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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 16

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

Open to Public Inspection

AI	For the	e 2016 calendar year, or tax year beginning JUL 1, 2016 and ending	JUN 30, 2017									
В	Check if applicabl	C Name of organization	D Employer identification number									
8	applicabl	CONSERVATORY LAB CHARTER SCHOOL										
	Addre	SS TOTATA TATA										
$\vdash$	Name chang		04-3443578									
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/si		_								
$\vdash$	Ireturn Final	2120 DODCHECKED AVENUE	(617) 254-8904									
	return، termin		1 015 615	<del>,</del>								
	ated Amena	City or town, state or province, country, and ZIP or foreign postal code		•								
<u> </u>	return	DORCHESIER, MA UZIZ4	H(a) is this a group return									
_	Application   F Name and address of principal officer.BRADLEY RICHARDSON   for subordinates?   Yes   X No											
_	Same as C above H(b) Are all subordinates included? L											
			If "No," attach a list (see instructions)									
		te: > WWW.CONSERVATORYLAB.ORG	H(c) Group exemption number									
KF	orm of		ear of formation: 1998 M State of legal domicile: N	<u> </u>								
P	art I	Summary										
Ð		Briefly describe the organization's mission or most significant activities: THE FOUN		_								
Ĕ		SUPPORT THE DISSEMINATION OF LEARNING THROUG	H MUSIC AS AN									
Ţ	2	Check this box  if the organization discontinued its operations or disposed of n	nore than 25% of its net assets.									
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	4								
Ğ	l .	Number of independent voting members of the governing body (Part VI, line 1b)	4	4								
οğ ()	1	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	<u> </u>								
Ţį.		Total number of volunteers (estimate if necessary)	6	Ō								
£3.		Total unrelated business revenue from Part VIII, column (C), line 12		<u>.</u>								
7 2014		Net unrelated business taxable income from Form-990-T-line-34-	<del></del>	) <u>.</u>								
-	Ь	Net difference business taxable income from contrasor, line 54	Prior Year Current Year	•								
>			384,583. 441,123	_								
	8	Boson and granto (Fact VIII) to 200	420,060. 844,443	_								
_ê	9	Program service revenue (Part VIII, line 2g)										
Žé.	10	Investment income (Part VIII, column (A), lines 3? 4, and 7d)	<18,683.> 77,139	_								
N.	11	Other revenue (Part VIII, Column (A), lines 5, 6d, 6c, 9c, 10c, and 11e)		<u>.</u>								
Expenses CAMINCIO NUV	12	Total revenue - add lines 8 through 11 (must equal Rant VIII, column (A), line 12)	785,960. 1,362,705									
Ç	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,573. 293,769									
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>.</u>								
20	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 201,325	<u>.</u>								
ĵ.	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u>.</u>								
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)  201,325.										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,090,952. 1,021,617	<u>' .</u>								
	ſ	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,154,525. 1,516,711	. •								
	19	Revenue less expenses. Subtract line 18 from line 12	<1,368,565.> <154,006	<u></u> >								
es or	1		Beginning of Current Year End of Year									
ets	20	Total assets (Part X, line 16)	4,527,562. 5,367,169	<del>.</del>								
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	2,247,763. 3,239,528	_								
E E	22	Net assets or fund balances Subtract line 21 from line 20	2,279,799. 2,127,641									
P	art II	Signature Block		_								
		lities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my knowledge and belief it i	<u>-</u>								
		et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		•								
uue	, correc	n, and complete, bectaration of preparer (other than officer) is based on an information of which prep	10 21 2017									
		Signature of officer	Date									
Sig	n	,	Cuto									
Her	re	BRADLEY RICHARDSON, PRESIDENT										
		Type or print name and title	Data About DTIN									
		Print/Type preparer's name Preparer's signature 2	Date Check PTIN									
Paid	d	DAVID F. MURPHY	10/19/17 self-employed P00482310									
Pre	parer	Firm's name ZINER & MURPHY, PC	Firm's EIN > 04-3434210	<del></del>								
Use	Only	Firm's address TWO MAIN STREET, SUITE 240										
		STONEHAM, MA 02180	Phone no. 781-279-2950	<u>)                                    </u>								
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)		<u>lo</u>								
	001 11-	A LANGE TO THE STATE OF THE STA	Form <b>990</b> (20	16)								
				,								

### CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

<u>Form</u>	n 990 (2016) FOUNDATION, INC.	04-3443578	Page 2
Pa	rt 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	<u>N OF LEARNIN</u>	<u>G</u>
	THROUGH MUSIC AS AN EDUCATIONAL MODEL.		
2	Did the organization undertake any significant program services during the year which were not listed on the	[ <del>]</del>	[ <b>1</b> ]
	prior Form 990 or 990-EZ?	Yes	LXJ No
^	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	, LYes	L&J No
	If "Yes," describe these changes on Schedule O	mossured by evacace	
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		
		ers, the total expenses, a	ano
	revenue, if any, for each program service reported  (Code) (Expenses \$1, 110, 720. including grants of \$293, 769.) (Revenue)	. 921	582.)
48	(Code) (Expenses \$1, 110, 720. Including grants of \$293, 769.) (Revenue THE FOUNDATION RAISED FUNDS TO BENEFIT THE PROGRAMS FOR		<u> 364.</u> )
	DISSEMINATION OF LEARNING THRU MUSIC AS AN EDUCATIONAL I		
	DISSEMINATION OF DEARNING THRO MOSIC AS AN EDUCATIONAL I	WODER	
		<del>_</del>	
			<del></del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue		·····
10	(Code) (Expenses a) (Nevent	<u> </u>	
		<del></del>	
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	
		<del></del>	
4c	(Code) (Expenses \$	ue \$	<u> </u>
_			
- <u>4</u> d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
_4e	Total program service expenses ▶ 1,110,720.		
		Form 9	90 (2016)

Form 990 (2016) FOUNDATION, INC.

