

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. LUMIND RESEARCH DOWN SYNDROME FOUNDATION	Employer identification number (EIN) or 37-1483975
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 225 CEDAR HILL STREET, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARLBOROUGH, MA 01752	

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-T (corporation)	07
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

MARLA MURASKO, INTERIM EXECUTIVE DIRECTOR

- The books are in the care of ▶ **225 CEDAR HILL STREET, SUITE 200 - MARLBOROUGH, MA 01752**
Telephone No. ▶ **508-630-2177** Fax No. ▶ **508-630-2101**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• 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).

Type or print		Enter filer's identifying number, see instructions
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LUMIND RESEARCH DOWN SYNDROME FOUNDATION	Employer identification number (EIN) or 37-1483975
	Number, street, and room or suite no. If a P.O. box, see instructions. 225 CEDAR HILL STREET, NO. 200	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARLBOROUGH, MA 01752	

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.

MARLA MURASKO, INTERIM EXECUTIVE DIRECTOR

• The books are in the care of **▶ 225 CEDAR HILL STREET, SUITE 200 - MARLBOROUGH, MA 01752**
 Telephone No. **▶ 508-630-2177** Fax No. **▶ 508-630-2101**

• 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 **AUGUST 15, 2017**

5 For calendar year , or other tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**

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
ORGANIZATION NEEDS ADDITIONAL EXTENSION DUE TO FINANCE COMMITTEE REQUESTING MORE TIME TO REVIEW FORM 990 PRIOR TO SUBMISSION. EXECUTIVE DIRECTOR LEFT ORGANIZATION WHILE AUDIT WAS IN PROCESS, INTERIM DIRECTOR NEEDS EXTRA TIME TO REVIEW AUDIT ALSO.

8a 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.	8a	\$	0.
8b 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.	8b	\$	0.
8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	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 **▶ INTERIM EXECUTIVE DIRECTOR** Date **▶** _____

2015

California Exempt Organization
Annual Information Return

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 10/01/2015, and ending (mm/dd/yyyy) 09/30/2016

Corporation/Organization name LUMIND RESEARCH DOWN SYNDROME FOUNDATION		California corporation number C2565388
Additional information. See instructions.		FEIN 37-1483975
Street address (suite or room) 225 CEDAR HILL STREET, NO. 200		PMB no.
City MARLBOROUGH	State MA	ZIP code 01752
Foreign country name	Foreign province/state/county	Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes," enter the gross receipts from nonmember sources \$ _____
D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) _____	L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/>
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS _____
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,258,754.00
	2 Gross dues and assessments from members and affiliates	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	3	1,576,150.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	2,834,904.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	518.00
	7 Total costs. Add line 5 and line 6	7	518.00
	8 Total gross income. Subtract line 7 from line 4	8	2,834,386.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	2,849,777.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-15,391.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16 Penalties and Interest. See General Instruction J	16	00
17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title INTERIM EXECUT	Date	Telephone
	Preparer's signature	Date 05/16/17	Check if self-employed <input type="checkbox"/>	PTIN P00303080
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address R. A. HALL & CO, LLC, CPA'S 183 STATE STREET BOSTON, MA 02109	Telephone 04-2578039	Telephone 617-723-3333	
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

