

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **07/01/13**, and ending **06/30/14**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BLESSED STEPHEN BELLESINI OSA ACADEMY, INC.</b>		<b>D</b> Employer identification number <b>04-3585445</b>
	Doing Business As		<b>E</b> Telephone number <b>978-989-0004</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>LAWRENCE MA 01840</b>		<b>G</b> Gross receipts \$ <b>1,267,632</b>

<b>F</b> Name and address of principal officer: <b>ANTHONY S CALDERON 225 PRESIDENTIAL WAY WOBURN MA 01801</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>WWW.BELLESINIACADEMY.ORG</b>	<b>H(c)</b> Group exemption number
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation: <b>2001</b>	<b>M</b> State of legal domicile: <b>MA</b>
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### Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE A QUALITY SCHOLARSHIP EDUCATION TO BOYS FROM LIMITED FINANCIAL MEANS LIVING IN LAWRENCE</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	32
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	746,614	1,246,209
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,710	20,017
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,624	1,406
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	763,948	1,267,632
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	614,505	645,476
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <b>149,514</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	422,645	392,410	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,037,150	1,037,886	
19 Revenue less expenses. Subtract line 18 from line 12	-273,202	229,746	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	3,217,056	3,362,154
	22 Net assets or fund balances. Subtract line 21 from line 20	223,687	139,039
		2,993,369	3,223,115

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	<b>ANTHONY S CALDERON</b> Type or print name and title	<b>TREASURER</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	<b>Denise S Roy</b>	<b>Denise S Roy</b>	<b>12/31/14</b>	<input checked="" type="checkbox"/>	<b>P00641000</b>	
	Firm's name <b>ROY &amp; RURAK, LLC</b>	Firm's EIN <b>04-3529783</b>				
	Firm's address <b>158 Pleasant St North Andover, MA 01845</b>	Phone no. <b>978-409-6180</b>				

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part 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:

**TO PROVIDE A QUALITY SCHOLARSHIP EDUCATION TO BOYS FROM LIMITED FINANCIAL MEANS LIVING IN LAWRENCE**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **839,115** including grants of \$ ) (Revenue \$ )

**TO PROVIDE A QUALITY SCHOLARSHIP EDUCATION TO BOYS FROM LIMITED FINANCIAL MEANS LIVING IN LAWRENCE.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **839,115**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	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		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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 Schedule L, Part I		X
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 so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	X	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	<b>16</b>		
Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b>	<b>16</b>		
Enter the number of voting members included in line 1a, above, who are independent.			
<b>2</b>			<b>X</b>
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
<b>3</b>			<b>X</b>
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			
<b>4</b>			<b>X</b>
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
<b>5</b>			<b>X</b>
Did the organization become aware during the year of a significant diversion of the organization's assets?			
<b>6</b>			<b>X</b>
Did the organization have members or stockholders?			
<b>7a</b>			<b>X</b>
Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
<b>b</b>			<b>X</b>
Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
<b>8</b>			
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b>		<b>X</b>	
The governing body?			
<b>b</b>		<b>X</b>	
Each committee with authority to act on behalf of the governing body?			
<b>9</b>			<b>X</b>
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>			<b>X</b>
Did the organization have local chapters, branches, or affiliates?			
<b>b</b>			
If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
<b>10b</b>			
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>	
<b>11a</b>			
Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b>		<b>X</b>	
Did the organization have a written conflict of interest policy? If "No," go to line 13.			
<b>b</b>		<b>X</b>	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
<b>12b</b>			
<b>c</b>			<b>X</b>
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
<b>12c</b>			
<b>13</b>		<b>X</b>	
Did the organization have a written whistleblower policy?			
<b>14</b>		<b>X</b>	
Did the organization have a written document retention and destruction policy?			
<b>15</b>			
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b>		<b>X</b>	
The organization's CEO, Executive Director, or top management official.			
<b>b</b>			<b>X</b>
Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
<b>15b</b>			
<b>16a</b>			<b>X</b>
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
<b>b</b>			
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
<b>16b</b>			