Part IV Checklist of Required Schedules 04-3443578 Page 3

			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	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	ļ
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		l	<b>.</b> .
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	ا ۔ ا		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> X</u>
6	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,	-0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		}	
	Part VI .	11a	X	
b	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u>X</u>	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	445	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_11f	^	
1 <b>4</b> d	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	-	_
b	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
-	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		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	_18		<u>X</u>
19	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	000	X
		Form	990 r	2016)

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Form 990 (2016) FOUNDATION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20a	163	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	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	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		_X_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
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	} .	1	
	Schedule L, Part I	25b		<u> </u>
26	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 "Yes,"	!		
	complete Schedule L, Part II	26		_ <u>X</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			**
	of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		_x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		$\mathbb{L} \mathbf{x}_{-}$
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		'	
	If "Yes," complete Schedule R, Part V, line 2 .	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1	45	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(00:5:
		Form	<b>330</b>	(2016)

Form	990 (2016) FOUNDATION, INC. 04-3443	578	Р	age <b>5</b>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			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	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	Ì		
	(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 3	ł		1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	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		x
ь	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		х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			<u> </u>
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		X
g	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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a_		
b	Did the sponsoring 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			ĺ
11	Section 501(c)(12) organizations. Enter			ĺ
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			ĺ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			İ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	265	
		Form	990	(2016)

orm 990 (2016) FOUNDATION, INC.

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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			
Sec	tion A. Governing Body and Management		<del>-</del>						
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4					
	If there are material differences in voting rights among members of the governing body, or if the governing			7					
	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	1	4	ł	1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other		ļ				
	officer, director, trustee, or key employee?		-	2	İ	Х			
3	Did the organization delegate control over management duties customarily performed by or under the	dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u></u>	X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 w	as filed?	4		X			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
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 ap	point	one or	Ì					
	more members of the governing body?			7a	_x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockh	olders, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:						
а	The governing body?	•	-	8a	х				
b	Each committee with authority to act on behalf of the governing body?			8b		х			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched	at the						
	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	venu	e Code )						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
ь	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,		ļ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		•	12a		X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," d	escribe						
	in Schedule O how this was done			12c					
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 approva	l by ir	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
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 arrangements	nent v	vith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its į	participation	1	l				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ızatıc	n's						
	exempt status with respect to such arrangements?			16b	<u> </u>				
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-T	(Sect	ion 501(c)(3)s only	avaılal	ole				
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict o	of interest policy, ai	nd finar	icial				
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks aı	nd records: >						
	CYNTHIA MARIE - (617) 254-8904								
	2120 DORCHESTER AVENUE, DORCHESTER, MA 02124								

rm 990 (2016) **F** 

FOUNDATION, INC.

04-3443578

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### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

	<u> </u>							director, or trustee.				
(A) Name and Title	(B) Average			Pos	C) ition	1		( <b>D</b> ) Reportable	( <b>E)</b> Reportable	(F) Estimated		
radine and mile	hours per	box.	not c	heck more than one ss person is both ar				compensation	compensation	amount of		
	week	offic	er an	dad	director/trustee)			from	from related	other		
	(list any	recto			ĺ	İ		the	organizations	compensation		
	hours for related	or di	93			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	organizations	ruster	II trusi		æ	шреп		(44.2/1099-14130)		organization and related		
	below	Individual trustee or director	Institutional trustee	*	Key employee	est co	<u>a</u>			organizations		
	line)	Alpul	Instit	Officer	Keye	Highest compensated employee	. Former					
(1) KATHARINE M. PELL	2.00											
CLERK		X				<u> </u>		0.	0.	0.		
(2) JOHN PAOLELLA	0.50											
TREASURER	0 05	X				<del> </del>	<u> </u>	0.	0.	0.		
(3) DEBRA L. SMITH	0.25	7.								•		
DIRECTOR	2.00	X			-	├		0.	0.	0.		
(4) BRADLEY RICHARDSON	2.00	х			1		}	0.	0.	0.		
PRESIDENT		21				$\vdash$						
						<u> </u>				<del></del>		
					_	-	-					
				ļ		ļ_						
					Г		-					
					-	-						
					<u> </u>	_						
						l						
	<u> </u>				-	+	-					
	<del></del>							<u> </u>				
					-	<u> </u>						

l –	34	43	578	Par	ge <b>8</b>

<u>- u</u>	(A) Name and title	(B) Average hours per	(do	not c	(C) Position not check more than one unless person is both an				(D)  Reportable compensation	(E) Reportable compensation			(F) stimate	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer Officer		Highest compensated my		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MI	s	fr org and	other pensa om th anizat d relat anizati	ation ie tion ted
	·													
			-							<del></del>				
										· · · · · · · · · · · · · · · · · · ·				
			-										<del></del>	
							<u> </u>							<del></del>
	Cub tatal								0.		0.			0.
	Sub-total  Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but n	ot limited to th	ose	liste	ed al	oove	e) wt	no re	0. eceived more than \$100	,000 of reportab	0.] le			0.
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		uste	e, ke	y er	nplo	yee,	or I	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su	ım of reportab							•	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsat	on f	rom	any	unr/			dual for services	;	4		X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	<u>e J f</u>	or su	uch	pers	son					5_		X
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			ONE			<u> </u>		(B) Description of s		С	O) eamo	) nsatio	
			140	<u> </u>	<u> </u>			1	<u>-</u>			<u> </u>		
					<u> </u>								-	
								+			_		-	
								+			·			
		·····						$\dashv$						
	Total number of independent contractors (i	ncluding but n	ot lu	mite	d to	tho	se lis	sted	above) who received m	ore than				
	\$100,000 of compensation from the organic						0					Form '	000 <i>(</i>	2016)

Form 990 (2016) FOUNDATION, INC.

