

**Short Form  
Return of Organization Exempt From Income Tax**

**2013**

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-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **BOSTON RENAISSANCE FOUNDATION, INC.**  
 Number and street (or P O box, if mail is not delivered to street address): **1415 HYDE PARK AVENUE**  
 Room/suite: \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **HYDE PARK, MA 02136**

**D** Employer identification number: **04-3241054**

**E** Telephone number: **(617) 357-0900**

**F** Group Exemption Number: ▶ \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ **N/A**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **136,121.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

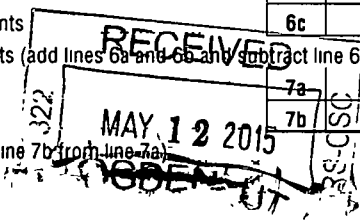
Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	136,091.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	30.
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Gaming and fundraising events	
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	136,121.
10	Grants and similar amounts paid (list in Schedule O)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O)	116,790.
17	<b>Total expenses.</b> Add lines 10 through 16	116,790.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19,331.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	314,415.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	333,746.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	292,261.	22	421,379.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	22,500.	24	940.
25 Total assets	314,761.	25	422,319.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	346.	26	88,573.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	314,415.	27	333,746.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	SUPPORT OF THE BOSTON RENAISSANCE PUBLIC CHARTER SCHOOL		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ROGER HARRIS PRESIDENT	1.00	0.	0.	0.
ALBERT HOLLAND TREASURER	1.00	0.	0.	0.
PAULINE CIARAMITARO CLERK	1.00	0.	0.	0.
ELIZABETH CLARK DIRECTOR	1.00	0.	0.	0.
TOYA FARRAR DIRECTOR	1.00	0.	0.	0.
ROSA HUNTER DIRECTOR	1.00	0.	0.	0.
MILTON BENJAMIN DIRECTOR	1.00	0.	0.	0.
MONROE MOSELEY CHAIR	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

		<b>Yes</b>	<b>No</b>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.  
Check if the organization used Schedule O to respond to any question in this Part VI

		<b>Yes</b>	<b>No</b>
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ \_\_\_\_\_

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶  Yes  No

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 <span style="font-size: 1.2em;">4/28/15</span>
	Type or print name and title <b>ROGER HARRIS, PRESIDENT</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KRISTOFFER LANE</b>	Preparer's signature <b>KRISTOFFER LANE</b>	Date <b>03/20/15</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01446126</b>
	Firm's name ▶ <b>DANIEL DENNIS &amp; COMPANY LLP</b>			Firm's EIN ▶ <b>04-2734675</b>	
	Firm's address ▶ <b>990 WASHINGTON STREET, STE 308A DEDHAM, MA 02026</b>			Phone no <b>(617) 262-9898</b>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization **BOSTON RENAISSANCE FOUNDATION, INC.** Employer identification number **04-3241054**

**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?
 

	Yes	No
(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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- 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	
BOSTON RENAISSANCE	04-3289685	TYPE III	X		X		X		2,000.
<b>Total</b>	<b>1</b>								<b>2,000.</b>

LHA 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)					12	
<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 stop here <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))	14	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14	15	%
<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 stop here. 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 stop here. 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 stop here. 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 stop here. 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

**Part IV**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

Name of the organization

BOSTON RENAISSANCE FOUNDATION, INC.

Employer identification number

04-3241054

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST	30.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SCHOLARSHIPS	8,512.
BANKS AND OTHER FEES	1,324.
SPECIAL EVENT EXPENSE	96,195.
MISCELLANEOUS	3,979.
TRAVEL & MEALS	3,734.
CONTRIBUTIONS	2,000.
OFFICE EXPENSE	1,046.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>116,790.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,500.	940.
DUE TO RELATED PARTY	20,000.	0.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>22,500.</b>	<b>940.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO RELATED PARTY	0.	88,573.
ACCOUNTS PAYABLE	346.	0.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>346.</b>	<b>88,573.</b>

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

Name of the organization

BOSTON RENAISSANCE FOUNDATION, INC.

