

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No. 1545-0047

Department of the Treasury

Open to Public Inspection

	For the 2013 caler Check if applicable	dar year, or tax year beginning Sep 1 , 2013, an C Name of organization Royal Conservatory of Music		 	2014 Scation Number
J	Address change	C Name of organization Royal Conservatory of Music Doing Business As	roundation	13-38703	
	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/sulte	E Telephone number	
	Initial return	c/o Jaeckle Fleischmann, 200 Delaware Ave		(716) 84	
	Terminated	City or town, state or province, country, and ZIP or foreign postal code	3 1900	(110) 05	13-3639
	Amended return		.4202	G Gross receipts \$	22,012.
	Application pending	F Name and address of principal officer:		a group return for subor	
	The business benefits		1	subordinates included? attach a list. (see instru	
ī	Tax-exempt status	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527 If 'No,'	attach a list. (see instru	ctions)
<u>.</u> J	Website: ► N			exemption number	
ĸ	Form of organization		r of formation. 199		gat domicile: NY
Pa	rt I Summa				
			Foundation	was formed	d to provide
بو	financia	assistance to organizations of the type d	escribed in	Section 50	1(c)(3) of t
ä		. It has provided financial support to t	he Royal Co	onservatory	of Music i
Activities & Governance		Ontario, Canada.			
١٥		in the organization discontinued its operations or disposed or			
~		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)			
ies		of individuals employed in calendar year 2013 (Part V, line 2a)			
Ĭ.		of volunteers (estimate if necessary)			
AC	7a Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	
	b Net unrelated	business taxable income from Form 990-T, line 34	_.	7b	
			F	Prior Year	Current Year
<u>.</u>		and grants (Part VIII, line 1h) ・RECEIVEウ・・・・・・		10,457.	21,90
립		ce revenue (Part VIII, line 2g)	• • • • •		
Revenue	10 Investment in	come (Part VIII, column (A) lines 3.4, and 7d)		5.	10
۳ ا		(Part VIII, column (A), lines 5, 6d, 8d, 9d, 10d, and 11e) ♀ — add lines 8 through 1↑ (must equal Part VIII, column (A), line 12) .		10 460	22 01
		nilar amounts paid (Part IX, cot(m)(14)) (lines 1-8):		10,462.	22,01
		o or for members (Part IX, column (A), line 4)	• • • • • • • • • • • • • • • • • • • •	1,120.	29,95
	•	r compensation, employee benefits (Part IX, column (A), Ilnes 5-10)	 		
Ses		undraising fees (Part IX, column (A), line 11e)			
Expenses					
ă		ng expenses (Part IX, column (D), line 25) ►	· · · · · · · · · · · · · · · · · · ·		
		es (Part IX, column (A), lines 11a-11d, 11f-24e)		95.	9
		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,815.	30,05
- S		expenses. Subtract line 18 from line 12	 	2,647.	-8,04
Not Assets of Fund Balanco	20 Total secto	Seed V. Hora 463	Beginni	ng of Current Year	End of Year
88	20 Total assets21 Total liabilitie	Part X, line 16)	· · · · ·	17,840.	10,33
žž	21 Otal liabilitie	•	· · · · · 		
	22 146t 8386t8 O	fund balances. Subtract line 21 from line 20	• • • • • • • • • • • • • • • • • • • •	17,840.	10,33
	rt II Signatu		d to the best of my know	dodge and holled it in th	in committee
comp	tete. Declaration of prepa	are that I have examined this return, including accompanying schedules and statements, and r (other than officer) is based on all information of which preparer has any knowledge.	o to the best of my know	riouge and beller, it to ut	
		YGY VIII		3/19/201	13
Sig	n Signal	on one	Di	ate	
Hei	re Gar		Pres	ident	
		print name and title.			
	Print/Type	eparer's name Preparer's signature	Pate 3/	Check X if	PTIN
Pai	d Nicol	R. Tzetzo	7/1//	self-emptoyed I	200741947
	parer Firm's nam	Jaeckle, Fleischmann & Mugel TLP	// / 0 -	_	
	e Only Firm's addr			Firm's EIN > 16-	0774920
		— · , — 		los 1716) 856-0600
Us		Buffalo NY 14202		Phone no. (716	
Us May		Buffalo (NY 14202 return with the preparer shown above? (see instructions) eduction Act Notice, see the separate instructions.		Phone no. (/16	Teller Tile