**Section 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **EXECUTIVE OFFICER 94 BRADFORD ST MA 01840**

**LAWRENCE**

**MA 01840**

**978-989-0004**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOANNE HARDER	1.00									
Trustee	0.00	X					0	0	0	
(2) JOHN WATERS	1.00									
TRUSTEE	0.00	X					0	0	0	
(3) PAUL ESDALE	1.00									
TRUSTEE	0.00	X					0	0	0	
(4) JANE DEMERS	1.00									
TRUSTEE	0.00	X					0	0	0	
(5) DAVID MCGRATH	1.00									
TRUSTEE	0.00	X					0	0	0	
(6) JOHN SCHUTZ	1.00									
CHAIR OF THE BOARD	0.00	X		X			0	0	0	
(7) RIP HAAK, JR	1.00									
TRUSTEE	0.00	X					0	0	0	
(8) EMMA CAMPBELL	1.00									
Secretary	0.00	X		X			0	0	0	
(9) ANTHONY CALDERON	1.00									
TREASURER	0.00	X		X			0	0	0	
(10) WALTER MORRIS	1.00									
TRUSTEE	0.00	X					0	0	0	
(11) DON BULENS	1.00									
TRUSTEE	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>FIRDAUS BHATHENA</b> ..... <b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(13) <b>RICHARD FELDMAN</b> ..... <b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(14) <b>GINA LAFORTUNE</b> ..... <b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(15) <b>Thomas Licciardello</b> ..... <b>TRUSTEE</b>	1.00 0.00	X						0	0	0
(16) <b>JULIE DIFILIPPO</b> ..... <b>EXECUTIVE DIRECTOR</b>	40.00 0.00					X		122,272	0	12,799
(17)										
(18)										
(19)										
<b>1b Sub-total</b> .....								<b>122,272</b>		<b>12,799</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>122,272</b>		<b>12,799</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns					
	<b>1b</b> Membership dues					
	<b>1c</b> Fundraising events					
	<b>1d</b> Related organizations					
	<b>1e</b> Government grants (contributions)					
	<b>1f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1,246,209</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	<b>89,878</b>				
	<b>h Total.</b> Add lines 1a-1f	<b>1,246,209</b>				
<b>Program Service Revenue</b>	<b>2a</b>	<b>20,017</b>	<b>20,017</b>			
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>20,017</b>				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>1,406</b>			<b>1,406</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses					
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold					
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue						
<b>11a</b>	<b>Busn. Code</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		<b>1,267,632</b>	<b>20,017</b>	<b>0</b>	<b>1,406</b>	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	572,247	469,375	17,657	85,215
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,909	26,173	984	4,752
10 Payroll taxes	41,320	33,892	1,275	6,153
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,417	1,271	7,875	1,271
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	25			25
13 Office expenses	5,369			5,369
14 Information technology				
15 Royalties				
16 Occupancy	90,419	83,729	3,645	3,045
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	975		975	
20 Interest	7,695	6,925	385	385
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,827	109,538	6,198	6,091
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>Student Programs/Events</b>	59,117	59,117		
b <b>Fundraising Events</b>	32,064			32,064
c <b>Food supplies</b>	9,171	8,549	311	311
d <b>Gifts and Hospitality</b>	8,806	6,140	2,666	
e All other expenses	46,525	34,406	7,286	4,833
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,037,886</b>	<b>839,115</b>	<b>49,257</b>	<b>149,514</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>644,409</b>	<b>1</b>	<b>716,739</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>24,246</b>	<b>3</b>	<b>136,356</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>2,937</b>	<b>9</b>	<b>11,623</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>3,360,617</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>864,514</b>	<b>2,543,064</b>	<b>10c</b> <b>2,496,103</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>2,400</b>	<b>15</b>	<b>1,333</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>3,217,056</b>	<b>16</b>	<b>3,362,154</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>72,642</b>	<b>17</b>	<b>57,243</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>151,045</b>	<b>23</b>	<b>81,796</b>
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>223,687</b>	<b>26</b>	<b>139,039</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>2,916,540</b>	<b>27</b>	<b>3,009,465</b>
	<b>28</b> Temporarily restricted net assets	<b>76,829</b>	<b>28</b>	<b>213,650</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>2,993,369</b>	<b>33</b>	<b>3,223,115</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>3,217,056</b>	<b>34</b>	<b>3,362,154</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,267,632</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,037,886</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>229,746</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,993,369</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>3,223,115</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.**

Employer identification number

**04-3585445**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: .....
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III—Functionally integrated
  - d  Type III—Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
  - (ii) A family member of a person described in (i) above? .....
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**h** Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**  ►

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

**b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization  ►

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





SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Name of the organization

BLESSED STEPHEN BELLESINI OSA ACADEMY, INC.

Employer identification number

04-3585445

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other .....

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance .....
- d** Additions during the year .....
- e** Distributions during the year .....
- f** Ending balance .....

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment  %
- b** Permanent endowment  %
- c** Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations .....
- (ii)** related organizations .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		426,559	320,600	105,959
<b>e</b> Other .....		2,934,058	543,914	2,390,144
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,496,103

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and Total.

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes. Rows (1) through (9) and Total.

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



**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Schools**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2013**

Open to Public Inspection

**BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.**

Employer identification number  
**04-3585445**

**Part I**

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	X	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II. <b>DISCUSSED ON WEB SITE AND BROCHURES.</b>	X	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	X	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		X
b Admissions policies?		X
c Employment of faculty or administrative staff?		X
d Scholarships or other financial assistance?		X
e Educational policies?		X
f Use of facilities?		X
g Athletic programs?		X
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a Does the organization receive any financial aid or assistance from a governmental agency?		X
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		X
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	X	

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.**

Employer identification number

**04-3585445**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
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				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>8</b>	<b>89,878</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

**29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**Open to Public  
Inspection**BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.**

