schedule 4.4 (Form 1065) Share of end-of-year assets Œ Disproportionate Yes No aflocations? Ξ Share of total Income  $\boldsymbol{arphi}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income (d)
| Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) Direct controlling entity ਉ Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2013

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FOUNDATION, INC. Schedule R (Form 990) 2013

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04-3443578

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ž
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?	sactions with one or more	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	entity			19		×
b Gift, grant, or capital contribution to related organization(s)				qt		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan guarantees to or for related organization(s)				14	X	
e Loans or loan guarantees by related organization(s)				16		×
						:
<ul> <li>Dividends from related organization(s)</li> </ul>				<b>=</b>		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				7		×
j Lease of facilities, equipment, or other assets to related organization(s)				<b>;</b> -	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ed organization(s)			Ŧ		×
m Performance of services or membership or fundraising solicitations by relate	related organization(s)			<b>E</b>	ĺ	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	janization(s)			두		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
<ul> <li>Beimbursement paid to related organization(s) for expenses</li> </ul>				5		×
				10		×
r Other transfer of cash or property to related organization(s)				<b>-</b>		×
s Other transfer of cash or property from related organization(s)				18		×
2 If the answer to any of the above is "Yes," see the instructions for informatic	on on who must complete	this line, including covered	rmation on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) CONSERVATORY LAB CHARTER SCHOOL	ŋ	350,928.	COST			
(2)						
(3)						
(4)						
(5)						
(9)						
332163 09-12-13	39		Schedule R (Form 990) 2013	₹ (Form	(066	2013

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FOUNDATION, INC.

Schedule R (Form 990) 2013

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

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

(2)	(4)	3	(a)	(H)	(8)	(H)	(9)	0	3
Name, address, and EiN of entity	Primary activity	ign ign	Predominant income pathers sec (related, unrelated, 501(ci3) excluded from tax	•	Share of end-of-year	amouni	V-UBI Gen In box 20 man	eral or Perc	centage nership
		country)	under section 512-514) Yes No	псоте	assets	Yes No (Form	1065) Yes	Yes No	
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Schedule R (Form 990) 2013

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<del></del>	Provide additional information for re	esponses to questions of	on Schedule R (see instruction	ons)	**** ** ** <u>*</u>	
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## Form **8868**

(Rev January 2014)

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.

▶ Information about Form 8868 and its instructions is at www.irs gov/form8868.