Form	990	(20	13)	Ro	yal	C	ons	erv	vat	ory	y o	f M	u <u>s</u> i	c F	our	da	tio	n						1	.3-3	87	038	2	F	age 2
Par	t ill		State	me	ent o	of P	rog	ran	n Sc	ervi	ice .	Acc	omp	lish	me	nts														
	^	ີ ເ	heck	if S	ched	ule (O car	ntain	sar	resp	onse	or no	te to	any	line i	in thi	s Pai	t III						 .						. П
1,	Brie									_														<u>:</u>		_				
•					_	-					to	nrc	wid	le f	in.	anc	vi a 1	a	eei	e+=	nce	_								
	+0	~ <u>~</u>	our.	<u> </u>	2+3	~~ <u>~</u>	, a a	<u>-</u> +∵	71111	- - -	<u></u>	400	2 ±0	P00		2110			2 2 1	0 L 0	1110			the						
	266	For	<u>m 99</u>	<u>u. P</u>	age 2	<u>. Pa</u>	ı <u>rı III</u> ,	Line	ם ניפ	conti	iunec	!)			- - .															
	5																													
2																								he prior			$\overline{}$			
													• •	• • •		• •		• •	• •	• • •			• •		• •	• •	\sqcup	Yes	X	No
					hese																						_		_	
3	Did	the c	organ	izati	on ce	ease	cond	iucti	ng, c	or ma	ake s	signifi	cant	chan	ges i	in ho	w it o	ond	ucts,	any	prog	ram s	ervi	ices?			Ш	Yes	X	No
	If Y	es, c	descr	ıbe t	hese	cha	nges	on :	Sche	₃dul∈	e O.																			
4	Des	cribe	the	orga	nizat	ion's	prog	gram	ı ser	vice	acco	mpli	shme	nts fo	or ea	ch o	f its t	hree	large	st p	rogra	ım se	rvic	es, as m	easu	red	by ex	pens	es.	
	Sect	ion : rs ti	501(d	:)(3) al A	and :	501(ses	(C)(4) and	orga	aniza	ation if a	is an	d sec	tion 4 ch pro	1947(Saran	a)(1) trus vice	sts ar	ned Hed	quire	d to i	repo	t the	amo	ount of g	rants	and	alloc	ation	s to	
	Out	10, 0	10 10		APOI II	JCJ,	and	1000	1146,	, 11 (2)	, , , , , , , , , , , , , , , , , , ,	n bat	, pic	giaii	301	VICO	repo	100.												
4 a	(Cod) (Reve		Ş.		<u>2</u>	<u>2,0</u>	<u>(2.</u>
	Gra	<u>ant</u>	<u>s</u> t	<u>o</u> _	t <u>he</u>	_Rc	y <u>a</u> l	<u>Γ</u> <u>C</u>	ons	<u>ser</u>	vat	ory	_ <u>o</u> f	Μu	<u>isi</u>	<u>در</u> .	Tor	on	<u>to,</u>	On	ta	cio,	_ <u>c</u>	anada	<u> </u>					
																							_							
				_ -						-					- -			- 		- 	- - ·	- 		 .						_
																						- -			-					
																										· - ·				
																						-								
																										.		- -		
4 b	(Cod	le:)(Ехр	enses	s \$	·					inclu	ding	grai	nts of	•	;) (Reve	nue	\$)
					_																					_				
																:								- - -						. — — —
																										· - ·				
																														
																										·				
																												· – –		
																								- -		- - -				
											- 																			
																										. – .				
	· · · · · · · · ·																													
4 c	(Coc	le [.]) (Expe	enses	s \$;					inclu	ding	gran	nts of	\$;) (Reve	nue	\$)
		•			_ `	•									_											-	-			
		- -				- -																								
																						· – –				- -				
																						· – –								
																														
	- -					- -																- -		_		· - -				
						- -		- -								- - -				. – –						. .				
											. _ _								. – –											
										- -					- - -			. . -			- -	_		 -	
		_								_		_ =										- 								
4 d	Othe	er pro	ogran	n se	rvices	s. (D	escn	be i	n Sc	hedi	ule O	.)																		
	(Exp			\$		•							rants	of	\$) (F	Rever	nue	Ş)	
4 e	Tota				rvice	e ex	pens	es	>				30,											-					'	
. •								-					1		•															

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6_		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
1	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes,' complete Schedule D, Part VI	11 a		х
]	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		х
(Dld the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
(Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
ļ	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		х
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	х	
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G, Part I (see instructions)	17		x
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If Yes,' complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part N Checklist of Required Schedules (continued No Yes 21 X Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part Х 22 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 Х 23 X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 240 d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d X 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 X 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Х 26 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 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X Schedule L. Part IV 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X X Did the organization liquidate, terminate, or dissolve and cease operations? If Yes, complete Schedule N, Part I. 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Х 32 33 Х Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, X 34 X 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35b X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is 37 treated as a partnership for federal income tax purposes? If Yes, complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 X