Part VIII | Statement of Revenue 04-3443578 Page 9

		Check if Schedule O con	tains a resnonse	or note to any lu	ne in this Part VIII			
		Grieck II Geriedale O con	italiis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
ts, Aπ	c	Fundraising events	1c					
ii g	d	Related organizations	1d		!			
ns,	е	Government grants (contribu	tions) 1e					
it e	f	All other contributions, gifts, grai	nts, and					
		similar amounts not included abo	ove 1f	441,123.				
a di	g	Noncash contributions included in line	s 1a-1f \$	43,632.				
<u>8 0</u>	h	Total. Add lines 1a-1f			441,123.			
				<b>Business Code</b>				
ဗ္ဗ	2 a	RENTAL INCOME		531120	604,443.			
و څ	b	CONSULTING		541900	240,000.	240,000.		
፠릹	С	·						
e a	d	i						
Program Service Revenue	e							
	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f			844,443.			<u> </u>
ł	3	Investment income (including	dividends, intere	est, and				}
		other similar amounts)		<b>&gt;</b>	7,366.	7,366.		
	4	Income from investment of ta	ax-exempt bond p	oroceeds <b>&gt;</b>				
ł	5	Royalties		<b>&gt;</b> _				
			(ı) Real	(ii) Personal				
	6 a	Gross rents	L	1				i
1	b	Less. rental expenses						}
	c	: Rental income or (loss)			]			
	d	Net rental income or (loss)		<b></b>				]
Ì		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	654,685.					
	b	Less, cost or other basis						
- 1		and sales expenses	584,912.	1	}			}
	c	Gain or (loss)	69,773.					
	d			<b>&gt;</b>	69,773.	69,773.		
ue		Gross income from fundraisir including \$	ng events (not of		1			
Ş		contributions reported on line						
æ		Part IV, line 18		1	}			}
Other Reven	h	Less direct expenses	a b		1			
ō		•		<b>•</b>				
		<ul> <li>Net income or (loss) from fun</li> <li>Gross income from gaming a</li> </ul>						<del> </del>
	9 а							
		Part IV, line 19	а		İ			
- {		Less direct expenses	b	<b></b>				1
1		<ul> <li>Net income or (loss) from gar</li> <li>Gross sales of inventory, less</li> </ul>					<del></del>	<del></del>
	10 a	·						
1		and allowances	a					
		Less cost of goods sold	b as of muchani					
ŀ		Net income or (loss) from sale		Business Code				<del> </del>
ł	44 -	Miscellaneous Revenu		Business Code	1			1
						<del></del>		<del>                                     </del>
	b			<del></del> -			<u> </u>	<del> </del>
ļ	C							
ĺ	_	All other revenue						
	-	Total. Add lines 11a-11d  Total revenue. See instructions.			1,362,705.	921.582	0.	0.

FOUNDATION, INC.

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Form 990 (2016) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (B) (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 293,769. 293,769 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 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) 166,794. 166,794. Other salaries and wages Pension plan accruals and contributions (include 4,038. 4,038. section 401(k) and 403(b) employer contributions) 16,981. 16,981. Other employee benefits 13,512. 13,512. 10 Payroll taxes 11 Fees for services (non-employees) Management а 20,508. 20,508. b Legal 26,093. 26,093. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 82,771 82,771. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 456,842. 456,842. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 113,025. 113,025. 20 21 Payments to affiliates 247,084 247,084. 22 Depreciation, depletion, and amortization Insurance 23 Other expenses. Itemize expenses not covered 24 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.) 32,716 32,716. EVENT EXPENSES 30,000 b BAD DEBT EXPENSE 30,000. OFFICE EXPENSES 3,484. 3,484. 3,396. 3,396. d PROFESSIONSL DEVELOPMEN 5,698 5,698. e All other expenses 1,110,720 204,666. 201,325. Total functional expenses. Add lines 1 through 24e 1,516,711. 25 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)