Employer identification number

04-3241054

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SUPPORT THE BOSTON  
RENAISSANCE PUBLIC CHARTER SCHOOL.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>BOSTON RENAISSANCE FOUNDATION, INC.</b>	Employer identification number (EIN) or <b>04-3241054</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1415 HYDE PARK AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HYDE PARK, MA 02136</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (Individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**BILLIE JO TURNER**

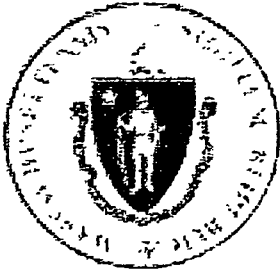
- The books are in the care of  **1415 HYDE PARK AVENUE - HYDE PARK, MA 02136**  
Telephone No.  **617 357-0900** Fax No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until MAY 15, 2015
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014
- 6 If the tax year entered in line 5 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension  
**TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature  Title  **PRESIDENT** Date



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth, Corporations  
Division

One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**Public Browse and Search - Entity Results**

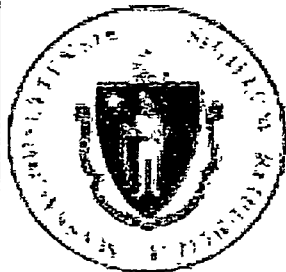


Help with this form

**1 Records Matched Your Begins With Search for Entity Name:  
Boston Renaissance Foundation, Inc.**

**(Page 1  
of 1)**

Entity Name	Identification Number	Old Identification Number	Principal Office Address, City, State, Zip, Country
<u>THE BOSTON RENAISSANCE FOUNDATION, INC.</u>	043241054	000471853	1415 HYDE PARK AVENUE, HYDE PARK, MA 02136 USA



**The Commonwealth of Massachusetts  
William Francis Galvin**

Secretary of the Commonwealth, Corporations Division  
One Ashburton Place, 17th floor  
Boston, MA 02108-1512  
Telephone: (617) 727-9640

**THE BOSTON RENAISSANCE FOUNDATION, INC. Summary Screen**

 Help with this form

The exact name of the Nonprofit Corporation: THE BOSTON RENAISSANCE FOUNDATION, INC.

The name was changed from: BOSTON RENAISSANCE CHARTER SCHOOL, INC., THE on 5/1/2013

Merged with BOSTON RENAISSANCE CHARTER SCHOOL FOUNDATION, INC. on 4/19/1995

Entity Type: Nonprofit Corporation

Identification Number: 043241054

Old Federal Employer Identification Number (Old FEIN): 000471853

Date of Organization in Massachusetts: 07/26/1994

Current Fiscal Month / Day: /

Previous Fiscal Month / Day: 12 / 31

The location of its principal office in Massachusetts:

No. and Street: 1415 HYDE PARK AVENUE

City or Town: HYDE PARK State: MA Zip: 02136 Country: USA

If the business entity is organized wholly to do business outside Massachusetts, the location of that office:

No. and Street:

City or Town: State: Zip: Country:

The name and address of the Resident Agent:

Name:

No. and Street:

City or Town:

State:

Zip:

Country:

**The officers and all of the directors of the corporation:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> (no PO Box) Address, City or Town, State, Zip Code	<b>Expiration of Term</b>
PRESIDENT	ROGER F. HARRIS DR.	17 CASTLE DR. SHARON, MA 02067 USA	
TREASURER	ALBERT HOLLAND DR.	4 MILL ST. DORCHESTER, MA 02124 USA	
CLERK	PAULINE CIARAMITARO	15 SUMMER ST. SAUGUS, MA 01906 USA	
DIRECTOR	STEPHANIE IVY	13226 ADMIRAL AVE. MARINA DEL REY, CA 90290 USA	
DIRECTOR	MARTIN SOMERS	25 CHASE DR. SHARON, MA 02067 USA	
DIRECTOR	MONROE MOSELEY	81-A GLEN RD. BOSTON, MA 02130 USA	