**LUMIND RESEARCH DOWN SYNDROME
FOUNDATION**

37-1483975

528951 11-25-15

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	1,258,083.00
	2	Interest	2	10.00
	3	Dividends	3	410.00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 2	6	251.00
	7	Other income	7	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1,258,754.00
	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 3	9	1,615,000.00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 4	11	506,741.00
	12	Other salaries and wages	12	00
	13	Interest	13	00
	14	Taxes	14	45,117.00
	15	Rents	15	25,867.00
	16	Depreciation and depletion (See instructions)	16	00
	17	Other Expenses and Disbursements SEE STATEMENT 5	17	657,052.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,849,777.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		1,911,543.		1,850,519.	
2 Net accounts receivable		21,409.		32,762.	
3 Net notes receivable					
4 Inventories					
5 Federal and state government obligations					
6 Investments in other bonds					
7 Investments in stock					
8 Mortgage loans					
9 Other investments STMT 6		888.			
10 a Depreciable assets	9,936.		9,936.		
b Less accumulated depreciation	(9,936.)		(9,936.)		
11 Land					
12 Other assets STMT 7		353,913.		364,503.	
13 Total assets		2,287,753.		2,247,784.	
Liabilities and net worth					
14 Accounts payable		45,416.		48,092.	
15 Contributions, gifts, or grants payable		1,261,250.		1,323,750.	
16 Bonds and notes payable					
17 Mortgages payable					
18 Other liabilities STMT 8		128,969.		99,034.	
19 Capital stock or principal fund					
20 Paid-in or capital surplus. Attach reconciliation					
21 Retained earnings or income fund		852,118.		776,908.	
22 Total liabilities and net worth		2,287,753.		2,247,784.	

Schedule M-1 Reconciliation of income per books with income per return				
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.				
1 Net income per books	•	-15,391.	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	
6 Total. Add line 1 through line 5	•	-15,391.		-15,391.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
KAREN AND RICHARD SHEA	54 BLUE MILL ROAD MORRISTOWN, NJ 07960	06/03/16	15,000.
CHRISTOPHER LIS	281 CYPRESS LANE LIBERTYVILLE, IL 60048	03/04/16	5,000.
JAMES AND PATRICIA WHITE FUND	C/O FIDELITY CHARITABLE 755 PAGE MILL ROAD, SUITE A-200 PALO ALTO, CA 94304	09/28/16	500,000.
THE BENEVITY COMMUNITY IMPACT FUND	1521 GEORGETOWN ROAD HUDSON, OH 44236	11/21/15	10,000.
DENOBLE FAMILY FOUNDATION	50 PARK ROW WEST SUITE 113 PROVIDENCE, RI 02903	09/23/16	25,000.
TRACY NIXON	350 EAST 79TH STREET, APT 35A NEW YORK, NY 10075	02/12/16	10,000.
CANCER TREATMENT CENTERS OF AMERICA	5900 BROKEN SOUND PKWY NW BOCA RATON, FL 33487	04/22/16	12,500.
ROGER AND DAWN KAFKER VALLEY FUND	C/O FIDELITY CHARITABLE 200 CLARENDON STREET, 56TH FLOOR BOSTON, MA 02116	09/09/16	500,000.
MICHAEL AND DOROTHEA KANE CHARITABLE FUND	316 BEAUMONT ROAD DEVON, PA 19333	05/06/16	30,000.
MOLLY LAWSON FOUNDATION	5822 N 22ND PLACE PHEONIX, AZ 85016	02/12/16	15,000.
TOTAL INCLUDED ON LINE 3			1,122,500.

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	GROSS SALES PRICE
	518.	0.	0.	251.
TOTAL TO FORM 199, PAGE 2, LN 6	518.	0.	0.	251.

FORM 199 CASH CONTRIBUTIONS, GIFTS, GRANTS AND SIMILAR AMOUNTS PAID STATEMENT 3

ACTIVITY CLASSIFICATION: TO SUPPORT DOWN SYNDROME COGNITION MEDICAL RESEARCH

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
JOHN HOPKINS UNIVERSITY	725 N WOLFE STREET, BALTIMORE MD 21205	NONE	250,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF CALIFORNIA AT SAN DIEGO	9500 GILMAN DRIVE, LA JOLLA CA 92037	NONE	325,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
UNIVERSITY OF ARIZONA	1503 E UNIVERSITY BLVD, TUSCON AZ, 85721	NONE	250,000.

DONEES NAME	DONEES ADDRESS	RELATIONSHIP	AMOUNT
STANFORD UNIVERSITY	GILBERT RM 420A, STANFORD CA 94305	NONE	200,000.