Par	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part			
			(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing	18,544.	1_	891,364
	2	Savings and temporary cash investments	237,209.	2	122,311
	3	Pledges and grants receivable, net	290,860.	3	186,500
	4	Accounts receivable, net		4	
ŀ	5	Loans and other receivables from current and former officers, directors,			
ł		trustees, key employees, and highest compensated employees. Comple	te	1	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined	under	-	
l		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	buting	i	
- }		employers and sponsoring organizations of section 501(c)(9) voluntary			
3		employees' beneficiary organizations (see instr). Complete Part II of Sch	L L	6	
22265	7	Notes and loans receivable, net		7	
(	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 4, 269,	260.		
	b	Less: accumulated depreciation 10b 741,	<b>469.</b> 3,479,662.	10c	3,527,791
	11	Investments - publicly traded securities	, , , , , , , , , , , , , , , , , , , ,	11	
-	12	Investments - other securities See Part IV, line 11	462,648.	12	611,628
	13	Investments · program-related. See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
ł	15	Other assets See Part IV, line 11	38,639.	15	27,575
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,527,562.	16	5,367,169
	17	Accounts payable and accrued expenses	71,298.	17	76,602
	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	
,	22	Loans and other payables to current and former officers, directors, truste	nes.		
		key employees, highest compensated employees, and disqualified person			
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	1,976,665.	23	3,162,926
ļ		Unsecured notes and loans payable to unrelated third parties	1,570,005.	24	3,102,320
	24	Other liabilities (including federal income tax, payables to related third			
	25	parties, and other liabilities not included on lines 17-24) Complete Part X	of		
		Schedule D	199,800.	25	
	26	Total liabilities. Add lines 17 through 25	2,247,763.		3,239,528
_	20_	Organizations that follow SFAS 117 (ASC 958), check here ► X			372037320
,		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	1,776,816.	27	1,513,240
	28	Temporarily restricted net assets	497,485.		608,896
	29	Permanently restricted net assets	5,498.		5,505
	20	Organizations that do not follow SFAS 117 (ASC 958), check here			3,500
:		and complete lines 30 through 34.			
;	30	Capital stock or trust principal, or current funds		30	
3	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	31	• • • • • • • • • • • • • • • • • • • •		32	
Net Assets of Fully Balances	32	Retained earnings, endowment, accumulated income, or other funds	2,279,799.		2,127,641
	33	Total net assets or fund balances	4,527,562.		5,367,169
_	34	Total liabilities and net assets/fund balances	<u> </u>		Form <b>990</b> (201

	n 990 (2016) FOUNDATION, INC.	04-34	435 <u>/8</u>	_ Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,363	2,7	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,51		
3	Revenue less expenses. Subtract line 2 from line 1	3	<154	1,0	06.:
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,279	7,7	99.
5	Net unrealized gains (losses) on investments	5		1,8	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	2,12	<u>7,6</u>	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ليا
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	, , , , , , , , , , , , , , , , , , , ,		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	- 1	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		1	
	consolidated basis, or both.				
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	_	

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Form **990** (2016)

### **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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CONSERVATORY LAB CHARTER SCHOOL

Employer identification number

OMB No 1545-0047

FOUNDATION, INC. 04-3443578 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is. (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I, A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 (d) 2015 (b) 2013 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (c) 2014 **(b)** 2013 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 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 VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 % 15 % 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

Schedule A (Form 990 or 990-EZ) 2016

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Se	qualify under the tests listed b	elow, please comp	olete Part II.)			<del></del>	<del></del>
_	endar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	/e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(8) 2013	(0) 2014	(0) 2013	(e) 2016	(i) iolai
•	membership fees received (Do not						
	include any "unusual grants ")	378,947.	601,428.	2245939.	384,583.	441,123.	4052020.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	370,747.	001, 420.	2243737.	304,303.	441,123.	4032020.
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 to the organization without charge						
6	Total. Add lines 1 through 5	378,947.	601,428.	2245939.	384,583.	441,123.	4052020.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	160,967.	112,963.	269,850.	70,000.	43,074.	656,854.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	160,967.	112,963.	269,850.	70,000.	43,074.	656,854.
	Public support. (Subtract line 7c from line 6)			7.2.2			3395166.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·				·	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	378,947.	601,428.	2245939.	384,583.	441,123.	4052020.
-	Gross income from interest,	0,0,0	002/1201				100000
	dividends, payments received on securities loans, rents, royalties and income from similar sources	7,701.	11,654.	9,333.	9,400.	7,366.	45,454.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	7,701.	11,654.	9,333.	9,400.	7,366.	45,454.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	386,648.	613,082.	2255272.	393,983.	448,489.	4097474.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organız	ation,
	check this box and stop here		·				
	ction C. Computation of Publ					<del> ,</del>	<del></del>
	Public support percentage for 2016 (I Public support percentage from 2015			olumn (f))		15	82.86 % 77.99 %
	ction D. Computation of Inves						
	Investment income percentage for 20			e 13. column (f))		17	1.11 %
	Investment income percentage from 2	•		.,		18	1.14 %
	33 1/3% support tests - 2016. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box as						$\triangleright X$
t	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV

### Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Suppor	rting Organia	zations

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4h c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

9¢

10a

10b

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

	edule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.	<u>)4-344357</u>	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		L
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			r
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			j
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<del></del>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			ĺ
Sec	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations			<u> </u>
000	tion of Type it Supporting Organizations	<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		105	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_1		l
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a		i	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instru	ıctions).		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see instructions		<del></del> -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		1
	that these activities constituted substantially all of its activities	2a		<del> </del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ		
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		1
•	activities but for the organization's involvement.  Percent of Supported Organizations, Appear (a) and (b) helps	<u> 20</u>		<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	and the second s	<u> </u>		<u> </u>
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must consider the control of the contro		· · · · ·	Part VI.) See instructions.
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		•
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	<u> </u>	<u></u>
Secti	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Schedule A (Form 990 or 990-EZ) 2016

instructions)

	dule A (Form 990 or 990 EZ) 2016 FOUNDATION, TV Type III Non-Functionally Integrated 509			4-3443578 Page 7
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	is	
4	Amounts paid to acquire exempt-use assets			
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI) See instructions			
_3_	Excess distributions carryover, if any, to 2016			
a				
b				
_ с	From 2013			
_ <u>d</u>	From 2014			
_ е	From 2015			
f_	Total of lines 3a through e		· · · · · · · · · · · · · · · · · · ·	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i_	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f			<del></del>
4	Distributions for 2016 from Section D,			
	line 7: \$		·	<u> </u>
	Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
	Applied to 2016 distributable amount			
_ <u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
- <u>-</u> -	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3 <sub>j</sub> and 4c			
8	Breakdown of line 7			
a	DISCONDITION INTO 1			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	5 7 0040			