Consent

Manufacturer

Confidential Data

Does Not Require Annual Report

Partnership

Resident Agent

For Profit

Merger Allowed

**Select a type of filing from below to view this business entity filings:**

ALL FILINGS

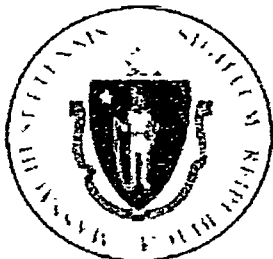
Annual Report

Application For Revival

Articles of Amendment

Articles of Consolidation - Foreign and Domestic

Comments



The Commonwealth of Massachusetts  
William Francis Galvin

Date: Wednesday,  
May 01, 2013

**FAX VOUCHER COVERSHEET  
PAYMENT CONFIRMATION**

Click [HERE](#) to print this page to fax with a filing

Fax to: 617-624-3891

Fax Voucher Number: **2386573659**  
Contact Name: Pauline Ciaramitaro  
Contact Phone: (617) 357-0900  
Contact Email: [pciaramitaro@bostonrenaissance.org](mailto:pciaramitaro@bostonrenaissance.org)  
Confirmation DateTime: 5/1/2013 11:46:56 AM  
Confirmation Number: 121078  
Invoice Number: 0300007F000857862143268  
Payment Id: 3553878  
Transaction Id: 85786  
Transaction Category: Nonprofit Corporation  
Description: Articles of Amendment

Filing Fee: \$15.00  
Expedited Service Fee: \$3.50  
Total Fee: \$18.50

Your payment has been successfully processed. Please print this page and use it as a cover sheet for your fax filing. Fax your filing along with this cover sheet to **617-624-3891**. Each filing requires a separate cover sheet. If your submission is rejected for any reason we will contact you immediately.

**E-check Transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned you will be billed for the transaction at that time.**

If you have any questions or concerns you may contact our office at (617) 727-9640 or e-mail us at [corpinfo@sec.state.ma.us](mailto:corpinfo@sec.state.ma.us)

**Thank You for using our online service.**

Click [HERE](#) to print this page

Click [HERE](#) to return to the home page

# The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

## ARTICLES OF AMENDMENT (General Laws, Chapter 180, Section 7)

Examiner

Name  
Approved

We, Roger F. Harris, \*President / ~~\*XXXXXX~~

and Pauline Claramitaro, \*Clerk / ~~\*XXXXXX~~

of The Boston Renaissance Charter School, Inc.  
(Exact name of corporation)

located at 1415 Hyde Park Avenue, Hyde Park, MA 02136  
(Address of corporation in Massachusetts)

do hereby certify that these Articles of Amendment affecting articles numbered:

1 and 2

(Number those articles 1, 2, 3, and/or 4 being amended)

of the Articles of Organization were duly adopted at a meeting held on April 29 2013, by vote of:

~~XXXXXX~~ two directors, or ~~XXXXXX~~\*\*

- Being at least two-thirds of its members legally qualified to vote in meetings of the corporation; OR
- Being at least two-thirds of its directors where there are no members pursuant to General Laws, Chapter 180, Section 3; OR
- In the case of a corporation having capital stock, by the holders of at least two-thirds of the capital stock having the right to vote therein.

C  
P  
M  
R.A.

\*Delete the Inapplicable words.

\*\*Check only one box that applies.

Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

P.C.



**ARTICLE I**

**The name of the corporation is:**

**The Boston Renaissance Foundation, Inc.**

**ARTICLE II**

**The purpose of the corporation is to engage in the following activities:**

**To create positive opportunities for the academic, social, and emotional development of underserved youth and families of Boston, Massachusetts and surrounding communities.**

**To assist in the establishment of programs which prepare youth, and their families, to become successful and productive citizens in a 21st century global community.**

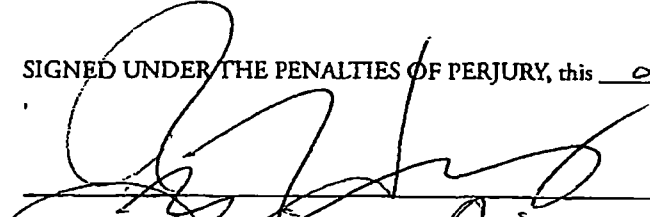
**To work with individuals and institutions to provide resources to accomplish this mission.**

**To carry on any business and engage in any activities, whether or not related to those specified in the foregoing paragraphs, as may be permitted to a corporation organized under Chapter 180 of the General Laws of the Commonwealth of Massachusetts, as from time to time amended, provided that such activities shall at all times be consistent with the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.**