LUMIND RESEARCH DOWN SYNDROME FOUNDATION

37-1483975

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
VA PALO ALTO HEALTH CARE SYSTEM	3801 MIRANDA AVE 151Y, PALO ALTO CA 94304	NONE	115,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
AC IMMUNE	EPFL INNOVATION PARK, LAUSANNE 1015, SZ	NONE	200,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
EMORY UNIVERSITY	201 DOWMAN DRIVE, ATLANTA GA 30322	NONE	275,000.

TOTAL FOR THIS ACTIVITY 1,615,000.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 1,615,000.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 4

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
RYAN M. HARTMAN 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	BOARD CHAIR AND PRESIDENT 5.00	0.
PATRICK KANNAN 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	BOARD TREASURER AND FINANC 1.00	0.
MICHAEL J. MANNOR, PHD 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	BOARD SECRETARY 1.00	0.
TERRY W. ANCEL 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	BOARD FUNDRAISING CHAIR 1.00	0.
AMY ALLISON 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	AUDIT COMMITTEE 1.00	0.
HAMPUS HILLERSTROM 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	BOARD VICE CHAIR 1.00	0.
DEBBIE MORRIS 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	MEMBER 1.00	0.
MARGIE DOYLE 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	MEMBER AT LARGE 1.00	0.
VIRGINIA BENNETT FLYNN 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	AUDIT CHAIR 1.00	0.
CHRISTOPHER LIS 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	MEMBER 1.00	0.
KAREN SHEA 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	MEMBER 1.00	0.

LUMIND RESEARCH DOWN SYNDROME FOUNDATION

37-1483975

ELLEN OLIVER 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	MARKETING MANAGER 40.00	63,167.
ANNE TIPPETT 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	VICE PRESIDENT OF DEVELOPM 40.00	111,242.
MARLA MURASKO 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	INTERIM EXECUTIVE DIRECTOR 40.00	0.
CAROLYN CRONIN 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	EXECUTIVE DIRECTOR 40.00	177,274.
MICHAEL M. HARPOLD, PHD 225 CEDAR HILL STREET, NO. 200 MARLBOROUGH, MA 01752	CHIEF SCIENTIFIC OFFICER 50.00	155,058.
TOTAL TO FORM 199, PART II, LINE 11		<u>506,741.</u>

FORM 199	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	AMOUNT
BANK FEES AND CREDIT CA	21,019.
POSTAGE AND SHIPPING	7,334.
STATE FILING FEES	5,718.
TELEPHONE	198.
DIRECT EXPENSES OF FUNDRAISING EVENTS	324,710.
MANAGEMENT FEES	74,003.
LEGAL FEES	7,794.
ACCOUNTING FEES	24,677.
OTHER PROFESSIONAL FEES	16,786.
ADVERTISING AND PROMOTION	60,372.
OFFICE EXPENSES	11,894.
INFORMATION TECHNOLOGY	7,721.
TRAVEL	43,749.
CONFERENCES AND CONVENTIONS	36,753.
INSURANCE	14,324.
TOTAL TO FORM 199, PART II, LINE 17	<u>657,052.</u>

FORM 199	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER INVESTMENTS	888.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	888.	0.

FORM 199	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	301,500.	298,855.
PREPAID EXPENSES AND DEFERRED CHARGES	51,069.	56,845.
SECURITY DEPOSITS	1,344.	1,344.
BLACKBAUD CLEARING	0.	7,459.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	353,913.	364,503.

FORM 199	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
WAGES AND TAXES PAYABLE	65,783.	47,204.
CREDIT CARD	0.	9,276.
DEFERRED REVENUE	63,186.	42,554.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	128,969.	99,034.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W. **FORM 199** FEIN **37-1483975**

Corporation name LUMIND RESEARCH DOWN SYNDROME FOUNDATION	California corporation number C2565388
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 COMPUTER - SAB	04/16/08	2,636.	2,636.	SL	5.00	0.	
2 SOFTWARE - RAISER'S EDGE 7	01/04/10	5,200.	5,200.	SL	3.00	0.	
3 SOFTWARE - RAISER'S EDGE 7SE	01/04/10	2,100.	2,100.	SL	3.00	0.	
TOTALS		9,936.	9,936.				

