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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
40 WARREN STREET, SUITE 328

City or town, state or province, country, and ZIP or foreign postal code
CHARLESTOWN, MA 02129

F Name and address of principal officer: LORRAINE MARINO SNYDER
40 WARREN STREET, SUITE 328, CHARLESTOWN, MA

D Employer identification number
04-3403085

E Telephone number
617-718-7189

G Gross receipts $ 13,977,949.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MARINOCENTER.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1997 M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE CENTER PROVIDED A UNIQUE BRAND OF INTEGRATIVE MEDICINE TO THE COMMUNITIES SERVED IN EASTERN

2 Check this box ▶ ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	91
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	39,894.	3,100,500.
9	Program service revenue (Part VIII, line 2g)	10,314,731.	4,605,400.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,675.	1,818,510.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,692.	77,215.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,400,992.	9,601,625.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,500.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,173,563.	3,203,891.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,449,865.	1,868,910.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,624,928.	5,072,801.
19	Revenue less expenses. Subtract line 18 from line 12	-2,223,936.	4,528,824.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,673,178.	5,746,968.
21	Total liabilities (Part X, line 26)	6,022,143.	405,743.
22	Net assets or fund balances. Subtract line 21 from line 20	651,035.	5,341,225.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 11/14/14

▶ DOUGLAS FARRINGTON, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ROBERT J. GOLD, CPA	Preparer's signature: ROBERT J. GOLD, CPA	Date: 11/13/14	Check ☐ if self-employed	PTIN: P00094413
Firm's name ▶ R.J. GOLD & COMPANY, P.C.			Firm's EIN ▶ 04-2709439	
Firm's address ▶ ONE WALL STREET, BURLINGTON, MA 01803			Phone no. 781-272-2283	

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE CENTER WAS A COLLABORATIVE TEAM OF COMPASSIONATE, INNOVATIVE PRACTITIONERS WHO PROVIDED ACUTE, CHRONIC AND PREVENTIVE HEALTHCARE. OUR MISSION IS TO INTEGRATE SCIENTIFICALLY AND EMPIRICALLY DEMONSTRATED CONVENTIONAL AND COMPLEMENTARY HEALING TRADITIONS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses $ 4,519,038. including grants of $ 0.) (Revenue $ 4,605,400.)
THE MARINO CENTER PROVIDES A UNIQUE BRAND OF INTEGRATIVE MEDICINE TO THE COMMUNITIES SERVED IN EASTERN MASSACHUSETTS. THROUGH ITS TWO MARINO CENTERS FOR INTEGRATIVE HEALTH, OVER 40,000 THOUSAND PATIENTS RECEIVE DIRECT PATIENT CARE SERVICES USING THE UNIQUE INTEGRATIVE CLINICAL MODEL DEVELOPED BY THE MARINO CENTER. THE MODEL OF CARE IS CONTINUALLY BEING REFINED AND CAPACITY ADDED TO OPEN ACCESS TO THIS MODEL OF CARE TO A LARGER NUMBER OF PEOPLE. THERE ARE FIVE AREAS OF FOCUS:(1) PATIENT CARE AND EDUCATION (2) INTERNAL PROFESSIONAL EDUCATION (3) EXTERNAL EDUCATION (4) COMMUNITY EDUCATION (5) RESEARCH.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 4,519,038.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32	X	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	34		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country. ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

[ ] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LORRAINE MARINO SNYDER - 617-834-0536
40 WARREN STREET, SUITE 328, CHARLESTOWN, MA 02129