Employer identification number

**04-3585445****Form 990, Part I, Line 6****Partime teachers aids****Form 990, Part III, Line 4d - All Other Accomplishment****DEPRECIABLE ASSETS UTILIZED IN THE EDUCATION OF THE  
STUDENTS OF THE SCHOOL.****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990****The Organization's Form 990 is compiled from the audited financial  
statements by a preparer and reviewed by the audit committee and Executive  
Director. The audit committee then gives the Board of Directors an  
overview of the return and makes the return available for all Directors.  
The Treasurer and Executive Director sign off on the final return filing  
after review with audit committee.****Form 990, Part VI, Line 15a - Compensation Process for Top Official****Board reviews the executive director's salary based on the terms of the  
contract. Compensation of surrounding schools for the same position is  
taken into consideration. The executive board then makes the final  
decision.****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****Copies of all documents are available for viewing at the request of the  
individual. An appointment can be made for the review of all documents  
requested including the 1023, 990 and audited financial statements.**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Prior MACRS:</b>									
12	DELL COMPUTER	10/02/03	495			495	5 MQ S/L	495	0
13	HP DIGITAL PROJECTOR	1/22/04	9,750			9,750	5 MQ S/L	9,750	0
14	LAP TOP PSA 40U	4/09/04	1,400			1,400	5 HY S/L	1,400	0
15	SOFTWARE GQ TEACHERS HUNTER	2/29/04	820			820	3 HY S/L	820	0
16	SCHOOL FURNITURE	9/24/03	1,277			1,277	7 HY S/L	1,277	0
17	CLASSROOM FURNITURE	10/10/03	500			500	7 HY S/L	500	0
18	TEXT BOOKS	12/31/03	7,171			7,171	5 HY S/L	7,171	0
19	ALARM SYSTEM	9/04/03	2,205			2,205	5 HY S/L	2,205	0
20	ELECTRIC & CABLE	11/11/03	600			600	5 HY S/L	600	0
21	GE CAPITAL	8/25/03	20,342			20,342	5 HY S/L	20,342	0
22	PLUMBING & ELECTRIC	8/30/03	25,000			25,000	5 HY S/L	25,000	0
23	FIRE ALARM SYSTEM	8/30/03	3,000			3,000	5 HY S/L	3,000	0
24	21 DELL LAP TOPS	4/01/05	21,000			21,000	3 MQ S/L	21,000	0
25	CAMERA EQUIP	6/30/05	1,434			1,434	5 MQ S/L	1,434	0
26	LAP TOP COMPUTER	4/29/05	3,330			3,330	5 MQ S/L	3,330	0
27	DESK & BOOKCASES	6/30/05	3,995			3,995	7 MQ S/L	3,995	0
28	BOOKS FOR CLASSROOM	6/30/05	4,720			4,720	10 MQ S/L	3,894	472
50	Smart Solutions Comp Server	8/31/07	83,061			83,061	5 HY S/L	83,061	0
51	Barracuta fire wall	1/25/08	4,416			4,416	5 HY S/L	4,416	0
52	Laptop, Kara	3/18/08	800			800	3 HY S/L	800	0
53	GHA Tech Software	9/13/07	1,896			1,896	5 HY S/L	1,896	0
54	Library books, donated	6/30/08	840			840	5 HY S/L	840	0
55	Resources for Christian Living	9/10/07	689			689	5 HY S/L	689	0
56	Follet Educ Serv Books	12/13/07	1,055			1,055	5 HY S/L	1,055	0
57	Amazon Books-textbooks	6/30/08	3,593			3,593	5 HY S/L	3,593	0
58	Microsoft upgrade	3/18/08	817			817	5 HY S/L	817	0
			<u>204,206</u>			<u>204,206</u>		<u>203,380</u>	<u>472</u>
<b>Other Depreciation:</b>									
1	SCHOOL EQUIPMENT	1/02/03	2,153			2,153	5 MO S/L	2,153	0
2	LIBRARY BOOKS	1/02/03	13,647			13,647	10 MO S/L	13,647	0
3	TEXT BOOKS	1/02/03	12,002			12,002	5 MO S/L	12,002	0
4	LEASEHOLD IMPROVEMENTS	1/02/03	2,650			2,650	5 MO S/L	2,650	0
5	LEASEHOLD IMPROVEMENTS	1/02/03	1,143			1,143	5 MO S/L	1,143	0
6	MODULAR UNITS	9/01/02	62,842			62,842	5 MO S/L	62,842	0
7	COMPUTER EQUIPMENT	1/02/03	6,700			6,700	5 MO S/L	6,700	0
8	COMPUTER SOFTWARE	1/02/03	5,195			5,195	3 MO S/L	5,195	0
9	OFFICE EQUIPMENT & FURNITURE	1/02/03	3,630			3,630	5 MO S/L	3,630	0
10	OFFICE EQUIPMENT & FURNITURE	1/02/03	4,445			4,445	7 MO S/L	4,445	0
11	OFFICE EQUIPMENT & FURNITURE	1/02/03	8,550			8,550	7 MO S/L	8,550	0
29	TEXTBOOKS	10/01/04	1,331			1,331	5 MO S/L	1,331	0
30	PEARSONS EDUCATION	9/27/04	1,881			1,881	5 MO S/L	1,881	0
31	TEXTBOOKS VOC	11/02/04	543			543	5 MO S/L	543	0
32	BUILDING	6/30/05	540,000			540,000	39 MO S/L	106,795	13,846
33	RENOVATION BUILDING	8/31/05	919,501			919,501	39 MO S/L	186,651	23,577
34	1991 MAZDA SEDAN - DONATED	8/09/05	2,000			2,000	3 MO S/L	2,000	0
35	CHALKBOARDS	9/23/05	1,690			1,690	7 MO S/L	1,690	0
36	FURNITURE - USED	11/01/05	38,305			38,305	7 MO S/L	38,305	0
37	3 DRAW STEEL FILE	12/28/05	457			457	7 MO S/L	457	0
38	LIBRARY FURNITURE	12/28/05	8,552			8,552	7 MO S/L	8,552	0
39	LAPTOP CART AND ACCESS.	12/28/05	890			890	7 MO S/L	890	0
40	SPORTS EQUIPMENT	3/03/06	2,850			2,850	3 MO S/L	2,850	0
41	PIANO KEYBOARD	3/03/06	400			400	3 MO S/L	400	0
42	MASTER COMPUTER	10/07/05	1,043			1,043	5 MO S/L	1,043	0
43	USED COMPUTER EQUIPMENT	11/01/05	2,380			2,380	3 MO S/L	2,380	0
44	COMPUTER	6/20/06	856			856	5 MO S/L	856	0
45	NARMIA BOOKS	12/01/05	1,400			1,400	5 MO S/L	1,400	0
46	RESOURCES FOR CHRISTIAN LIVING	9/23/05	751			751	5 MO S/L	751	0
47	DONATED TEXT BOOKS	1/01/06	4,030			4,030	5 MO S/L	4,030	0
48	TEXT BOOKS RESOURCE	9/23/05	751			751	5 MO S/L	751	0
	<b>Total Other Depreciation</b>		<u>1,652,568</u>			<u>1,652,568</u>		<u>486,513</u>	<u>37,423</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,652,568</u>			<u>1,652,568</u>		<u>486,513</u>	<u>37,423</u>