Schedule A	(Form 990 or 990-EZ) 2016	FOUNDATION,	INC.		04-3443578 Page 8
Part VI	Section D, lines 5, 6, and 8; ar	8b, 3c, 4b, 4c, 5a, 6, 9a, 2 and 3, Part IV, Sectio	9b, 9c, 11a, 11b, ar n E, lines 1c, 2a, 2b	nd 11c; Part IV, Section B, line , 3a, and 3b; Part V, line 1, Pa	a or 17b, Part III, line 12, es 1 and 2; Part IV, Section C, et V, Section B, line 1e, Part V,
<del></del>	(See instructions)				
					<del></del>
		<del></del>			
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### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

Employer identification number 04-3443578

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of  $\lnot_{\mathsf{Yes}}$  $\lceil_{No}\rceil$ violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		ATION, INC				<u>-34435/8</u>	
3	Using the organization's acquisition, access	ion, and other record	is, check any of the	following that are a	significant use	of its collection i	tems
	(check all that apply):						
а	Public exhibition	d		hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations					_	
4	Provide a description of the organization's co	•	=	-		n Part XIII.	
5	During the year, did the organization solicit of				lar assets		<del></del>
Ba	rt IV Escrow and Custodial Arran					Yes	No_
Fai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes"	on Form 990, Pa	art IV, line 9, or	
12	Is the organization an agent, trustee, custod		liany for contribution	e or other accets n	ot included	<del></del>	
ıa	on Form 990, Part X?	ian or other intermed	nary for contribution	12 01 011161 422612 11	ot included	Yes	X No
	•	and complete the fo	llauwaa tabla:			L Yes	NO LA
D	if "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			A	
	Deciment halance					Amount	
c	Beginning balance				1c		
	Additions during the year				1d		<del></del>
e	Distributions during the year				1e		
7	Ending balance	000 Dt V I	04		1f		
	Did the organization include an amount on F	•	•		•	L Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII  T V Endowment Funds. Complete						<u> </u>
<u> </u>	Elicovillent i dilda. Complete i	·				back (a) Four W	ore back
4.	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back		T	
1a		5,498,	5,491.	5,484	·	477.	5,470,
b	Contributions				<del>                                     </del>	7.	
C	Net investment earnings, gains, and losses	7,	7.		•	<del>-'-</del>	7.
d	Grants or scholarships		·		<del> </del>	<del></del>	<del></del>
е	Other expenditures for facilities						
	and programs				<del> </del>	<del></del>	
τ	Administrative expenses		5 100	5 404	<del> </del>		
9	End of year balance	5,505,	5,498,	5,491	.]5.	484.	5,477.
2	Provide the estimated percentage of the cur	rent year end balanc		i)) neid as			
a	Board designated or quasi-endowment		_%				
b	Permanent endowment ► 100.00	%					
С	Temporarily restricted endowment	%					
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posses	•	ation that are hold a	nd administered fo	r the erganizatio	n.	
Sa		ession of the organiza	ation that are nell a	na administered to	i ine organizacio		es No
	by (i) unrelated organizations					3a(i)	X
	(ii) unrelated organizations (ii) related organizations					3a(ii)	X
<b>.</b>	If "Yes" on line 3a(ii), are the related organizations	ations listed as requir	red on Schedule B2			3b	
	Describe in Part XIII the intended uses of the					30 1	
Par	rt VI Land, Buildings, and Equipm		Willett lands.		<u>.</u>		
<u>- ui</u>	Complete if the organization answere		) Part IV. line 11a S	See Form 990 Part	X. line 10		
	Description of property	(a) Cost or o			Accumulated	(d) Book v	value
	Description of property	basis (investr	, , ,	' '	depreciation	(0) 500k \	alut
	Lond	54515 (1110511)		1,500.		821	,500.
	Land			4,797.	51,350		
b	Buildings Leasehold improvements			2,523.	672,523		0.
ت بہ	Equipment			8,438.	2,369		,069.
a -	Other			2,002.	15,227		775.
	Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part			<u></u>	3,527	

CONSERVATOR	Y LAB CHARTER	SCHOOL	
Schedule D (Form 990) 2016 FOUNDATIO	N, INC.		04-3443578 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Part X, I	ine 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
(1) Financial derivatives		· · · · · · · · · · · · · · · · · · ·	
(2) Closely-held equity interests			
(3) Other			
(A) 1761.066 SHS EATON VANCE			
(B) FLOATING RATE	15,850.	End-of-Year	Market Value
(C) 682.597 SHS EATON VANCE			
(D) INCOME FUND	3,966.	End-of-Year	Market Value
(E) 628 SHS FIRST TR EXCHANGE			
(F) TRADED FUND	15,417.	End-of-Year	Market Value
(G) 255.710 SHS HARDING			
(H) LOEVNER EMERG MKTS	13,463.	End-of-Year	Market Value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	611,628.		
Part VIII Investments - Program Related.	· · · ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	I1c. See Form 990, Part X, Ii	ne 13 .
(a) Description of investment	(b) Book value		Cost or end-of-year market value
(2)			
(3)			
(4)		<u> </u>	
(5)			
(6)			
(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"	on Form 990, Part IV, line 1	11d. See Form 990, Part X, Ii	ne 15.
(a)	Description		(b) Book value
(1)			
(2)	<u> </u>		
(3)			
(4)		*	
(5)			
(6)			