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORRAINE MARINO SNYDER PRESIDENT	15.00	X		X				0.	0.	0.
(2) BRENT BAUER, M.D. DIRECTOR	2.00	X						0.	0.	0.
(3) DOUGLAS J FARRINGTON TREASURER / DIRECTOR	2.00	X		X				0.	0.	0.
(4) MORT ROSENTHAL DIRECTOR	2.00	X						0.	0.	0.
(5) DANIEL V CALANO DIRECTOR	2.00	X						0.	0.	0.
(6) W MASON SMITH III VICE PRES / DIRECTOR	2.00	X		X				0.	0.	0.
(7) PRENTISS HIGGINS DIRECTOR	2.00	X						0.	0.	0.
(8) RAKEL MEIR DIRECTOR	2.00	X						0.	0.	0.
(9) GUY PUGH, M.D. PHYSICIAN	40.00					X		101,973.	0.	2,888.
(10) DIANE MUNSON, M.D. PHYSICIAN	40.00					X		101,329.	0.	2,677.
(11) JULIE BREAKEY PRACTICE MANAGER	40.00					X		100,136.	0.	1,292.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total ▶								303,438.	0.	6,857.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								303,438.	0.	6,857.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WESTWOOD PHYSICAL THERAPY INC, 805 HIGH STREET, SUITE 102, WESTWOOD, MA 02090	PHYSICAL THERAPY	156,672.
MAUREEN ARKLE 25 DOVER ROAD, DOVER, MA 02030	INTERIM CEO	122,500.

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,100,500.				
	g Noncash contributions included in lines 1a-1f: $						
	h Total. Add lines 1a-1f			3,100,500.			
Program Service Revenue		Business Code					
	2a MEDICAL SERVICES	621400		4,605,400.	4,605,400.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			4,605,400.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			48,704.			48,704.
	4 Income from investment of tax-exempt bond proceeds			275.			275.
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory		6,145,855.				
	b Less: cost or other basis and sales expenses		4,376,324.				
	c Gain or (loss)		1,769,531.				
	d Net gain or (loss)			1,769,531.			1,769,531.
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a OTHER	611710		58,257.			58,257.
	b STIPENDS	611710		18,958.			18,958.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			77,215.			
	12 Total revenue See instructions.			9,601,625.	4,605,400.	0.	1,895,725.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,703,759.	2,407,225.	296,534.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,886.	39,970.	2,916.	
9 Other employee benefits	240,649.	240,649.		
10 Payroll taxes	216,597.	203,137.	13,460.	
11 Fees for services (non-employees):				
a Management	21,242.		21,242.	
b Legal	21,166.		21,166.	
c Accounting	33,000.		33,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	420,216.	420,216.		
12 Advertising and promotion	4,198.		4,198.	
13 Office expenses	18,671.		18,671.	
14 Information technology	55,291.	55,291.		
15 Royalties				
16 Occupancy	281,177.	267,728.	13,449.	
17 Travel	13,782.		13,782.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	87,848.		87,848.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	99,016.	99,016.		
23 Insurance	97,333.	97,333.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	325,896.	325,896.		
b TELEPHONE	83,748.	83,748.		
c AMORTIZATION	76,960.	76,960.		
d ELECTRONIC MEDICAL RECO	44,340.	44,340.		
e All other expenses	185,026.	157,529.	27,497.	
25 Total functional expenses. Add lines 1 through 24e	5,072,801.	4,519,038.	553,763.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	237,542.	1	314,524.
	2	Savings and temporary cash investments	1,067,266.	2	916,314.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	644,766.	4	50,883.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	70,751.	9	0.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D — 10a: 0.			
	b	Less accumulated depreciation — 10b: 0.	4,554,881.	10c	0.
	11	Investments - publicly traded securities	0.	11	4,464,441.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	97,972.	15	806.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	6,673,178.	16	5,746,968.
Liabilities	17	Accounts payable and accrued expenses	614,423.	17	8,655.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	501,930.	24	326,422.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	4,905,790.	25	70,666.
	26	**Total liabilities.** Add lines 17 through 25	6,022,143.	26	405,743.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	651,035.	27	4,841,225.
	28	Temporarily restricted net assets	0.	28	500,000.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	651,035.	33	5,341,225.
	34	Total liabilities and net assets/fund balances	6,673,178.	34	5,746,968.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,601,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,072,801.
3	Revenue less expenses Subtract line 2 from line 1	3	4,528,824.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	651,035.
5	Net unrealized gains (losses) on investments	5	176,222.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-14,856.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,341,225.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
THE MARINO HEALTH FOUNDATION, INC. FKA MARINO CTR FOR INTEGRATIVE HLTH, INC	04-3403085