**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Amortization:</b>									
49	LOAN FEE	8/10/05	4,853			4,853	5 MOAmort	4,853	0
			<u>4,853</u>			<u>4,853</u>		<u>4,853</u>	<u>0</u>
<b>Grand Totals</b>			1,861,627			1,861,627		694,746	37,895
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,861,627</u>			<u>1,861,627</u>		<u>694,746</u>	<u>37,895</u>

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>									
12	DELL COMPUTER	10/02/03	495			495	5 MQ S/L	495	0
13	HP DIGITAL PROJECTOR	1/22/04	9,750			9,750	5 MQ S/L	9,750	0
14	LAP TOP PSA 40U	4/09/04	1,400			1,400	5 HY S/L	1,400	0
15	SOFTWARE GQ TEACHERS HUNTER	2/29/04	820			820	5 HY S/L	820	0
16	SCHOOL FURNITURE	9/24/03	1,277			1,277	7 HY S/L	1,277	0
17	CLASSROOM FURNITURE	10/10/03	500			500	7 HY S/L	500	0
18	TEXT BOOKS	12/31/03	7,171			7,171	5 HY S/L	7,171	0
19	ALARM SYSTEM	9/04/03	2,205			2,205	5 HY S/L	2,205	0
20	ELECTRIC & CABLE	11/11/03	600			600	5 HY S/L	600	0
21	GE CAPITAL	8/25/03	20,342			20,342	5 HY S/L	20,342	0
22	PLUMBING & ELECTRIC	8/30/03	25,000			25,000	5 HY S/L	25,000	0
23	FIRE ALARM SYSTEM	8/30/03	3,000			3,000	5 HY S/L	3,000	0
42	MASTER COMPUTER	10/07/05	1,043			1,043	5 HY 150DB	1,043	0
50	Smart Solutions Comp Server	8/31/07	83,061			83,061	5 HY S/L	83,061	0
51	Barracuta fire wall	1/25/08	4,416			4,416	5 HY S/L	4,416	0
52	Laptop, Kara	3/18/08	800			800	3 HY S/L	800	0
53	GHA Tech Software	9/13/07	1,896			1,896	5 HY S/L	1,896	0
54	Library books, donated	6/30/08	840			840	5 HY S/L	840	0
55	Resources for Christian Living	9/10/07	689			689	5 HY S/L	689	0
56	Follet Educ Serv Books	12/13/07	1,055			1,055	5 HY S/L	1,055	0
57	Amazon Books-textbooks	6/30/08	3,593			3,593	5 HY S/L	3,593	0
58	Microsoft upgrade	3/18/08	817			817	5 HY S/L	817	0
			<u>170,770</u>			<u>170,770</u>		<u>170,770</u>	<u>0</u>
<b>Other Depreciation:</b>									
1	SCHOOL EQUIPMENT	1/02/03	0			0	0 HY	0	0
2	LIBRARY BOOKS	1/02/03	0			0	0 HY	0	0
3	TEXT BOOKS	1/02/03	0			0	0 HY	0	0
4	LEASEHOLD IMPROVEMENTS	1/02/03	2,650			2,650	5 MO S/L	2,650	0
5	LEASEHOLD IMPROVEMENTS	1/02/03	1,143			1,143	5 MO S/L	1,143	0
6	MODULAR UNITS	9/01/02	62,842			62,842	5 MO S/L	62,842	0
7	COMPUTER EQUIPMENT	1/02/03	6,700			6,700	5 MO S/L	6,700	0
8	COMPUTER SOFTWARE	1/02/03	5,195			5,195	3 MO S/L	5,195	0
9	OFFICE EQUIPMENT & FURNITURE	1/02/03	0			0	0 HY	0	0
10	OFFICE EQUIPMENT & FURNITURE	1/02/03	0			0	0 HY	0	0
11	OFFICE EQUIPMENT & FURNITURE	1/02/03	0			0	0 HY	0	0
24	21 DELL LAP TOPS	4/01/05	0			0	0 HY	0	0
25	CAMERA EQUIP	6/30/05	0			0	0 HY	0	0
26	LAP TOP COMPUTER	4/29/05	0			0	0 HY	0	0
27	DESK & BOOKCASES	6/30/05	0			0	0 HY	0	0
28	BOOKS FOR CLASSROOM	6/30/05	0			0	0 HY	0	0
29	TEXTBOOKS	10/01/04	0			0	0 HY	0	0
30	PEARSONS EDUCATION	9/27/04	0			0	0 HY	0	0
31	TEXTBOOKS VOC	11/02/04	0			0	0 HY	0	0
32	BUILDING	6/30/05	0			0	0 HY	0	0
33	RENOVATION BUILDING	8/31/05	0			0	0 HY	0	0
34	1991 MAZDA SEDAN - DONATED	8/09/05	0			0	0 HY	0	0
35	CHALKBOARDS	9/23/05	1,690			1,690	7 MO S/L	1,690	0
36	FURNITURE - USED	11/01/05	0			0	0 HY	0	0
37	3 DRAW STEEL FILE	12/28/05	457			457	7 MO S/L	457	0
38	LIBRARY FURNITURE	12/28/05	8,552			8,552	7 MO S/L	8,552	0
39	LAPTOP CART AND ACCESS.	12/28/05	890			890	7 MO S/L	890	0
40	SPORTS EQUIPMENT	3/03/06	2,850			2,850	3 MO S/L	2,850	0
41	PIANO KEYBOARD	3/03/06	400			400	3 MO S/L	400	0
43	USED COMPUTER EQUIPMENT	11/01/05	0			0	0 HY	0	0
44	COMPUTER	6/20/06	856			856	5 MO S/L	856	0
45	NARMIA BOOKS	12/01/05	1,400			1,400	5 MO S/L	1,400	0
46	RESOURCES FOR CHRISTIAN LIVING	9/23/05	751			751	5 MO S/L	751	0
47	DONATED TEXT BOOKS	1/01/06	4,030			4,030	5 MO S/L	4,030	0
48	TEXT BOOKS RESOURCE	9/23/05	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>100,406</u>			<u>100,406</u>		<u>100,406</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>100,406</u>			<u>100,406</u>		<u>100,406</u>	<u>0</u>