OMB No 1545-1709

If you are filing for an Additional (Not Automatic) 3-Month Extension, 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 filing of this form, visit www irs goviefile 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  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Enter filer's identifying number.  Employer identification number (EIN) or CONSERVATORY LAB CHARTER SCHOOL  Foundation, INC.  Number, street, and room or suite no If a P O box, see instructions  Number, street, and room or suite no If a P O box, see instructions  Number, street, and room or suite no If a P O box, see instructions	• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		<b>•</b>	X			
Direct complete Part Il unless you have already been granted an automatic 3-month extension on a previously field Form 8888					this form)	_				
required to file Form 990-T), or an additional (not automatic) amonth extension of time to file any of the forms listed in Part to Part II with the exception of Form 8970, 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 filing of this form, wast wow wire goverheld and cick on e-file for Chantes & Nonproints.  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 will other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for the nemonic exception of the month extension of the month extension of the month extension of the file file file file file file file fil						rm 8868				
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Personal Banefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic flang of this form, west wave vire govide and cicks on e-fet for Charines & 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 All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns  CONSERVATORY LAB CHARTER SCHOOL  FOUNDATION, INC.  Number, street, and room or suite no If a P O box, see instructions  CONSERVATORY LAB CHARTER SCHOOL  FOUNDATION, INC.  Number, street, and room or suite no If a P O box, see instructions  DORCHESTER, Ma 02124  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For Code  Form 990 or Form 990 EZ  OI Form 990-T (corporation)  OI Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-P  OR Form 990-						•				
Part   Automatic 3-Month Extension of Time. Only submit original (no copies needed).										
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A corporation required to file Form 990 T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time  Enter filer's identifying number  Type or Nome fax returns  CONSERVATORY LAB CHARTER SCHOOL  FOUNDATION, INC.  04-3443578  Social security number (SN)  2120 DORCHESTER AVENUE  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Application  Return Code  Form 990 or Form 990 EZ  O1 Form 990 T (see A01(a) or 408(a) trust)  Form 990 T (see A01(a) or 408(a) trust)  Form 990 T (trust other than above)  The books are in the care of \$\infty 212 \infty 212	<del></del>			submit original (no copies ne	eded).					
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All other carporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time for filer in correct tax returns  Type or low for file in the content of the correct tax returns  Name of exempt organization or other filer, see instructions  CONSERVATORY LAB CHARTER SCHOOL  FOUNDATION, INC.  04-3443578  date date for interprise the content of the Polymon or suite no if a P O box, see instructions  2120 DORCHESTER AVENUE  Concept to the return that this application is for (file a separate application for each return)  ORCHESTER, MA 02124  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 or Form 990-EZ  Form 990 or Form 990-FB  Form 990-FP  Or Form 990-FP  Or Form 990-FP  Or Form 990-FP  Or Form 990-FP  Or Form 990-FP  Or Form 990-FP  Or Form 990-T (trust other than above)  Form 990-T (trust other than above)  Or Form 890-T (trust other than above)  Or Form 890-T (trust other than above)  Or Form 990-T (trust other than above)  Or Hiths is for a Group Return, enter the organization four dig Group Exemption Number (GEN)  If it is for part of the group, check this box  If it is for part of the group, check this box  If it is for part of the group, check this box  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If it is for part of the group, check this box  If it is grant of the group, check this box  If the signal and counting period  If the signal and counting period  If the pagnization is for Forms 990-BI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  If this application is for Forms 990-BI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax as exemption.  If the signal and counting perio		· · · · ·		one of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the secon	oompioto		• 🗆			
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Number, street, and room or suite no if a P O box, see instructions   2120 DORCHESTER AVENUE	print	· · · · · · · · · · · · · · · · · · ·	2110011			01-31135	7.8			
City, town or post office, state, and ZIP code For a foreign address, see instructions	File by the	by the								
City, town or post office, state, and ZIP code For a foreign address, see instructions  DORCHESTER, MA 02124  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return Application  Set or Code Set For Code  Set For Code Set For Code  Set For Code Set For Code  Set For Code Set For Code  Set Form 4720 (Individual)  O3 Form 4720 (Individual)  O3 Form 4720 (Individual)  O4 Form 590-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  O5 Form 8870  O1 Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a) or 408(a) trust)  Form 990-T (Set 401(a)	filing your	9 your 2120 DORCHESTER AVENUE								
Enter the Return code for the return that this application is for (file a separate application for each return)    Application	return See	n See 2120 DORCHEDIER AVENUE								
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Form 990 or Form 990-EZ										
Form 990-BL  Form 4720 (Individual)  O3 Form 720 (Individual)  O3 Form 720 (Individual)  O3 Form 720 (Individual)  O5 Form 5227  O6 Form 6069  O6 Form 8870  O7 Form 990-T (trust other than above)  O6 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 8870  O7 Form 990-Fr, 990-Tr, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  O7 Form 990-Fr, 990-Tr, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  O7 Form 990-Fr Form 990-Fr, 990-Tr, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit  O7 Form 990-Fr Form 990-Fr, 990-Tr, 4720, or 6069, enter any refundable credits and estimated tax payments made Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Paymen		0 or Form 990-E7	· · · · · · · · · · · · · · · · · · ·							
Form 4720 (individual)  Form 990-PF  O4 Form 5227  10  Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 8069  11  Form 990-T (trust other than above)  CYNTHIA MARIE  The books are in the care of  2120 DORCHESTER AVENUE - DORCHESTER, MA 02124  Telephone No  (617) 254-8904  Fax No  (617) 254-8909  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for part of the group, check this box  and attach a list with the names and EliNs of all members the extension is for life organization's return for the organization return for the organization named above. The extension is for the organization's return for   Trequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  February 15, 2015  If the organization's return for corporation return for the organization named above. The extension is for the organization's return for corporation return for the organization named above. The extension is for the organization's return for Change in accounting period.  If the tax year entered in line 1 is for less than 12 months, check reason initial return. Final return Change in accounting period.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit.  Balance due. Subtract line 35 from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.  O .			1	<del>                                     </del>						
Form 990-PF			·							
Form 990-T (sec 401(a) or 408(a) trust)  CYNTHIA MARIE  The books are in the care of ▶ 2120 DORCHESTER AVENUE - DORCHESTER, MA 02124  Telephone No ▶ (617) 254-8909  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for 1 request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  February 15, 2015 , to file the exempt organization return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for the organization's return for the organization named above The extension is for forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made include any prior year overpayment allowed as a credit  Balance due. Subtract										
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	Caution	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879 EO 1	or payment			