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04365514

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or
private foundation)

OMB No. 1345-1156

2007

Open to Public
Inspection

A For the 2007 calendar year, or tax year beginning OCT 1, 2007 and ending SEP 30, 2008

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

C

Name of organization

D Employer identification number

MUCOLIPIDOSIS TYPE IV FOUNDATION

13-3633501

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

E Telephone number

719 E. 17TH STREET

877-654-5459

City or town, state or country, and ZIP + 4

F Group Exemption

BROOKLYN, NY 11230

Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.ML4.ORG

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ 67,105.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	STATUTE UNIT RECEIVED	1	63,907.
1 Contributions, gifts, grants, and similar amounts received	5a	2	
2 Program service revenue including government fees and contracts	5b ACCOUNTS MANAGEMENT OGDEN	3	
3 Membership dues and assessments		4	
4 Investment income			
5a Gross amount from sale of assets other than inventory			
b Less: cost or other basis and sales expenses	6a		
c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	6b		
6 Special events and activities (attach schedule). If any amount is from gaming, check here ►	6c		
a Gross revenue (not including \$ _____ of contributions reported on line 1).	7a		
b Less: direct expenses other than fundraising expenses	7b		
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	7c		
7a Gross sales of inventory, less returns and allowances			
b Less: cost of goods sold			
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a			
8 Other revenue (describe ►)	8		3,198.
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		67,105.
10 Grants and similar amounts paid	STMT 1	10	30,000.
11 Benefits paid to or for members		11	
12 Salaries, other compensation, and employee benefits		12	
13 Professional fees and other payments to independent contractors		13	
14 Occupancy, rent, utilities, and maintenance		14	
15 Printing, publications, postage, and shipping		15	
16 Other expenses (describe ►) MISCELLANEOUS		16	9,217.
17 Total expenses. Add lines 10 through 16		17	39,217.
18 Excess or (deficit) for the year. Subtract line 17 from line 9		18	27,888.
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)		19	149,081.
20 Other changes in net assets or fund balances (attach explanation)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	176,969.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 60 of the instructions.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	149,081.22	176,969.
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	149,081.25	176,969.
26 Total liabilities (describe ►)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	149,081.27	176,969.

Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)		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? SEE STATEMENT 2		
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	RESEARCH TO CURE MUCOLIPIDOSIS TYPE IV JOHNS HOPKINS UNIVERSITY BALTIMORE, MARYLAND	
(Grants \$	30,000.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0.
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 (attach schedule)	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses. 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 page 61 of the instructions.)

(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
SEE STATEMENT 3				

Part V Other Information (Note the statement requirement in General Instruction V.)

33	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	33 <input checked="" type="checkbox"/>
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	34 <input checked="" type="checkbox"/>
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?	35a <input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b <input type="checkbox"/> N/A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	36 <input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a <input type="checkbox"/> 0.
b	Did the organization file Form 1120-POL for this year?	37b <input checked="" type="checkbox"/>
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?	38a <input checked="" type="checkbox"/>
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b <input type="checkbox"/> N/A
39	501(c)(7) organizations. Enter:	
a	Initiation fees and capital contributions included on line 9	39a <input type="checkbox"/> N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b <input type="checkbox"/> N/A

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)40a **501(c)(3) organizations.** Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

	Yes	No
40b		X
40c		X

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.

d Enter amount of tax on line 40c reimbursed by the organization ► 0.

e **All organizations.** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ►

41 List the states with which a copy of this return is filed. ► NY, NJ

42a The books are in care of ► PAULA KUTNER Telephone no. ► 877-654-5454
Located at ► 615 160TH STREET, BROOKLYN, NY ZIP + 4 ► 11357

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ►

See the instructions for exceptions and filing requirements for Form TD F 80-22.1.