**AMT Asset Report**

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Bus %</u>	<u>Sec 179 Bonus</u>	<u>Basis for Depr</u>	<u>Per Conv Meth</u>	<u>Prior</u>	<u>Current</u>
	<b>Grand Totals</b>		271,176			271,176		271,176	0
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>271,176</u>			<u>271,176</u>		<u>271,176</u>	<u>0</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	12	DELL COMPUTER	0	0	0
Page 1	1	13	HP DIGITAL PROJECTOR	0	0	0
Page 1	1	14	LAP TOP PSA 40U	0	0	0
Page 1	1	15	SOFTWARE GQ TEACHERS HUNTER	0	0	0
Page 1	1	16	SCHOOL FURNITURE	0	0	0
Page 1	1	17	CLASSROOM FURNITURE	0	0	0
Page 1	1	18	TEXT BOOKS	0	0	0
Page 1	1	19	ALARM SYSTEM	0	0	0
Page 1	1	20	ELECTRIC & CABLE	0	0	0
Page 1	1	21	GE CAPITAL	0	0	0
Page 1	1	22	PLUMBING & ELECTRIC	0	0	0
Page 1	1	23	FIRE ALARM SYSTEM	0	0	0
Page 1	1	50	Smart Solutions Comp Server	0	0	0
Page 1	1	51	Barracuta fire wall	0	0	0
Page 1	1	52	Laptop, Kara	0	0	0
Page 1	1	53	GHA Tech Software	0	0	0
Page 1	1	54	Library books, donated	0	0	0
Page 1	1	55	Resources for Christian Living	0	0	0
Page 1	1	56	Follet Educ Serv Books	0	0	0
Page 1	1	57	Amazon Books-textbooks	0	0	0
Page 1	1	58	Microsoft upgrade	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
12	DELL COMPUTER	10/02/03	495	0	0
13	HP DIGITAL PROJECTOR	1/22/04	9,750	0	0
14	LAP TOP PSA 40U	4/09/04	1,400	0	0
15	SOFTWARE GQ TEACHERS HUNTER	2/29/04	820	0	0
16	SCHOOL FURNITURE	9/24/03	1,277	0	0
17	CLASSROOM FURNITURE	10/10/03	500	0	0
18	TEXT BOOKS	12/31/03	7,171	0	0
19	ALARM SYSTEM	9/04/03	2,205	0	0
20	ELECTRIC & CABLE	11/11/03	600	0	0
21	GE CAPITAL	8/25/03	20,342	0	0
22	PLUMBING & ELECTRIC	8/30/03	25,000	0	0
23	FIRE ALARM SYSTEM	8/30/03	3,000	0	0
24	21 DELL LAP TOPS	4/01/05	21,000	0	0
25	CAMERA EQUIP	6/30/05	1,434	0	0
26	LAP TOP COMPUTER	4/29/05	3,330	0	0
27	DESK & BOOKCASES	6/30/05	3,995	0	0
28	BOOKS FOR CLASSROOM	6/30/05	4,720	354	0
50	Smart Solutions Comp Server	8/31/07	83,061	0	0
51	Barracuta fire wall	1/25/08	4,416	0	0
52	Laptop, Kara	3/18/08	800	0	0
53	GHA Tech Software	9/13/07	1,896	0	0
54	Library books, donated	6/30/08	840	0	0
55	Resources for Christian Living	9/10/07	689	0	0
56	Follet Educ Serv Books	12/13/07	1,055	0	0
57	Amazon Books-textbooks	6/30/08	3,593	0	0
58	Microsoft upgrade	3/18/08	817	0	0
			<u>204,206</u>	<u>354</u>	<u>0</u>