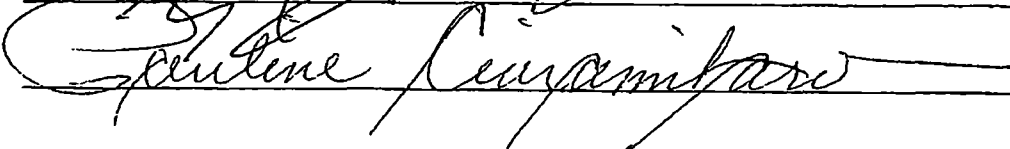
The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a *later* effective date not more than *thirty days* after such filing, in which event the amendment will become effective on such later date.

Later effective date: \_\_\_\_\_

SIGNED UNDER THE PENALTIES OF PERJURY, this 29 day of April, 2013



\_\_\_\_\_, \*President / ~~XXXXXX~~



\_\_\_\_\_, \*Clerk / ~~XXXXXX~~

\*Delete the inapplicable words.

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT

(General Laws, Chapter 180, Section 7)

I hereby approve the within Articles of Amendment and, the filing fee in the amount of \$ \_\_\_\_\_ having been paid, said articles are deemed to have been filed with me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

Effective date: \_\_\_\_\_

WILLIAM FRANCIS GALVIN

*Secretary of the Commonwealth*

TO BE FILLED IN BY CORPORATION

Contact information:

Pauline Ciaramitaro  
1415 Hyde Park Avenue  
Hyde Park, MA - 02136

Telephone: 617-357-0900 x 1115

Email: pciaramitaro@bostonrenaissance.org

A copy this filing will be available on-line at [www.state.ma.us/sec/cor](http://www.state.ma.us/sec/cor) once the document is filed.



# Fax Send Report

Date & Time : MAY-01-2013 11:45PM WED  
Fax Number : 816173570949  
Fax Name : BRCPS MAIN OFFICE  
Model Name : SCX-4x26 Series

No	Name/Number	Start Time	Time	Mode	Page	Result
647	816176243891	05-01 11:42PM	01'59	ECM	005/005	O.K

Secretary of the Commonwealth . Acknowledgment

Page 1 of 1

	
	<b>The Commonwealth of Massachusetts</b> William Francis Galvin
	Date: Wednesday, May 01, 2013
<b>FAX VOUCHER COVERSHEET</b> <b>PAYMENT CONFIRMATION</b>	
<a href="#">Click HERE</a> to print this page to fax with a filing	
<b>Fax to:</b>	617-624-3891
<b>Fax Voucher Number:</b>	<b>2386573659</b>
<b>Contact Name:</b>	Pauline Claramitara
<b>Contact Phone:</b>	(617) 357-0900
<b>Contact Email:</b>	pcclaramitara@bostonrenaissance.org
<b>Confirmation DateTime:</b>	5/1/2013 11:46:56 AM
<b>Confirmation Number:</b>	121078
<b>Invoice Number:</b>	0300007F000857862143268
<b>Payment Id:</b>	3553878
<b>Transaction Id:</b>	85786
<b>Transaction Category:</b>	Nonprofit Corporation
<b>Description:</b>	Articles of Amendment
<b>Filing Fee:</b>	\$15.00
<b>Expedited Service Fee:</b>	\$3.50
<b>Total Fee:</b>	\$18.50
<p>Your payment has been successfully processed. Please print this page and use it as a cover sheet for your fax filing. Fax your filing along with this cover sheet to 617-624-3891. Each filing requires a separate cover sheet. If your submission is rejected for any reason we will contact you immediately.</p> <p>E-check Transactions require final approval from your bank. Such approval may take 7 to 10 business days. If the payment is returned you will be billed for the transaction at that time.</p> <p>If you have any questions or concerns you may contact our office at (617) 727-9640 or e-mail us at <a href="mailto:corpinfo@sec.state.ma.us">corpinfo@sec.state.ma.us</a></p> <p>Thank You for using our online service</p> <p><a href="#">Click HERE</a> to print this page</p> <p><a href="#">Click HERE</a> to return to the home page</p>	