(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>

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

FOUNDATION, INC. Schedule D (Form 990) 2016 04-3443578 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,364,553. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. 1,848 Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2h c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 1.848. Add lines 2a through 2d 2e 362,705. 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 b Other (Describe in Part XIII ) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 362 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,516,711 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 2d Add lines 2a through 2d 2e 1,516 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII ) c Add lines 4a and 4b **4c** Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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: INCOME EARNED ON THE ENDOWMENT FUNDS IS TO BE USED FOR CONSERVATORY LAB CHARTER SCHOOL'S VIOLIN PROGRAM Part X, Line 2: FIN 48: THE FOUNDATION HAS ADOPTED THE PROVISIONS OF FASB ASC 740, INCOME TAXES, RELATIVE TO ACCOUNTING FOR UNCERTAINTIES IN TAX POSITIONS. UNDER THESE PROVISIONS, THE FOUNDATION RECOGNIZES THE TAX BENEFIT OF TAX POSITIONS TO THE EXTENT THAT THE BENEFIT WILL MORE LIKELY THAN NOT BE REALIZED. THE DETERMINATION AS TO WHETHER THE TAX BENEFIT 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

### CONSERVATORY LAB CHARTER SCHOOL Schedule D (Form 990) 2016 FOUNDATI Part XIII Supplemental Information (continued) 04-3443578 Page 5 FOUNDATION, INC. CIRCUMSTANCES. AS OF JUNE 30, 2017, THE FOUNDATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) FOUNDATION, INC.

Part XIII Supplemental Information (continued) 04-3443578 Page 5

Part VII Investments - Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1143.708 SHS HARTFORD WORLD BOND FUND	11,929.	FMV
783 SHS ISHARES MSCI EAFE ETF	51,052.	FMV
2917.569 SHS LAZARD INTL STRAGETY EQUITY	41,371.	FMV
375.321 SHS MATTHEWS ASIA DIVIDEND FUND	6,868.	FMV
232.609 SHS OPPENHEIMER INTL SML MID CO	10,446.	FMV
2047.817 SHS PRIMECAP ODYSSEY FUND	59,264.	FMV
726 SHS SPDR S & P 500	175,547.	FMV
215 SHS SPDR SER TR S & P 600 SMALL CAP	26,477.	FMV
297.013 UNDISCOVERED MGRS BEHAVIOR 1044 SHS VANAGUARD MALVERN FDS SHORT TERM	19,713.	FMV
INFLATION 942 SHS VANGUARD SCOTTSDALE FDS SHORT TERM	51,396.	FMV
CORP BOND	75,398.	FMV
1128.893 SHS VIRTUS VONTOBEL EMERG MKTS	13,616.	FMV
985.339 SHS VULCAN PTNRS SMALL CAP	19,855.	FMV

**Employer identification number** 04-3443578 Open to Public OMB No 1545-0047 2016 Inspection ☐ Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. CONSERVATORY LAB CHARTER SCHOOL INC. General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part i

% |X

recipient that received more than \$5,000. Part II can be duplicated it additional space is needed	S,uuu Part II can	De duplicated if additi	onal space is need	led.	(f) Mathod of		
(a) Name and address of organization     or government	( <b>a</b> )	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONSERVATORY LAR CHARTER SCHOOL							TO PROVIDE ASSISTANCE TO
2120 DORCHESTER AVE							LEARNING THROUGH MUSIC
DORCHESTER, MA 02124	04-3414994		4,769.	0,	BOOK		AND VIOLIN PROGRAMS
CENTER FOR ARTISTRY AND							
SCHOLARSHIP IN EDUCATION - 2120							TO PROVIDE ASSISTANCE TO
DORCHESTER AVE - DORCHESTER, MA							DEVELOP A CENTER TO
02124	47-2193670		289,000.	0	BOOK		IMPROVE THE QUALITY OF
2 Enter total number of section 501(c)(3) and government organizations li	nd government or	ganizations listed in th	sted in the line 1 table				

Schedule I (Form 990) (2016)

632101 11-01-16

Schedule I (Form 990) (2016) FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

04-3443578

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				•	
Part IV Supplemental Information. Provide the information required in	ured in Part I, lin	e 2; Part III, column	Part I, line 2; Part III, column (b); and any other additional information	ddtional information	
Part II, line 1, Column (h):					
Name of Organization or Government:					
CENTER FOR ARTISTRY AND SCHOLARSHIP	IN	EDUCATION			
(h) Purpose of Grant or Assistance:					
TO PROVIDE ASSISTANCE TO DEVELOP A CEN	CENTER	TO IMPROVE	TER TO IMPROVE THE QUALITY OF	IY OF	
EDUCATION LOCALLY AND NATIONALLY					

632102 11-01-16

Schedule I (Form 990) (2016)