BAA

Form 990 (2013)

Page 5 Royal Conservatory of Music Foundation 13-3870382 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . 0 **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2 a 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 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4** a **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 Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... 5 a 5 b X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and X 7 a 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 Х 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Х 7 h 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 Х R Sponsoring organizations maintaining donor advised funds. Х a Did the organization make any taxable distributions under section 4966? 9 a X **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9 b 10 Section 501(c)(7) organizations. Enter: 10 a a 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 10 b 11 Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)....... 12 a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

14 a

X

13 b

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

	13-3670362			2900
Pai	dvi. Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes Schedule O. See instructions.	in		
	Check if Schedule O contains a response or note to any line in this Part VI	<u>· · · · </u>	<u> </u>	. X
Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	ا ، ا	v	
ì	Enter the number of voting members included in line 1a, above, who are independent 1 b 7	, ··· '	- •	•
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		$\frac{1}{x}$
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	⊢∸⊣		<u> </u>
	members of the governing body?	7 a		х
ŧ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or other persons other than the governing body?	7 b		<u>X</u>
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	The governing body?	8 a	_X	
t	Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9	х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
	The state of the decide of the state of the	<u> </u>	Yes	No
10:	Did the organization have local chapters, branches, or affiliates?	10 a		<u>x</u>
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11 a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	118		
		12 a	х	
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	128		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	x	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			^
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15 a		X
t	Other officers of key employees of the organization	15 b		X
	If Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
t	olf 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for pu	blic	
	inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year.	le to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	n:		
RAA	Nicole R. Tzetzo, Esq. 200 Delaware Ave Ste 900 Buffalo NY 14202 (7	E0rm	990 (385 <u>9</u> 2013)

Form 990 (2013	Royal Conservatory of Music Foundation	13-3870382 P	age 7
Part VII. Co	ompensation of Officers, Directors, Trustees, Key Employees, dependent Contractors	Highest Compensated Employees,	and
* <u>C</u> h	eck if Schedule O contains a response or note to any line in this Part VII	<u> </u>	<u>. L</u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Co	mpensated Employees	

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

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

				(0	>)					
(A) Name and Title	(B) Average hours per week (list	one bo	en (do ix, un! er an	not c less p d a di	heck ersor lrecto	more the is both r/trustee	an)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organize- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Gary J. Gartner	0.20									
President & Director		Х		X				0.	0.	0.
(2) Shawn St. Michael	0.20									
Vice President & Director		Х		X				0.	0.	0.
(3) Anthony Flynn	0.30									
Treasurer & Director		Х		Х				0.	0.	0.
_(4)_John_TDunlap	0.10									
Director		Х						0.	0.	0.
(5) David Manning	0.10	l								
Director		Х						0.	0.	0.
(6) Peter Simon	0.10									
Director		X	Щ					0.	0.	0.
(7) Nicole R. Tzetzo	_ 0 _30									
Secretary & Directory		Х		X				0.	0.	0.
_ (8)										
(9)						-				
(10)										
(11)										
(12)										
(13)										
(14)										

Page 8

Compares Compares	ated
(15) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (29) (29) (29) (29) (20) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (28) (29) (29) (29) (20) (20) (20) (21) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (26) (27) (27) (27) (27) (27) (27) (27) (27	the ation lated
(17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (27) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (25) (27) (26) (27) (27) (28) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (20) (21) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (28) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (28) (28) (29) (29) (20) (20) (21) (21) (22) (23) (24) (25) (25) (26) (27) (27) (27) (28) (28) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (25) (25) (26) (27) (27) (27) (28) (27) (28) (29) (29) (20) (20) (20) (21) (20) (21) (22) (22) (23) (24) (25) (25) (25) (26) (27) (27) (27) (28) (27) (28) (29) (20) (20) (21) (20) (20) (21) (22) (22) (23) (24) (25) (25) (25) (25) (26) (27) (27) (27) (28) (28) (29) (20) (20) (20) (20) (20) (20) (20) (20	
(19) (20) (21) (22) (23) (24) (25) 1 b Sub-total. C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes, 'complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
20) 21) 22) 23) 24) 25) 1 b Sub-total. 27) 28) 29 29 29 20 20 20 20 20 21 22 23 25 26 27 27 28 29 29 20 20 20 20 20 20 20 20	
22) 23) 24) 25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a' If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or Individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or Individual 5 Did any person listed to the organization? If Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
22) 23) 24) 25) 1b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
22) 23) 24) 25) 26) 27) 28) 28) 29 1 b Sub-total.	
23) 24) 25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Did any berson listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Did any berson listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person 5 Did any berson listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organizations for services rendered to the organization for the calendar year ending with or within the organization's tax year.	
24) 1 b Sub-total	
25) 1 b Sub-total	
1 b Sub-total	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual For any individual listed on line 1a, Is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	
d Total (add lines 1b and 1c)	0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If Yes,' complete Schedule J for such individual	0
on line 1a? If Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, Is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual	es No
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If Yes,' complete Schedule J for such person	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	×
(A) (B) (C)	
	ation
2 Total number of independent contractors (including but not limited to those listed above) who received more than	