**Other Depreciation:**

1	SCHOOL EQUIPMENT	1/02/03	2,153	0	0
2	LIBRARY BOOKS	1/02/03	13,647	0	0
3	TEXT BOOKS	1/02/03	12,002	0	0
4	LEASEHOLD IMPROVEMENTS	1/02/03	2,650	0	0
5	LEASEHOLD IMPROVEMENTS	1/02/03	1,143	0	0
6	MODULAR UNITS	9/01/02	62,842	0	0
7	COMPUTER EQUIPMENT	1/02/03	6,700	0	0
8	COMPUTER SOFTWARE	1/02/03	5,195	0	0
9	OFFICE EQUIPMENT & FURNITURE	1/02/03	3,630	0	0
10	OFFICE EQUIPMENT & FURNITURE	1/02/03	4,445	0	0
11	OFFICE EQUIPMENT & FURNITURE	1/02/03	8,550	0	0
29	TEXTBOOKS	10/01/04	1,331	0	0
30	PEARSONS EDUCATION	9/27/04	1,881	0	0
31	TEXTBOOKS VOC	11/02/04	543	0	0
32	BUILDING	6/30/05	540,000	13,846	0
33	RENOVATION BUILDING	8/31/05	919,501	23,577	0
34	1991 MAZDA SEDAN - DONATED	8/09/05	2,000	0	0
35	CHALKBOARDS	9/23/05	1,690	0	0
36	FURNITURE - USED	11/01/05	38,305	0	0
37	3 DRAW STEEL FILE	12/28/05	457	0	0
38	LIBRARY FURNITURE	12/28/05	8,552	0	0
39	LAPTOP CART AND ACCESS.	12/28/05	890	0	0
40	SPORTS EQUIPMENT	3/03/06	2,850	0	0
41	PIANO KEYBOARD	3/03/06	400	0	0
42	MASTER COMPUTER	10/07/05	1,043	0	0
43	USED COMPUTER EQUIPMENT	11/01/05	2,380	0	0
44	COMPUTER	6/20/06	856	0	0
45	NARMIA BOOKS	12/01/05	1,400	0	0
46	RESOURCES FOR CHRISTIAN LIVING	9/23/05	751	0	0
47	DONATED TEXT BOOKS	1/01/06	4,030	0	0
48	TEXT BOOKS RESOURCE	9/23/05	751	0	0

**Future Depreciation Report****FYE: 6/30/15****Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>1,652,568</u>	<u>37,423</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>1,652,568</u>	<u>37,423</u>	<u>0</u>
<b><u>Amortization:</u></b>					
49	LOAN FEE	8/10/05	<u>4,853</u>	<u>0</u>	<u>0</u>
			<u>4,853</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>1,861,627</u>	<u>37,777</u>	<u>0</u>

Form **990****Two Year Comparison Report****2012 & 2013**For calendar year 2013, or tax year beginning **07/01/13**, ending **06/30/14**

Name

Taxpayer Identification Number

**BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.****04-3585445**

		2012	2013	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	<b>746,614</b>	<b>1,246,209</b>	<b>499,595</b>
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	<b>15,710</b>	<b>20,017</b>	<b>4,307</b>
	5. Investment income	<b>1,624</b>	<b>1,406</b>	<b>-218</b>
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>763,948</b>	<b>1,267,632</b>	<b>503,684</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	<b>605,816</b>	<b>645,476</b>	<b>39,660</b>
	17. Professional fundraising fees			
	18. Other professional fees	<b>10,838</b>	<b>10,417</b>	<b>-421</b>
	19. Occupancy, rent, utilities, and maintenance	<b>88,210</b>	<b>90,419</b>	<b>2,209</b>
	20. Depreciation and Depletion	<b>131,069</b>	<b>121,827</b>	<b>-9,242</b>
	21. Other expenses	<b>192,528</b>	<b>169,747</b>	<b>-22,781</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,028,461</b>	<b>1,037,886</b>	<b>9,425</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-264,513</b>	<b>229,746</b>	<b>494,259</b>
<b>Other Information</b>	24. Total exempt revenue	<b>763,948</b>	<b>1,267,632</b>	<b>503,684</b>
	25. Total unrelated revenue			
	26. Total excludable revenue	<b>763,948</b>	<b>1,267,632</b>	<b>503,684</b>
	27. Total assets	<b>3,217,056</b>	<b>3,362,154</b>	<b>145,098</b>
	28. Total liabilities	<b>223,687</b>	<b>139,039</b>	<b>-84,648</b>
	29. Retained earnings	<b>2,993,369</b>	<b>3,223,115</b>	<b>229,746</b>
	30. Number of voting members of governing body	<b>17</b>	<b>16</b>	
	31. Number of independent voting members of governing body	<b>17</b>	<b>16</b>	
	32. Number of employees	<b>26</b>	<b>32</b>	
33. Number of volunteers				

Form **990T** **Two Year Comparison Report** **2012 & 2013**  
 For calendar year 2013, or tax year beginning **07/01/13**, ending **06/30/14**

Name **BLESSED STEPHEN BELLESINI OSA ACADEMY, INC.** Taxpayer Identification Number **04-3585445**