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Employer identification number: 04-3403085

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	70,666.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	70,666.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements			1	7,993,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	176,222.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	176,222.
3	Subtract line 2e from line 1			3	7,817,238.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,856.		
b	Other (Describe in Part XIII)	4b	1,769,531.		
c	Add lines 4a and 4b			4c	1,784,387.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	9,601,625.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements			1	5,072,801.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,072,801.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	5,072,801.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

PART X, LINE 2:

EXPLANATION: THE CENTER HAS ADOPTED PROFESSIONAL STANDARDS IN APPLYING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE CENTER RECOGNIZES THE EFFECT OF UNCERTAIN TAX POSITIONS, IF ANY, IN THE FINANCIAL STATEMENTS ON A MORE LIKELY THAN NOT BASIS, SUCH THAT CURRENT OR DEFERRED TAX ASSETS AND LIABILITIES ARE IMMEDIATELY RECOGNIZED WHEN THE RELATED UNCERTAIN TAX POSITION IS TAKEN OR IS EXPECTED TO BE TAKEN. ANY CHANGES IN UNCERTAIN TAX POSITIONS ARE RECORDED IN THE PERIOD THE ULTIMATE OUTCOME BECOMES KNOWN. THE CENTER'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THE YEARS ENDED DECEMBER 31, 2010, 2011, & 2012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

GAIN ON DISPOSITION OF FIXED ASSETS	1,769,531.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Employer identification number: 04-3403085

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☒ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1B:

EXPLANATION: THE CENTER PROVIDES EXPENSE REIMBURSEMENT VOUCHERS TO EMPLOYEES WHO INCUR EXPENSES RELATED TO BUSINESS USE.

SCHEDULE J, PART III

EXPLANATION: PRESIDENT / CEO / CFO / DIRECTOR OF DEVELOPMENT AND COMMUNITY RELATIONS HAS USE OF A CORPORATE CREDIT CARD FOR BUSINESS RELATED EXPENSES.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Employer identification number 04-3403085

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶			

Part I **Liquidation, Termination, or Dissolution** *(continued)*

			Yes	No
	Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-			
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes," to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities If "No," explain in Part III			

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
CAMBRIDGE MEDICAL OFFICE FACILITY INCLUDING LAND, BUILDING, IMPROVEMENTS, EQUIPMENT, FURNITURE	05/31/13	5,726,560.	MARKET VALUE AS PER PURCHASE AND SALE AGREEMENT	04-2103606	MOUNT AUBURN HOSPITAL 330 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	501(C)(3)
WELLESLEY MEDICAL OFFICE FACILITY INCLUDING LEASEHOLD IMPROVEMENT, EQUIPMENT, FURNITURE AND FIXTURES	07/01/13	419,295.	NET BOOK VALUE AS PER PURCHASE AND SALE AGREEMENT	04-2103611	NEWTON WELLESLEY HOSPITAL 529 MAIN STREET, SUITE 510 CHARLESTOWN, MA 02129	501(C)(3)

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization.			
a	Become a director or trustee of a successor or transferee organization?	2a		X
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		X
c	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		X
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ▶			

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
THE MARINO HEALTH FOUNDATION, INC. FKA MARINO CTR FOR INTEGRATIVE HLTH, INC	04-3403085