Par	t VI	II Statement of Rev						20 00,000	
·		Check if Schedule O	ontains a	respor	nse or note to any lin	ne in this Part VIII			
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
SIS	1 a	Federated campaigns .		1 a					
35	b	Membership dues		1 b					ł
S, CA	С	Fundraising events		1 c		:			
F &	d	Related organizations .		1 d					Ī
KS, (е	Government grants (contribute	ons)	1 e					
ERS	f	All other contributions, gifts, gr	rants, and						
題を		All other contributions, gifts, gi similar amounts not included a		11	21,909.				
E S	g	Noncash contributions include		· ·					
<u>₩</u>	h	Total. Add lines 1a-1f .	• • • • •	• • •		21,909.			
	2 -				Business Code				
Ē	2 a								
E					····		· 		
E	_ d		-						
<i>S</i>	۵	' -							
GRA	f	All other program service	revenue						
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g	Total. Add lines 2a-2f .							
	3	Investment income (inclu							
		other similar amounts) .				103.	0.	0.	103.
	4	Income from investment			· ·				
	5	Royalties							
	٠.	0	(i) R	eal	(ii) Personal				
		Gross rents Less: rental expenses			 				
		Rental income or (loss)	-						
		Net rental income or (los	s)						1
		`	(I) Secu		(ii) Other				
	/ a	Gross amount from sales of assets other than inventory.							
	b	Less cost or other basis and sales expenses							
Ì	С	Gain or (loss)							
	d	Net gain or (loss)							
Щ	8 a	Gross income from fundr	aising eve	ents					
		(not including \$ of contributions reported	on line 1						
8		See Part IV, line 18		•				•	
OTHER REVENUE	b	Less: direct expenses							
6		Net income or (loss) from			·			•	
		Gross income from gamin See Part IV, line 19	ng activiti	es.					
	b	Less: direct expenses			o				
		Net income or (loss) from			s				
	10 a	Gross sales of inventory,	less retu	rns					
[and allowances		a	3				
		Less: cost of goods sold							
,	С	Net income or (loss) from		invento					
}	11 -	Miscellaneous Revenu			Business Code				
	11 a b								
							-		
	d	All other revenue							
		Total. Add lines 11a-11d							
Ì		Total revenue. See instr				22,012.	0.	0.	103.
==:				_					

Part IX Statement of Functional Expenses

	not include amounts reported on lines	(A) Total expenses			· · · · · · · · <u>· · </u>									
		(A) I	Check if Schedule O contains a response or note to any line in this Part IX											
U.,	1 Grants and other assistance to governments													
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	29,958.	29,958.											
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													
b	Legal													
c	Accounting													
d	Lobbying													
е	Professional fundraising services. See Part IV, line 17 .													
f	Investment management fees													
_	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)													
	Advertising and promotion													
13	Office expenses													
14	Information technology													
15	Royalties													
16	Occupancy													
17	Travel													
18	Payments of travel or entertainment expenses for any federal, state, or local public officials													
19	Conferences, conventions, and meetings													
20	Interest													
	Payments to affiliates													
	Depreciation, depletion, and amortization													
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)													
a b		95.	0.	95.	0.									
-														
d														
-	All other expenses													
	Total functional expenses. Add lines 1 through 24e.	30,053.	29,958.	95.	0.									
26	Joint costs. Complete this fine only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here	30,033.	29, 338.	93.	0.									