Yes	No
42b	X
42c	X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ►

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 ► 43 | N/APlease Sign Here
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.11/14/2011
Date

Signature of officer

Paul Tapholt, President

Type or print name and title

Paid Preparer's Use Only	Preparer's signature ► Nancy W. Ross, CPA	Date 11/7/11	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN
	From's name (or yours if self-employed), address, and ZIP + 4 ►	EIN ►		
	AARONS GRANT & HABIF, LLC 3500 PIEDMONT RD SUITE 600 ATLANTA, GA 30305	Phone ► no. 4042335486		

Form 990-EZ (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

Name of the organization

MUCOLIPIDOSIS TYPE IV FOUNDATION

Employer identification number
13 3633501

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000

► **0**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

► **0**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services

► **0**

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<input checked="" type="checkbox"/>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		<input checked="" type="checkbox"/>
b	Lending of money or other extension of credit?		<input checked="" type="checkbox"/>
c	Furnishing of goods, services, or facilities?		<input checked="" type="checkbox"/>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		
e	Transfer of any part of its income or assets?		<input checked="" type="checkbox"/>
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		
b	Did the organization have a section 403(b) annuity plan for its employees?		
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	►	N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	►	N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	►	0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	►	0.

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

Total

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	59,333.	77,642.	81,524.	124,222.	342,721.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	5,066.	1,601.	1,048.	896.	8,611.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	64,399.	79,243.	82,572.	125,118.	351,332.
24 Line 23 minus line 17	64,399.	79,243.	82,572.	125,118.	351,332.
25 Enter 1% of line 23	644.	792.	826.	1,251.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ►				26a	7,027.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ►				26b	2,973.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ►				26c	351,332.
d Add: Amounts from column (e) for lines: 18 8,611. 19				26d	11,584.
22 26b 2,973.				26e	339,748.
e Public support (line 26c minus line 26d total) ►				26f	96.7028%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ►					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16				27c	N/A
17 20 21 and line 27b total				27d	N/A
d Add: Line 27a total				27e	N/A
e Public support (line 27c total minus line 27d total)				27g	N/A %
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ► 27f N/A				27h	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) <hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) <hr/> <hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) <hr/> <hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.) **N/A**
 (To be completed ONLY by an eligible organization that filed Form 5768)

 Check ► a if the organization belongs to an affiliated group. Check ► b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		36	
38 Total lobbying expenditures (add lines 36 and 37)		37	
39 Other exempt purpose expenditures		38	
40 Total exempt purpose expenditures (add lines 38 and 39)		39	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		40	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000	
42 Grassroots nontaxable amount (enter 25% of line 41)		41	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		42	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		43	
45 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.		44	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period					N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total	
45 Lobbying nontaxable amount						0.
46 Lobbying ceiling amount (150% of line 45(e))						0.
47 Total lobbying expenditures						0.
48 Grassroots nontaxable amount						0.
49 Grassroots ceiling amount (150% of line 48(e))						0.
50 Grassroots lobbying expenditures						0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

 (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the

Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

N/A

MUCOLIPIDOSIS TYPE IV FOUNDATION

13-3633501

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 1

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL RESEARCH	NONE	30,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		30,000.

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 2
PRIMARY EXEMPT PURPOSE

EXPLANATION

THE MUCOLIPIDOSIS TYPE IV FOUNDATION OPERATES SOLELY TO RAISE CASH CONTRIBUTIONS FROM INDIVIDUALS AND COMPANIES IN ORDER TO FUND MEDICAL RESEARCH GRANTS. ALL MEDICAL RESEARCH GRANTS ARE PROVIDED TO RESEARCHERS STUDYING THE CAUSE AND SYMPTOMS OF MUCOLIPIDOSIS TYPE IV WITH THE HOPE OF FINDING A CURE FOR THIS DISEASE. ALL FUNDRAISING AND FUND DISTRIBUTION ACTIVITIES ARE CONDUCTED BY VOLUNTEERS THROUGHOUT THE YEAR. BOARD MEMBERS AND VOLUNTEERS LIVE THROUGHOUT THE US AND PROVIDE VARIOUS AMOUNTS OF TIME TO THE FOUNDATION.