15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)	15	
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Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20 Total. Add the amounts in column (g)	20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12	22	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT <u>123533</u> LUMIND RESEARCH DOWN SYNDROME FOUNDATION <small>Name of Organization</small> <u>225 CEDAR HILL STREET, NO. 200</u> <small>Address (Number and Street)</small> <u>MARLBOROUGH, MA 01752</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>C2565388</u> Federal Employer I.D. No. <u>37-1483975</u>
--	--

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 10/01/2015 ending 09/30/2016) list:
 Gross annual revenue \$ 2,509,676. Total assets \$ 2,247,784.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 508-630-2177

Organization's e-mail address LUMINDRDS@LUMINDRDS.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

MARLA MURASKO

**INTERIM EXECUTIVE
 DIRECTO**

Signature of authorized officer

Printed Name

Title

Date

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 10/01/15 to 09/30/16

Attorney General's Account #: 044294

Federal ID #: 37-1483975

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 03/10/2004

Has the organization applied for or been granted IRS tax exempt status? Yes No

If yes, date of application OR date of determination letter: 03/10/2004

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? Yes No

Check all items attached (if applicable)

- Filing Fee or
- Electronic Payment Confirmation #
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Probate Account

Organization Data

Name: LUMIND RESEARCH DOWN SYNDROME FOUNDATION

Mailing Address: 225 CEDAR HILL STREET, NO. 200

City: MARLBOROUGH State: MA ZIP: 01752

Phone Number: 508-630-2177 Fax Number: _____

Email: LUMINDRDS@LUMINDRDS.ORG Website: LUMINDRDS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	9	Organization Purpose Code 1	48
Type of Organization (Table 2)	7	Organization Purpose Code 2	59

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

LUMIND RESEARCH DOWN SYNDROME
FOUNDATION

37-1483975

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

- On what date was the organization created? 11/21/2003
- Where was the organization created? PALO ALTO, CALIFORNIA
- What is the form of organization? (check one)

Corporation	<input checked="" type="checkbox"/>	Testamentary Trust	<input type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>	Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

- Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No
- Enter your summary of financial data:

	Financial Data	Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,601,150.
B.	Gross support and revenue	2,509,943.
C.	Program services and similar amounts paid out	2,283,536.
D.	Fundraising expenses	256,431.
E.	Management and general expenses	44,919.
F.	Payments to affiliates	0.
G.	Total expenses	2,584,886.
H.	Net assets or fund balances at the end of the year	776,908.

- List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	CAROLYN CRONIN EXECUTIVE DIRECTOR	40.00	177,274.	0.	0.
2.	MICHAEL HARPOLD CHIEF SCIENTIFIC OFFICER	50.00	155,058.	0.	0.
3.	ANNE TIPPETT VICE PRESIDENT OF DEVELOPMENT	40.00	111,242.	0.	0.
4.	ELLEN OLIVER MARKETING MANAGER	40.00	63,167.	0.	0.
5.	KAITLYN DOHELLI SPECIAL EVENTS COORDINATOR	40.00	40,846.	0.	0.

- Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

LUMIND RESEARCH DOWN SYNDROME
FOUNDATION

37-1483975

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	BLACKBAUD	52,466.	INFORMATION TECHNOLOGY
2.	ASSOCIATION DEVELOPMENT SOLUTI	41,231.	FUNDRAISING AND CONSULTING
3.	RIGHTTRACK SOLUTIONS	22,770.	WEBSITE DEVELOPMENT
4.	ECRATCHIT	15,687.	ACCOUNTING
5.	AZZANI SEARCH CONSULTANTS	8,400.	STAFFING CONSULTING

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
BANK OF AMERICA / ML WEALTH	PO BOX 25118, TAMPA, FL 33622	8006377455
CHASE	PO BOX 65974, SAN ANTONIO, TX 78266	8002427338
THE PRIVATE BANK	120 SOUTH LASALLE STREET, CHICAGO, IL 60603	8474828121