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
-	•		(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	15,065.	1	7,024.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	<u></u>	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, 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 under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
AS	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	·····
T	9	Prepaid expenses and deferred charges		9	
_	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	l t	Less accumulated depreciation 10 b		10 c	
	11	Investments — publicly traded securities	2,775.	11	3,311.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	17,840.	16	10,335.
	17	Total assets. Add lines 1 through 15 (must equal line 34)		17	
	18	Grants payable		18	
	19	Deferred revenue	····	19	
L	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
BILL	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	-	22	
į	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
Ę		Organizations that follow SFAS 117 (ASC 958), check here ► and complete			
T A		lines 27 through 29, and lines 33 and 34.			
400m-o	27	Unrestricted net assets	······································	27	
Ĭ	28	Temporarily restricted net assets		28	
OR	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
DZCT	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds	17,840.	32	10,335.
日本 一本 アンドラの	33	Total net assets or fund balances	17,840.	33	10,335.
S S	34	Total liabilities and net assets/fund balances	17,840.	34	10,335.
BA	A				Form 990 (2013)

Form 990 (2013) Royal Conservatory of Music Foundation 1	<u>3-387038</u>	2	Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
1 Total revenue (must equal Part VIII, column (A), line 12)			22,012.
2 Total expenses (must equal Part IX, column (A), line 25)			30,053.
3 Revenue less expenses. Subtract line 2 from line 1			-8,041.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		17,840.
5 Net unrealized gains (losses) on investments	. 5		536.
6 Donated services and use of facilities			
7 Investment expenses			
8 Prior penod adjustments			
9 Other changes in net assets or fund balances (explain in Schedule O)	. 9		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	. 10		10,335.
Part XII Financial Statements and Reporting	-+		
Check if Schedule O contains a response or note to any line in this Part XII			🗀
Office it officed to Contains a response of note to any line in this ran Air		1	Yes No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
• • • • • • • • • • • • • • • • • • • •		-	ĺ
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	Х
If 'Yes,' chack a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a		
Separate basis Consolidated basis Both consolidated and separate basis		1	
b Were the organization's financial statements audited by an independent accountant?		2 b	х
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			
basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	. 2c	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	gle 	. 3a	х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit		
or audits, explain why in Schedule O and describe any steps taken to undergo such audits			
BAA		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.

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	fthe	organization							Employe	r identifica	tion number
Roya	al	Conservatory	of Music Foun	dation					13-3	870382	2
Part	1	Reason for Pub	lic Charity Status	(All organizations	must c	omplet	e this p	art.) S	ee ins	truction	is.
The o	rga	nization is not a private	foundation because it	is: (For lines 1 through	11, chec	k only o	ne box.)				
1	П	A church, convention	of churches or associa	tion of churches describ	ed in se	ction 17	'0(b)(1)(A)(i).			
2		A school described in	section 170(b)(1)(A)(ii). (Attach Schedule E)				***			
3		A hospital or a cooper	rative hospital service (organization described in	n section	n 170(b)	(1)(A)(III).			
4	F			conjunction with a hosp				•	1)(A)(iii)	. Enter th	ne hospital's
	_	name, city, and state:		,					-/\/\/		
5			ted for the benefit of a	college or university ow	ned or o	perated	by a gov	emmen	tal unit o	described	in section
6		A federal, state, or loc	al government or gove	rnmental unit described	in secti	on 170(i	b)(1)(A)(v).			
7	X	in section 170(b)(1)(/	A)(vi). (Complete Part			govern	mental u	nit or fro	m the g	eneral pu	iblic described
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10		An organization organ	ized and operated exc	lusively to test for public	safety.	See sec	tion 509	(a)(4).			
11	L	more publicly support	ed organizations descr	lusively for the benefit on the control of the cont	or secti	on 509(a	functions a)(2). Se	s of, or o e sect io	arry out on 509(a	the purp)(3). Che	oses of one or ck the box that
		a Type I b	Type II c	Type III - Function	ally integ	grated		d 🗍 .	Type III	- Non-fu	nctionally Integrated
9		By checking this box, other than foundation section 509(a)(2).	I certify that the organi managers and other th	zation is not controlled on nan one or more publicly	lirectly o	r ındirect ed orgar	tly by one	e or moi describ	e disqua ed in se	alified per ction 509	rsons (a)(1) or
f		If the organization rec check this box	eived a written determi	nation from the IRS that	is a Typ	e I, Typ	e II or Ty	pe III su	pporting	organiza	ation,
g		Since August 17, 2008	6, has the organization	accepted any gift or co	ntributio	n from a	ny of the	following	ng perso	ns?	
		(I) A person who do	rectly or indirectly controls body of the supp	trols, either alone or toge orted organization?	other with	h person	ıs descri	bed in (ı	ı) and (iii	i)	Yes No
				<u> </u>							
		• •	•	d in (i) above?							. 11 g (ii)
				scribed in (i) or (ii) above			• • • • •			• • • •	· 11 g (iii)
<u>h</u>		Provide the following i		upported organization(s).		·				
		(I) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) is organiza column (i) your go docur	ation in) listed in	(v) Did yo the organi column (l) supp	u notify zation in of your on?	organiz cotun organize	s the ation in nn (i) d in the S.?	(vii) Amount of monetary support
					Yes	No	Yes	No	Yes	No	
(A)						i]]	
(B)											
						T					
(C)									Ì		
					t	-	†				
(D)								<u> </u>			
(E)											
	-							 			
Total			l		1]	1	1	J		