(i) Pooled financing Yes No Employer identification number OMB No 1545-0047 Open to Public ŝ 2016 Inspection (g) Defeased (h) On behalf 04-3443578 Yes No × ۵ of issuer Yes Ŷ × Yes ŝ (f) Description of purpose 3,300,000.USED TO FINANCE ပ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
 Information about Schedule K (Form 990) and its instructions is at www.lrs.gov/form990. THE BONDS WERE Yes Continuations Š 8 Supplemental Information on Tax-Exempt Bonds Yes (e) Issue price 300,000 (**£**) 3,300,000 × × × ဍ and 07/26/16 (d) Date Issued ⋖ ന Yes for Columns (a) × CONSERVATORY LAB CHARTER SCHOOL (c) CUSIP# None Does the organization maintain adequate books and records to support the final allocation of proceeds? A DEVELOPMENT FINANCE AGEN04-3431814 See Part VI (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? INC ► Attach to Form 990. FOUNDATION, 16 Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Issuance costs from proceeds Year of substantial completion (a) Issuer name Other unspent proceeds MASSACHUSETTS Amount of bonds retired Total proceeds of Issue Other spent proceeds Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part Part 11 N ო 4 S ဖ œ 6 9 12 14 2 13 8 ပ ۵

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632121 10-10-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36

Are there any lease arrangements that may result in private business use of

bond-financed property?

N

Was the organization a partner in a partnership, or a member of an LLC,

Part III Private Business Use

which owned property financed by tax-exempt bonds?

Schedule K (Form 990) 2016

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Yes

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Yes

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Yes

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Yes

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SCHOOL
CHARTER
LAB
CONSERVATORY

Page 2

04 - 3443578

FOUNDATION, INC.

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016 % % ဍိ ŝ Δ Yes Yes % % % % ŝ ŝ Yes Yes % % % % ŝ ŝ Yes Yes % % % % 윈× 2 × 00 00. 00. × × × × × × Yes Yes × × Are there any research agreements that may result in private business use of bond-financed property? counsel to review any management or service contracts relating to the financed property? A b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside governmental person other than a 501(c)(3) organization since the bonds were issued? Enter the percentage of financed property used in a private business use as a result of b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections Has the organization established written procedures to ensure that all nonqualified 8a Has there been a sale or disposition of any of the bond-financed property to a nonentities other than a section 501(c)(3) organization or a state or local government bonds of the issue are remediated in accordance with the requirements under counsel to review any research agreements relating to the financed property? Enter the percentage of financed property used in a private business use by unrelated trade or business activity carried on by your organization, another If "Yes" to line 2c, provide in Part VI the date the rebate computation was Are there any management or service contracts that may result in private Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and 4a Has the organization or the governmental issuer entered into a qualified Does the bond issue meet the private security or payment test? section 501(c)(3) organization, or a state or local government Regulations sections 1 141-12 and 1.145-2? business use of bond-financed property? If "No" to line 1, did the following apply? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? hedge with respect to the bond issue? Penalty in Lieu of Arbitrage Rebate? d Was the hedge superintegrated? e Was the hedge terminated? 1.141-12 and 1 145-2? Total of lines 4 and 5 **b** Exception to rebate? a Rebate not due yet? b Name of provider c No rebate due? Part IV Arbitrage c Term of hedge performed ₹ g 6 N က 5 9

632122 10-19-16

Schedule K (Form 990) 2016

Part IV Arbitrage (Continued)

Laille Milage Commission								
	4			B		O	۵	
	Yes	No	Yes	Š	Yes	°N	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		×						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of	×							
Part V Procedures To Undertake Corrective Action								
1	<b>4</b>			8		ပ	٥	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable	Yes	ON N	Yes	ON.	Yes	<b>8</b>	Yes	No No
regulations?  Part VI Sumilemental Information Provide additional information for responses to questions on Schedule K. See instructions	on Schedule	K. See instr	uctions					
100								
Name: MA	CE AGENCY	CX						
Description of Purpose:	LΙ			)				
THE BONDS WERE USED TO FINANCE THE PURCHASE OF A	SCHOOL	BUILDING	ING	}				
			<b>†</b>					
		į						
		į	!	Į.				
			<b>:</b>					
						i		
		}						
	:							
					į	l		
632123 10-19-18						38	Schedule K (Form 990) 2016	n 990) 2016

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

inspection

FOUNDATION, INC. Part I Types of Property

**Employer identification number** 04-3443578

	- Special Control of the Control of	(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribut amounts reported Form 990, Part VIII, Ii	on no	(d) Method of de oncash contribu			
1	Art - Works of art		Kome commedia						
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	6	43,6	32.FAI	R MARKET	VAL	UE	
10	Securities - Closely held stock								
11	Securities Partnership, LLC, or								
	trust interests								
12	Securities · Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures					<u> </u>			
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial	ļ		· <del></del>					
17	Real estate - Other								
18	Collectibles			 		<del></del>			
19	Food inventory								
20	Drugs and medical supplies							_	
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()	<b>}</b>						_	
28	Other (	L	<u> </u>						
29	Number of Forms 8283 received by the organi		•						
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement <u>2</u>	9	<del></del>	—т.		
				<b>.</b>				/es	No
30a	During the year, did the organization receive b						1	Ì	
	must hold for at least three years from the dat	_	al contribution, and	I which isn't required t	o be used for	r			7.7
	exempt purposes for the entire holding period	?				·	30a		X
b	If "Yes," describe the arrangement in Part II.								77
31	Does the organization have a gift acceptance						31		<u> </u>
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cıt, process, or sell no	ncash	ľ		1	~~
	contributions?					ļ	32a	$\dashv$	<u> </u>
b	If "Yes," describe in Part II.					1		}	
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a)	ıs checked,				
	describe in Part II								
LHA	For Paperwork Reduction Act Notice, see	the instruc	tions for Form 99	U.		Schedule M (	rorm 9	9U) (	∠U 16)

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

Schedule M	(Form 990) (2016) FOUNDATION, INC.	04-3443578	Page 2
Part II	(Form 990) (2016) FOUNDATION, INC.  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution that the contribution is an additional information.	33, and whether the organiz mbination of both. Also con	ation nplete
<del></del>			
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		Cabadula M/Eases (	2001 (00 40)

### SCHEDULE O

Department of the Treasury Internal Revenue Service

(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 16

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

Open to Public Inspection

Name of the organization

CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC.