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
RANDY YUDENFRIEND GLASER 719 E. 17TH STREET - BROOKLYN, NY 11230	PRESIDENT 2.00	0.	0.	0.
DAVID REICH 14 TALBOT COURT - SHORT HILLS, NJ 07078	VICE PRESIDENT 2.00	0.	0.	0.
HOWARD MONDERER 3210 LELAND STREET - CHEVY CHASE, MD 20815	TREASURER 2.00	0.	0.	0.
PAUL TANENHOLZ 2007 THISTLEWOOD ROAD - BALTIMORE, MD 21209	BOARD MEMBER 2.00	0.	0.	0.
PAUL KUTNER 615 160TH ST - BEECHHURST, NY 11357	BOARD MEMBER 2.00	0.	0.	0.
FRADA BERENSSTEYN 6 JASON STREET #105 - ARLINGTON, MA 02476	BOARD MEMBER 2.00	0.	0.	0.
PAUL GALE 3908 CIMARRON - LEE'S SUMMIT, MO 64064	BOARD MEMBER 2.00	0.	0.	0.
DR. JORDAN GLASER 719 E. 17TH ST - BROOKLYN, NY 11230	BOARD MEMBER 2.00	0.	0.	0.
RON GOLDBLATT 6 CONCORD DRIVE - MONSEY, NY 10952	BOARD MEMBER 2.00	0.	0.	0.
LYNN GOLDBLATT 6 CONCORD DRIVE - MONSEY, NY 10952	BOARD MEMBER 2.00	0.	0.	0.
JUDY LINKSMAN 401 2ND AVE. #24G - NEW YORK, NY 10010	BOARD MEMBER 2.00	0.	0.	0.
JANET PRICE 5618 W. 131ST TERRACE - OVERLAND PARK, KS 66207	BOARD MEMBER 2.00	0.	0.	0.

MUCOLIPIDOSIS TYPE IV FOUNDATION

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DR. GARY SCHWARTZ 6360 CLARIDGE DR. NORTH - FREDERICK, MD 21701	BOARD MEMBER 2.00	0.	0.	0.
SUSAN TANENHOLZ 2007 THISTLEWOOD ROAD - BALTIMORE, MD 21209	BOARD MEMBER 2.00	0.	0.	0.
ALISSA MARINO 2514 LINCOLN BLVD - BELLMORE, NY 11710	BOARD MEMBER 2.00	0.	0.	0.
CHRIS MARINO 2514 LINCOLN BLVD - BELLMORE, NY 11710	BOARD MEMBER 2.00	0.	0.	0.
MARY JO REICH 14 TALBOT COURT - SHORT HILLS, NJ 07078	BOARD MEMBER 2.00	0.	0.	0.
STEVE SCHOTTFENFELD 135 HARDSCRABBLE LAKE DRIVE - CHAPPAQUA, NY 10514	BOARD MEMBER 2.00	0.	0.	0.
FLORENCE YUDENFRIEND 20 WALDORF CT - BROOKLYN, NY 11230	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

7 Notices and communications. Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2.

a If you also want the second representative listed to receive a copy of notices and communications, check this box

b If you do not want any notices or communications sent to your representative(s), check this box

8 Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here.

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

9 Signature of taxpayer(s). If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Paul Tanenholz
Signature

10/18/11

President

Title (if applicable)

Paul Tanenholz

Print Name

PIN Number

Print name of taxpayer from line 1 if other than individual

Signature

Date

Title (if applicable)

Print Name

PIN Number

Part II Declaration of Representative

Caution: Students with a special order to represent taxpayers in qualified Low Income Taxpayer Clinics or the Student Tax Clinic Program (levels k and l), see the Instructions for Part II.

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Circular 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
 - a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c Enrolled Agent—enrolled as an agent under the requirements of Circular 230.
 - d Officer—a bona fide officer of the taxpayer's organization.
 - e Full-Time Employee—a full-time employee of the taxpayer.
 - f Family Member—a member of the taxpayer's immediate family (for example, spouse, parent, child, brother, or sister).
- g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).
- h Unenrolled Return Preparer—the authority to practice before the Internal Revenue Service is limited by Circular 230; section 10.7(c)(1)(vii). You must have prepared the return in question and the return must be under examination by the IRS. See Unenrolled Return Preparer on page 1 of the Instructions.
- k Student Attorney—student who receives permission to practice before the IRS by virtue of their status as a law student under section 10.7(d) of Circular 230.
- l Student CPA—student who receives permission to practice before the IRS by virtue of their status as a CPA student under section 10.7(d) of Circular 230.
- m Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED. See the Part II Instructions.

Designation—Insert above letter (a-r)	Jurisdiction (state) or Identification	Signature	Date
B	GA	<i>Nancy W. Rose, CPA</i>	10/18/11
B	GA	<i>Emily L. Tanenholz, CPA</i>	10/18/11
D	GA	<i>Randy B. Tanenholz, CPA</i>	10/18/11