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

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

Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants ')	24,035.	12,090.	7,820.	10,457.	21,909.	76,311.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.		0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.				0.		
4	Total. Add lines 1 through 3	24,035.	12,090.	7,820.	10,457.	21,909.	76,311.		
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)						46,929.		
6	Public support. Subtract line 5 from line 4						29,382.		
Sec	Section B. Total Support								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	24,035.	12,090.	7,820.	10,457.	21,909.	76,311.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	94.	73.	13.	5.	120.	305.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
	Total support. Add lines 7 through 10						76,616.		
12	Gross receipts from related activition	es, etc (see instruc	tions)	· · · · · · · · · · · ·		12			
	First five years. If the Form 990 is organization, check this box and st	top here		nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	▶ 🔲		
Sec	tion C. Computation of Pul								
14	Public support percentage for 2013						38.35 %		
15	Public support percentage from 20	12 Schedule A, Pa	rt II, line 14			15	27.96 %		
16 a	33-1/3% support test — 2013. If t and stop here. The organization q	he organization did ualifies as a public	I not check the box ly supported organ	con line 13, and the ization	ne line 14 is 33-1/3	% or more, check t	this box		
b	33-1/3% support test — 2012. If the and stop here. The organization of								
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	ets the 'facts-and-	circumstances' tes	t, check this box a	nd stop here. Exp	lain in Part IV how	_		
	10%-facts-and-circumstances te or more, and if the organization me organization meets the facts-and-c	ets the 'facts-and- circumstances' test	circumstances' tes . The organization	t, check this box as qualifies as a publ	nd stop here. Exp licly supported org	lain in Part IV how anization	the ▶		
18	Private foundation. If the organization	ation did not check	a box on line 13, 1	l6a, 16b, 17a, or 1	7b, check this box	and see instruction	ns ▶ <u></u>		

13-3870382

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Su	pport				 		
Calendar year (or fiscal yr begi		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
Gifts, grants, contribution and membership feet received. (Do not included)	ude					- '	
any 'unusual grants.') 2 Gross receipts from a	<u>_</u>					 	
sions, merchandise s	old or						
services performed, of furnished in any active							
related to the organiz							
tax-exempt purpose							
3 Gross receipts from a that are not an unrela or business under se	ted trade						
4 Tax revenues levied							
organization's benefit either paid to or expe							
its behalf							
5 The value of services facilities furnished by							
governmental unit to							
organization without of Total. Add lines 1 thr	· · -					-	
7 a Amounts included on						 	
and 3 received from disqualified persons	m '						
b Amounts included on							
and 3 received from of disqualified persons (
exceed the greater of 1% of the amount on	f \$5,000 or						
for the year							
c Add lines 7a and 7b	-						
8 Public support (Sul 7c from line 6.)	otract line						
Section B. Total Sup	port						
Calendar year (or fiscal yr begi	innIng in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						,	
10 a Gross Income from in							
dividends, payments on securities loans, r							
royalties and income	from						
similar sources b Unrelated business to					<u> </u>		
income (less section	511						
taxes) from business acquired after June 3		ĺ					
c Add lines 10a and 10							·
11 Net Income from unrelate	d business						
activities not included in li whether or not the busine							
regularly carried on		i					
12 Other Income. Do no gain or loss from the	ot include						
capital assets (Explai	in in	1					
Part IV.)	-			 			
13 Total Support. (Add Ins 14 First five years. If th	<u>-</u>	for the experientia	ula firat account t	bied faceth as fifth	tov upos op a sosti	on E01(a)(3)	
organization, check t	his box and ste	op here		· · · · · · · · · · · ·	Lax year as a secu	·····	▶ □
Section C. Computa 15 Public support percei				anlum - (6)	•		5 8
15 Public support percei							6 8
Section D. Computa							
17 Investment income p					<u>)) </u>		7 8
18 Investment income p	-						8 8
19 a 33-1/3% support tes							<u> </u>
is not more than 33-1	1/3%, check thi	is box and stop h e	are. The organizat	ion qualifies as a p	oublidy supported o	rganization .	· · · · · · · • 📙
b 33-1/3% support tes line 18 is not more th	an 33-1/3%, cl	heck this box and	stop here. The or	ganization qualifie	s as a publicly supp	ported organiza	ation L
20 Private foundation.	If the organiza	tion did not check	a box on line 14,	19a, or 19b, check	this box and see I	nstructions	