**Employer identification number** <u>04-3443578</u>

Form 990, Part I, Line 1, Description of Organization Mission:
EDUCATIONAL MODEL.
Form 990, Part VI, Section A, line 7a:
THE BOARD OF DIRECTORS OF A RELATED ENTITY (CONSERVATORY LAB CHARTER
SCHOOL) ELECTS 50% OF THE BOARD OF THE FOUNDATION.
Form 990, Part VI, Section A, line 8b:
THERE ARE NO ADDITIONAL COMMITTEES OR SUBCOMMITTEES
Form 990, Part VI, Section B, line 11b:
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 C, Line 19:
ALL GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE
PUBLIC THROUGH WRITTEN REQUEST.
,

Employer identification number Open to Public Inspection OMB No 1545-0047 2016 04-3443578 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 ► Attach to Form 990. CONSERVATORY LAB CHARTER SCHOOL FOUNDATION, INC. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

(J)	· Direct controlling entity					i		elated tax-exempt
(e)	End-of-year assets							se it had one or more re
(G	Total income		1					ut IV, line 34 becaus
(0)	Legal domicile (state or foreign country)		!		!			swered "Yes" on Form 990, Pa
(q)	Primary activity		;			!		 tions. Complete if the organization an
(a)	Name, address, and EIN (if applicable) of disregarded entity							Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.
								Par

(a)	(q)	(0)	(p)	(e)	(£)	(ð)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13) led
of related organization		foreign country)	section	status (if section	entıty	entrty?	0
				501(c)(3))		Yes	No
CONSERVATORY LAB CHARTER SCHOOL - 04-3414994 CHARTER PUBLIC	CHARTER PUBLIC SCHOOL FOR	_					
2120 DORCHESTER AVENUE	PRE-KINDERGARTEN THROUGH						
DORCHESTER, MA 02124	8TH GRADE	Massachusetts	SECTION 115				×
	-						
						_	

Schedule R (Form 990) 2016

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

FOUNDATION, INC.

Schedule R (Form 990) 2016

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. Part III

Page 2

04-3443578

	6										
(a)	(q)	(0)	(G)	(e)		(J)	(6)	ε		(D)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?  Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?  Yes No	General or Percentage managing ownership partner?
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year	ganizations Taxable a	as a Corpo	ration or Trust. Co	omplete if the	e organization	answered "Yes	" on Form 990,	Part IV, line 3	on or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related	one or mo	re related
(a) Name, address, and EIN of related organization	<u>Z</u> c	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp, S corp, or trust)		(f) Share of total income	(g) Share of Peend-of-year o	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
					The state of the s						
									•		
						:				i	
632162 09-06-16				43					Schedu	ile R (Forn	Schedule R (Form 990) 2016

04-3443578

Page 3

Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
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?	s with one or more re	lated organizations listed	in Parts II-iV?			
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity				ta E		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>	×	ĺ
c Gift, grant, or capital contribution from related organization(s)			•	1		X
d Loans or loan guarantees to or for related organization(s)			•	1d	×	
e Loans or loan guarantees by related organization(s)				<b>1</b>	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)	•			ij	×	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)				*		×
I Performance of services or membership or fundraising solicitations for related organization(s)	inization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			ŧ		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			ţ		X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9		×
Reimhursement naid to related organization(s) for expenses				Ę		×
				2 5		×
q helitibulsetifetit palu by refaced bigatilization(s) for expenses				2		4
r Other transfer of cash or property to related organization(s)				<b>+</b>		×
s Other transfer of cash or property from related organization(s)	1		-	15		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including covered	ormation 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	nvolved		
(1) CONSERVATORY LAB CHARTER SCHOOL	Ŋ	604,443.COST	COST	:		
(2) CONSERVATORY LAB CHARTER SCHOOL	Q	27,575.COST	COST			
(3) CONSERVATORY LAB CHARTER SCHOOL	ម	3,162,926.COST	COST	ļ		
(4)						
(5)						
(9)						
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# CONSERVATORY LAB CHARTER SCHOOL

FOUNDATION, INC.

Schedule R (Form 990) 2016

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.

(a) Name, address, and EIN	(b) Primary activity	(c)	(d) (e) Are all Are all Are ser	(f) Share of	(g) Share of	(h) Dispropor-	(i) Code V-UBI	(j) Seneral o	(i) (k) General or Percentage
of entrty		(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under sections 512-514) Yes No		end-of-year assets	tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
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				i			Schedule	R (For	Schedule R (Form 990) 2016

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Part VII	(Form 990) 2016 Supplemental Info	FOUNDATION	, INC.		04-3443578 F	age 5
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	Provide additional inform	nation for responses to ques	tions on Schedule H. Se	e instructions	···	
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