		2012	2013	Differences	
<b>Revenue</b>	1. Gross profit/loss on business activities	1.			
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>			
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.			
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.			
	18. Charitable contributions	18.			
	19. Depreciation and Depletion	19.			
	20. Contributions to deferred compensation plans	20.			
	21. Employee benefit programs	21.			
	22. Other deductions	22.			
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>			
	<b>24. Taxable income before NOL.</b> Subtract line 23 from 11	<b>24.</b>			
	25. Net operating loss deduction	25.			
	26. Specific deduction	26.	1,000	1,000	
	<b>27. Unrelated business taxable income.</b>	<b>27.</b>	<b>-1,000</b>	<b>-1,000</b>	
	<b>Tax &amp; Credits</b>	28. Income tax (corporate or trust)	28.		
29. Proxy tax		29.			
30. Alternative minimum tax		30.			
<b>31. Total taxes</b>		<b>31.</b>			
32. Other credits		32.			
33. General business credit		33.			
34. Credit for prior year minimum tax		34.			
<b>35. Total credits</b>		<b>35.</b>			
<b>36. Net tax after credits</b>		<b>36.</b>			
37. Recapture taxes		37.			
<b>38. Total Taxes</b>	<b>38.</b>				
<b>Due/Refund</b>	39. Prior year overpayment and estimated tax payments	39.			
	40. Payment made with extension	40.			
	41. Backup withholding and foreign withholding	41.			
	42. Other payments	42.			
	<b>43. Total payments</b>	<b>43.</b>			
	<b>44. Balance due/(Overpayment)</b>	<b>44.</b>			
	45. Overpayment applied to next year	45.			
	46. Penalties	46.			
	<b>47. Total due/(Refund)</b>	<b>47.</b>			



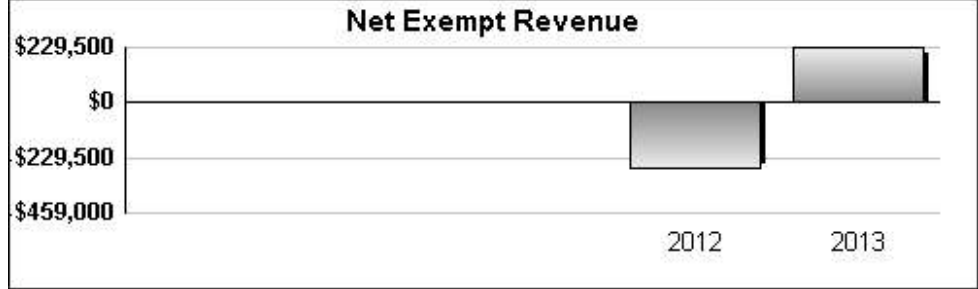
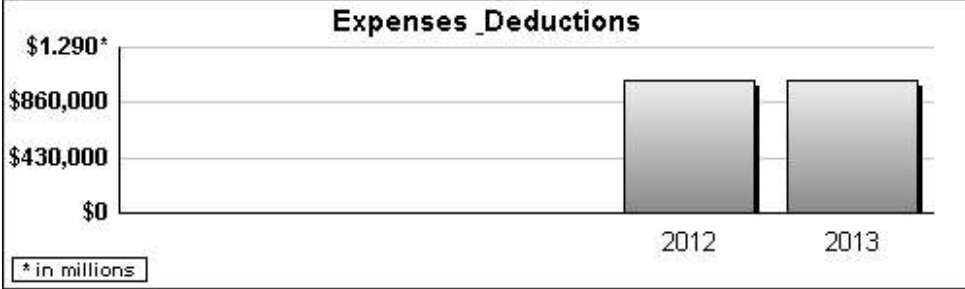
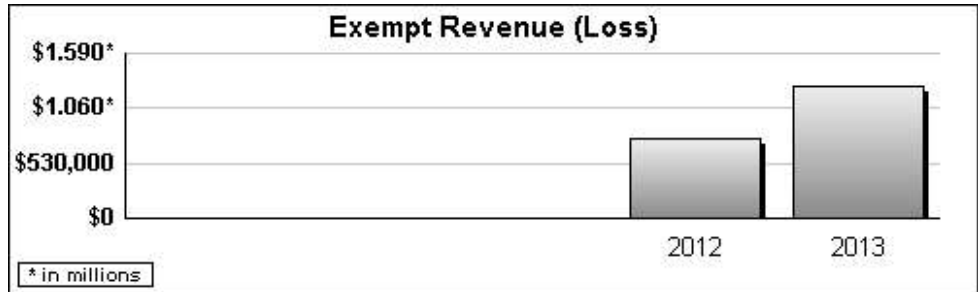
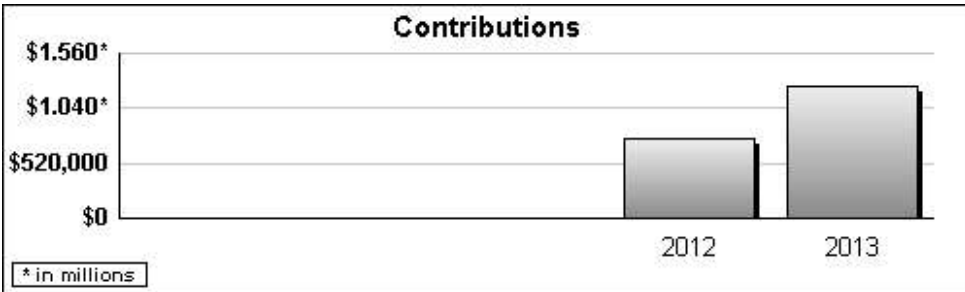
Form **990****Tax Return History****2013**Name **BLESSED STEPHEN BELLESINI OSA  
ACADEMY, INC.**Employer Identification Number  
**04-3585445**