	(FORTH 990 OF 990-EZ) 2013	Royal Conserv	ratory of Musi	c Foundation	13-3870382	Page 4
Part IV	Supplemental Informat or 17b; and Part III, line (See instructions).	ion. Provide the e 12. Also complete	explanations require this part for any ac	ed by Part II, line 10 dditional information.	Part II, line 17a	
				·		- -
	·	·				
		·				
		·				
	. – – – – – – – –					
	· 					
	. – – – – – – – – – – – – – – – – – – –					
	· 		. 			
	· 	·				
	· 					-
						

Schedule F (Form 990)

Statement of Activities Outside the United States

Complete If the organization answered 'Yes' on Form 990, Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.
 ► Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number 13-3870382

Roy	al Conservatory o				13-38703	82
Pa	on Form 990, Par	t ion on Activiti t IV, line 14b.	es Outside th	e United States. Comple	te if the organization	answered 'Yes'
1	For grantmakers. Does the the grantees' eligibility for the	organization main	tain records to sub nce, and the selec	ostantiate the amount of its grandion criteria used to award the g	ts and other assistance, rants or assistance?	Yes No
2	For grantmakers. Describe United States.	in Part V the orga	nization's procedu	res for monitoring the use of its (grants and other assistan	ce outside the
3	Activities per Region. (The f	following Part I, line	3 table can be du	plicated if additional space is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>					<u> </u>	
(12)						
(13)						<u> </u>
(14)						
(15)						
(16)						
(17) 3 a	Sub-total					
	Total from continuation					

C Totals (add lines 3a and 3b)

Schedule F (Form 990) 2013 Royal Conservatory of fusic Foundation

| Royal Conservatory of fusic Foundation | Part II | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
3			North America Various	Various	29, 958.	cash			
(2)				:					
(3)									
(4)									
(2)									
(9)									
9									
(8)									
(6)									
(10)									
(11)									
(12)									
(13)						-			
(14)									
(15)									
(16)									
	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ions listed above that ection 501(c)(3) equive	are recognized as cha alency letter	arities by the fore	ign country, recogn	zed as tax-exempt	by the IRS, or for w	:	
BAA Ent	Enter total number of other organizations or entitles	s or entitles						Schedule F	Schedule F (Form 990) 2013

Page 3

13-3870382

Rayal Conservatory of Music Foundation Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance **E** 8 $\widehat{\Xi}$ (3) 4 (2) (9) ε ⊛ 9 5 (1) (12) (13) (14) (15) (16) (17) (2)

TEEA3503 06/26/13

Sche	edule F (Form 990) 2013 Royal Conservatory of Music Foundation 13	-3870382	Page 4
Pa	rt IV Foreign Forms		
. 1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries dunng the tax year? If Yes,' the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No
BAA	TEEA3505 06/26/13	Schedule F (Form	990) 2013

	(Form 990) 2013	Royal	Conservat	ory of	Music	Founda	tion	13-3870382	Page 5
Part V	Supplementa	I Informa	tion						
,	Provide the in (accounting method); Part applicable. Al	formation nethod; am III (accou so comple	required by nounts of inv nting metho te this part t	Part I, line estments d); and Part of provide	e 2 (mon vs expe art III, co any add	nitoring of nditures lumn (c) litional in	f funds); Part I, Ii per region); Part (estimated numb formation (see in	ne 3, column (f) II, line 1 (accounting per of recipients), as estructions).	
-									
						 -			
	· -								
									
							-,		
	·			. – – – –					
						- 			
									
 _				. – – – –					
									
		-							
				. – – – –		- -			
									
									
 _		. .							
		. 		. 					
				. 					
									
	-								

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Royal Conservatory of Music Foundation	13-3870382
Pt VI, Line 12c The Foundation's Form 990 was circulated to the Boar	d members prior to filing.
Pt VI, Line 19 The Foundation's Certificate of Incorporation and ame	ndments thereto are public
Pt VI, Line 19 documents available from the NYS Department of Sta	ate. The Foundation makes
Pt VI, Line 19available for inspection upon request its exemption app	lication and annual reports
Pt VI, Line 19 as required by Section 6104 of the IRS Code.	
Pt_VI, Line 12c The Foundation obtains Conflict of Interest Disclosure	from each_director_annually.

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

IRS Code. It has provided financial support to the Royal Conservatory of Music in Toronto, Ontario, Canada.