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MASSACHUSETTS. THROUGH ITS TWO CENTERS FOR INTEGRATIVE HEALTH, OVER 40,000 PATIENTS RECEIVED PATIENT CARE SERVICES USING THE UNIQUE INTEGRATIVE CLINICAL MODEL DEVELOPED BY THE CENTER. FIVE AREAS OF FOCUS: PATIENT CARE AND EDUCATION, INTERNAL PROFESSIONAL EDUCATION, EXTERNAL EDUCATION, COMMUNITY EDUCATION, AND RESEARCH. SUBSEQUENT TO JULY 1, 2013, THE CENTER SOLD THEIR TWO PATIENT CARE SERVICE CENTERS AND HAS BEGUN EVOLVING TOWARDS A PRIVATE FOUNDATION AWARDING GRANTS TO OTHER NOT-FOR-PROFIT ORGANIZATIONS SERVING SIMILAR INTERESTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVE THE HEALTH OF THOSE WE SERVE; AND TO EXTEND OUR KNOWLEDGE TO OTHERS THROUGH HEALTH EDUCATION, TRAINING AND RESEARCH. IN PURSUIT OF THIS MISSION WE WILL: RESPECT THE NATURAL FORCES OF HEALING IN THE MIND, BODY, AND SPIRIT; UTILIZE THE SCIENTIFIC PROCESS AND WISDOM TO EVALUATE THE EFFECTIVENESS OF EVERYTHING WE DO; AFFIRM THE IMPORTANCE OF CONNECTION IN PEOPLE'S LIVES; FACILITATE THE EVOLUTION OF INTEGRATIVE MEDICINE IN OTHER ORGANIZATIONS AND COMMUNITIES; AND WORK TOGETHER AND WITH OTHER LIKE-MINDED INDIVIDUALS AND ORGANIZATIONS TO SHARE IDEAS, EDUCATE ONE ANOTHER, AND DISCUSS DIAGNOSTIC AND TREATMENT OPTIONS.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE BOARD OF DIRECTORS UNANIMOUSLY VOTE FOR OFFICERS ANNUALLY AND DIRECTOR POSITIONS AS THEY BECOME AVAILABLE DUE TO TERM LIMITS.

Name of the organization THE MARINO HEALTH FOUNDATION, INC. FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Employer identification number 04-3403085

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: OUTSIDE ACCOUNTANTS PREP PRELIMINARY 990 AND SUBMIT TO MANAGEMENT & DIRECTORS FOR REVIEW

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: INCUMBENT UPON MANAGEMENT TO REPORT TO THE AUDIT AND COMPLIANCE COMMITTEE TO REPORT ANY POSSIBLE CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: CONDUCTED BY INDEPENDENT BOARD MEMBERS DURING THE ANNUAL CEO REVIEW PROCESS. TOP MANAGEMENT IS REVIEWED ANNUALLY BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE SECRETARY OF STATE'S OFFICE. THE CONFLICT OF INTEREST POLICY IS PART OF THE EMPLOYEE HANDBOOK AND IS AVAILABLE BY REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

LORRAINE MARINO SNYDER - 301 MISSION STREET, 33D, SAN FRANCISCO, CA 94105

BRENT BAUER, M.D. - 2264 68TH STREET NW, ROCHESTER, MN 55901

DOUGLAS J FARRINGTON - 53 STATE STREET, BOSTON, MA 02109

MORT ROSENTHAL - 49 WASHINGTON AVENUE, CAMBRIDGE, MA 02140

DANIEL V CALANO - 14 ELMWOOD AVENUE, CAMBRIDGE, MA 02138

W MASON SMITH III - 175 MOUNT AUBURN STREET, CAMBRIDGE, MA 02138

PRENTISS HIGGINS - 2258 GULF SHORE BLVD NORTH, APT 0-1, NAPLES, FL 34102

RAKEL MEIR - 423 WASHINGTON STREET, WINCHESTER, MA 01890

FORM 990 PART XII LINE 2C

Name of the organization THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Employer identification number 04-3403085

EXPLANATION: THE BOARD OF TRUSTEES SELECTS THE AUDITING FIRM TO PERFORM THE AUDIT PRIOR TO THE ENGAGEMENT COMMENCING, AND RECEIVES DRAFT FINANCIAL STATEMENTS AND GOVERNMENTAL INFORMATION RETURNS FOR THEIR REVIEW PRIOR IT'S RELEASE.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2013

Attachment Sequence No 179

Name(s) shown on return

THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC FORM 990 PAGE 10

Business or activity to which this form relates

Identifying number

04-3403085

Part I Election To Expense Certain Property Under Section 179 Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	99,016.

