

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 40)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>EDUCATIONAL RESOURCE</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited or other relevant information for each program title		
28	<u>Website - Message Boards, links to Resources, Info on Support Groups and Events, Online Version of Newsletter. Approximately 40,000 visits</u> (Grants \$)	28a 3,291.30
29	<u>Newsletter - Personal Stories, Articles by Medical Professionals, Event and Resource Information. Circulation: 1300 Quarterly</u> (Grants \$)	29a 460.02
30	<u>Conference planned for September 14-16 in conjunction with Loyola University Medical Center in Chicago - postponed to 4/2002</u> (Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32 3,751.32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 40)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>Anthony Cordaro, Jr. 4307 Gilbert Ave. #208, Dallas, TX 75219</u>	<u>President, 10 HRS. WK.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Anthony Puagliese 107 North 4th St, Jeannette, PA 15644</u>	<u>Vice President, 5 HRS. WK.</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>Donna Turrafsky 4 Darrell Drive, Randolph, MA 02368</u>	<u>Clerk, 4 HRS. WK.</u>	<u>0</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the attachment requirement in General Instruction V, page 14)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting and proxy tax requirements?		X
b If "Yes" has it filed a tax return on Form 990-T for this year?		N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes" attach a statement)		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <u>37a</u>		X
b Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <u>38b</u>		
39 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 <u>39a</u>		
b Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ <u>0</u> section 4912 ▶ <u>0</u> section 4955 ▶ <u>0</u>		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		X
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912 4955, and 4958 ▶ <u>0</u>		
d Enter Amount of tax on line 40c above, reimbursed by the organization ▶ <u>0</u>		
41 List the states with which a copy of this return is filed ▶ <u>Massachusetts, IL, OR, NH, MD, NJ, NC</u>		
42 The books are in care of ▶ <u>MARY K. KLEIN</u> Telephone no ▶ <u>(617) 325-1244</u> Located at ▶ <u>273 PERHAM ST, W. ROXBURY, MA 02132</u> ZIP + 4 ▶ <u>02132-3728</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u>		

I, including accompanying schedules and statements, and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

Date 4/13/02

SUPPLEMENTAL LIST OF BOARD MEMBERS
FORM 990-EZ (2001)
PART IV

Mary Kay Klein
273 Perham Street
West Roxbury MA 02132

Treasurer and Director, 6 hours per week,
No compensation, benefits, or expense allowances

Nick Alfieri
450 Maple St
Franklin MA 02038

Director, 3 hours per week
No compensation, benefits, or expense allowances

Jayne Hartman Baldwin
30 W 286 Ridgewood Ct
Warrenville IL 60555

Director, 3 hours per week
No compensation, benefits, or expense allowances

Tony Cordaro
10893 FM 1485
Conroe TX 77306

Director, 3 hours per week
No compensation, benefits, or expense allowances

Robin J. Layman
17321 Marion Dr
Lowell IN 46356

Director, 3 hours per week
No compensation, benefits, or expense allowances

Karen L. McNulty
15 Carol Circle Apt 1A
West Roxbury MA 02132

Director, 3 hours per week
No compensation, benefits, or expense allowances

Paula Miller
1146 Huntsman Lane
Memphis TN 38120

Director, 3 hours per week
No compensation, benefits, or expense allowances

Kimberly Ochs
St Cross College
Oxford OX1 3LZ
UK

Director, 3 hours per week
No compensation, benefits, or expense allowances

Amy Verstappen
550 West Ellet Street
Philadelphia PA 19119

Director, 3 hours per week
No compensation, benefits, or expense allowances