Schedule O (Form 990) Supplemental Information to Form 990 Form 990, Page 6, Line 9 (continued)

Name	Address	City	St	ZIP
Gary J. Gartner	599 Lexington Ave - Suite 2330	New York	NY	10017
John T. Dunlap	1359 Broadway - Suite 600	New York	NY	10018
Nicole R. Tzetzo	200 Delaware Ave - Suite 900	Buffalo	NY	14202
Krista O'Donnell	273 Bloor Street West	Toronto	ON	1
David Manning	Two Penn Plaza-STE 2602	NY	NY NY	10121
Anthony Flynn	273 Bloor Street West	Toronto	ON ON	1
Peter C. Simon	273 Bloor Street West	Toronto	ON	1

Supporting Statement of:

Form 990 p 2/Line 4a Expenses

Description	Amount
grants paid brokerage fees	29,958. 95.
Total	30,053.

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

Description	Amount
donations received	21,909.
interest - savings	4.
dividends	99.
Total	22,012.

Supporting Statement of:

Form 990 p 9/Total Revenue Investment

Description	Amount
Bank of America savings account	4.
Morgan Stanley money market interest	0.
Morgan Stanley dividends	99.
Total	103.

Supporting Statement of:

Form 990 p 10/Line 3 col (A)

Description	Amount
Royal Conservatory - Toronto Ontario	14,500.
Royal Conservatory - Toronto Ontario	15,458.

Total 29,958.

Supporting Statement of:

Sch. A, page 2/Line 8-5

Description	Amount		
savings interest	4.		
dividend income	116.		
Total	120.		

Form **8868**

(Rev sanuary 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 ar	re filing for an Automatic 3-Month Extension, com	plete only F	Part I and check this box			· · · • X
	re filing for an Additional (Not Automatic) 3-Month					
Do not con	nplete Part II unless you have already been granted	an automa	tic 3-month extention on a previously filed F	orm 8	868.	
Electronic (corporation request an e Associated	filing (e-file). You can electronically file Form 8868 is required to file Form 990-T), or an additional (not autextension of time to file any of the forms listed in Parl With Certain Personal Benefit Contracts, which must ling of this form, visit www.irs.gov/efile and click on e	f you need a tomatic) 3-n t I or Part II t be sent to t	a 3-month automatic extension of time to file nonth extension of time. You can electronic with the exception of Form 8870, Information the IRS in paper format (see instructions).	e (6 mo ally file on Retu	onths for a Form 8868 to um for Transfe	rs
Part I	Automatic 3-Month Extension of Time	Only su	hmit original (no copies needed)			
	on required to file Form 990-T and requesting an auto			to Bor	t Londy	
-	•		•		•	ш
income tax	rporations (including 1120-C filers), partnerships, RE returns.	MICS, and t	,			
	Enter filer's ide					
_	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
Type or print						
P	Royal Conservatory of Music Foundation			13-3870382		
File by the due date for	Number, street, and room or suite number If a P O, box, see instr	uctions		Social	security number (SSN)	
filing your	c/o Jaeckle Fleischmann, 200 City, town or post office, state, and ZIP code. For a foreign address	Delawar	e Ave, #900	1		
return. See instructions.		s, see instructio	ns			
	Buffalo	<u>_</u>		1	<u>NY 1420</u>	2
Enter the Ro	eturn code for the return that this application is for (fil	e a separat	e application for each return)	• • •		· 01
Application Is For						
Form 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A			08
Form 4720	(ındıvidual)	03	Form 4720 (other than individual)			09
Form 990-PF		04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telepho If the org If this is check the exter I requered the first the exter I frequered the exterior of t	the No. ► (716) 843-3859 ganization does not have an office or place of busine for a Group Return, enter the organization's four digitalis box ►	Fax No ess in the Un it Group Exe eck this box. In required to ization retur , and endin	emption Number (GEN) . If In and attach a list with the name of file Form 990-T) extension of time remains for the organization named above. If a superficient is a superficient for the organization named above.	this is	for the whole o	group,
3 a If this nonrel	application is for Forms 990-BL, 990-PF, 990-T, 472 fundable credits. See instructions	0, or 6069, e	enter the tentative tax, less any	3 a	\$	0.
b If this tax pa	application is for Forms 990-PF, 990-T, 4720, or 606 yments made. Include any prior year overpayment a	9, enter any llowed as a	refundable credits and estimated credit	3 b	\$	0.
c Balan EFTP:	ce due. Subtract line 3b from line 3a. Include your post (Electronic Federal Tax Payment System). See ins	ayment with tructions	this form, if required, by using	3 c	\$	0.
Caution. If y payment ins	you are going to make an electronic funds withdrawa tructions.	l (direct deb	it) with this Form 8868, see Form 8453-EO	and F	orm 8879-EO	for