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: MARLA MURASKO

Street Address: 225 CEDAR HILL ST, #200

City: MARLBOROUGH State: MA ZIP Code: 01752

Phone Number: 508-630-2177

LUMIND RESEARCH DOWN SYNDROME
FOUNDATION

37-1483975

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No
If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

STATEMENT 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	1
---------	--	-----------	---

<u>NAME AND ADDRESS</u>	<u>TITLE</u>
CAROLYN CRONIN 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	EXECUTIVE DIRECTOR
RYAN HARTMAN 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD CHAIR AND PRESIDENT
HAMPUS HILLERSTROM 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD VICE CHAIR
PATRICK KANNAN 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER AND TREASURER
MICHAEL J. MANNOR PH.D 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER AND SECRETARY
VIRGINIA BENNETT FLYNN 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER AND AUDIT CHAIR
AMY ALLISON 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER
MARGIE DOYLE 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER
CHRISTOPHER LIS 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER
TERRY ANCEL 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER
DEBBIE MORRIS 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER
KAREN SHEA 225 CEDAR HILL ST,#200 MARLBOROUGH, MA 01752	BOARD MEMBER

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

INTERIM EXECUTIVE DIRECTOR

FORM PC

PAGE 4, LINE 18

STATEMENT 2

NAME AND ADDRESS

AREA OF RESPONSIBILITY

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

RESPONSIBLE FOR CUSTODY OF FUNDS

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

RESPONSIBLE FOR FUNDRAISING

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

CUSTODY OF FINANCIAL RECORDS

MARLA MURASKO
225 CEDAR HILL ST,#200
MARLBOROUGH, MA 01752

AUTHORIZED TO SIGN CHECKS

FORM PC

PAGE 4, LINE 19

STATEMENT 3

STATE

REG AGENCY

CALIFORNIA

ATTORNEY GENERAL

DATE OF REG

REG NUMBER

OTHER NAMES USED

11/21/03

CT123533

SOLICIT DATE

TYPE OF SOLICITATION

11/21/03

OTHER

LUMIND RESEARCH DOWN SYNDROME
FOUNDATION

37-1483975

20. Has this organization or any of its officers, directors, or employees:
If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?
If yes, please attach an explanation. Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?
If yes, please attach an explanation. Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No
- (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

**LUMIND RESEARCH DOWN SYNDROME
FOUNDATION**

37-1483975

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or become obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: MARLA MURASKO

Title: INTERIM EXECUTIVE DIRECTOR

Name of Preparer: R. A. HALL & CO, LLC, CPA'S

Address 183 STATE STREET

City BOSTON State MA ZIP Code 02109

Phone Number 617-723-3333

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

DOWN SYNDROME RESEARCH AND TREATMENT FOUNDATION

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MARLA MURASKO

Name and Title: INTERIM EXECUTIVE DIRECTOR

Address 225 CEDAR HILL STREET, #200

City MARLBOROUGH State MA ZIP Code 01752

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MARLA MURASKO

Name and Title: INTERIM EXECUTIVE DIRECTOR

Address 225 CEDAR HILL STREET, #200

City MARLBOROUGH State MA ZIP Code 01752

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input checked="" type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input type="checkbox"/>
<input type="checkbox"/> Other (specify): _____			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MARLA MURASKO

Name and Title: INTERIM EXECUTIVE DIRECTOR

Address 225 CEDAR HILL ST, #200

City MARLBOROUGH State MA ZIP Code 01752

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

MARLA MURASKO

Name and Title: INTERIM EXECUTIVE DIRECTOR

Address 225 CEDAR HILL ST, #200

City MARLBOROUGH State MA ZIP Code 01752

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: MARLA MURASKO

Title: INTERIM EXECUTIVE DIRECTOR

Signature: _____ Date: _____

Printed Name: RYAN M. HARTMAN

Title: PRESIDENT AND BOARD CHAIR

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see *instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No