	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants .....				746,614	1,246,209	
Membership dues .....						
Program service revenue .....				15,710	20,017	
Capital gain or loss .....						
Investment income .....				1,624	1,406	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....				763,948	1,267,632	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				614,505	645,476	
Professional fees .....					10,417	
Occupancy costs .....				88,210	90,419	
Depreciation and depletion .....				131,069	121,827	
Other expenses .....				203,366	169,747	
<b>Total expenses</b> .....				1,037,150	1,037,886	
<b>Excess or (Deficit)</b> .....				-273,202	229,746	
Total exempt revenue .....				763,948	1,267,632	
Total unrelated revenue .....						
Total excludable revenue .....				763,948	1,267,632	
Total Assets .....				3,217,056	3,362,154	
Total Liabilities .....				223,687	139,039	
Net Fund Balances .....				2,993,369	3,223,115	

Form **990T** Tax Return History 2013

Name **BLESSED STEPHEN BELLESINI OSA ACADEMY, INC.** Employer Identification Number **04-3585445**

	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

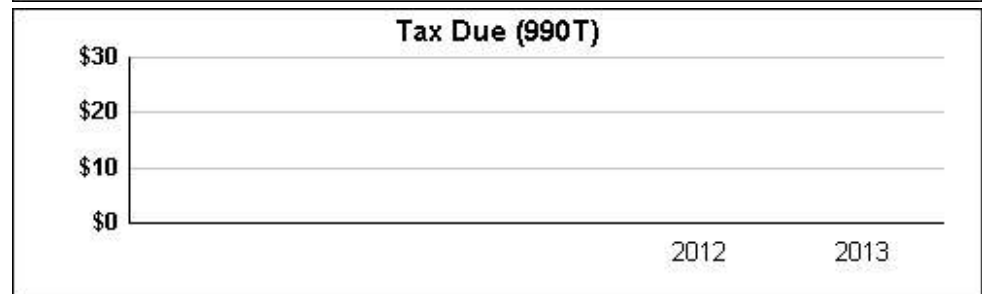
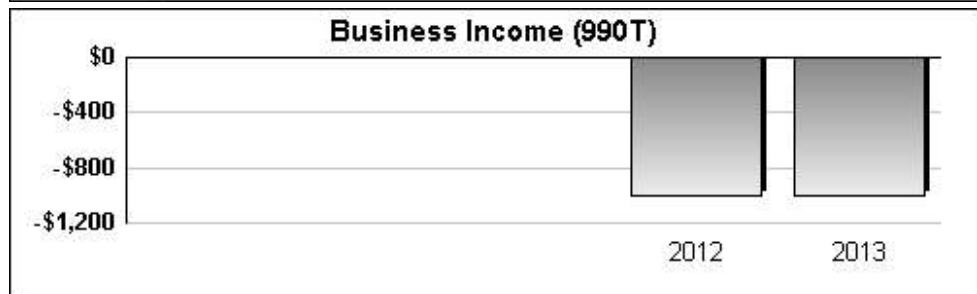
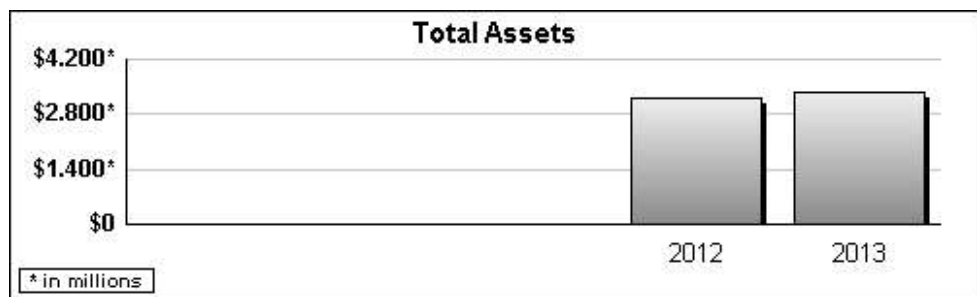


Form **990T** **Tax Return History** **2013**

Name **BLESSED STEPHEN BELLESINI OSA ACADEMY, INC.** Employer Identification Number **04-3585445**

	2009	2010	2011	2012	2013	2014
Other deductions .....						
Net operating loss deduction .....						
Specific deduction .....				1,000	1,000	
<b>Income after expense and deductions</b>				<b>-1,000</b>	<b>-1,000</b>	
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b>						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b>						
Estimated tax payments .....						
Other payments .....						
<b>Balance due/Overpayment</b>						

\* Income shown net of expenses



**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 1,406		14			
Total	<u>\$ 1,406</u>					

**Federal Statements****Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Transportation	\$ 8,520	\$ 8,420	\$ 100	\$
BOOKS & MATERIALS	6,505	6,505		
GRADUATE ALUMNI	6,504	6,504		
Bank Charges	6,405		6,405	
Supplies	6,280	6,280		
Technology	4,500	4,195	153	152
Professional Development	3,006	2,502	56	448
Postage	2,946		182	2,764
Office Supplies & Expense	1,594		125	1,469
Miscellaneous Expenses	265		265	
Total	<u>\$ 46,525</u>	<u>\$ 34,406</u>	<u>\$ 7,286</u>	<u>\$ 4,833</u>