Part III MACRS Depreciation (Do not include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27.5 yrs	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	99,016.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year					
43 Amortization of costs that began before your 2013 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
4	(D)BUILDING	06 30 99	SL	39.00	16	2410000.			2410000.	834,426.		25,748.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					2410000.		0.	2410000.	834,426.	0.	25,748.
	* 990 PAGE 10 TOTAL											
	-					2410000.		0.	2410000.	834,426.	0.	25,748.
	BUILDINGS											
206	(D)HDS ARCHITECTURE	09 27 10	SL	15.00	16	6,402.			6,402.	854.		178.
207	(D)SIGNARAMA	11 30 10	SL	5.00	16	3,429.			3,429.	1,372.		286.
208	(D)HDS ARCHITECTURE	11 01 10	SL	15.00	16	14,423.			14,423.	1,924.		401.
209	(D)DPH REHAB	12 02 10	SL	15.00	16	9,479.			9,479.	1,264.		263.
210	(D)HDS ARCHITECTURE	12 02 10	SL	15.00	16	14,981.			14,981.	1,998.		416.
233	(D)HDS ARCHITECTURE	01 08 11	SL	39.00	16	10,736.			10,736.	539.		115.
234	(D)HDS ARCHITECTURE	01 08 11	SL	39.00	16	7,200.			7,200.	362.		77.
235	(D)COMMONWEALTH OF MA - DPH REHAB FEE	03 08 11	SL	39.00	16	8,075.			8,075.	371.		86.
236	(D)THE GLENDALE GROUP	03 14 11	SL	39.00	16	30,000.			30,000.	1,378.		321.
237	(D)HDS ARCHITECTURE	04 04 11	SL	39.00	16	3,083.			3,083.	135.		33.
238	(D)ON THE MOVE INTERIORS	05 04 11	SL	39.00	16	9,875.			9,875.	411.		106.
239	(D)THE GLENDALE GROUP	05 05 11	SL	39.00	16	99,995.			99,995.	4,166.		1,068.
240	(D)HDS ARCHITECTURE	05 06 11	SL	39.00	16	2,400.			2,400.	100.		26.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
241	(D)MASSDEVELOPMENT	05 11 11	SL	39.00	16	750.			750.	31.		0.
242	(D)PROPERTY SOLUTIONS	03 08 11	SL	39.00	16	1,050.			1,050.	48.		11.
243	(D)GOLD STAR TRACKING	06 01 11	SL	39.00	16	8,397.			8,397.	332.		90.
244	(D)HDS ARCHITECTURE	06 01 11	SL	39.00	16	1,725.			1,725.	68.		18.
245	(D)ON THE MOVE INTERIORS	06 01 11	SL	39.00	16	1,175.			1,175.	46.		13.
246	(D)THE GLENDALE GROUP	06 01 11	SL	39.00	16	648,313.			648,313.	25,627.		6,926.
247	(D)COMMONWEALTH OF MA - DPH REHAB FEE	06 01 11	SL	39.00	16	390.			390.	15.		4.
248	(D)ARCADIA SIGNS	06 01 11	SL	39.00	16	3,420.			3,420.	135.		37.
249	(D)PROPERTY SOLUTIONS	06 01 11	SL	39.00	16	1,110.			1,110.	43.		12.
250	(D)WB MASON	07 08 11	SL	39.00	16	1,150.			1,150.	43.		12.
251	(D)HDS ARCHITECTURE	07 08 11	SL	39.00	16	4,369.			4,369.	163.		47.
252	(D)ON THE MOVE INTERIORS	07 08 11	SL	39.00	16	975.			975.	36.		10.
253	(D)THE GLENDALE GROUP	07 08 11	SL	39.00	16	447,708.			447,708.	16,742.		4,783.
254	(D)THE GLENDALE GROUP	08 04 11	SL	39.00	16	351,084.			351,084.	12,378.		3,751.
255	(D)HDS ARCHITECTURE	08 04 11	SL	39.00	16	2,963.			2,963.	104.		32.
256	(D)HDS ARCHITECTURE	09 02 11	SL	39.00	16	1,388.			1,388.	46.		15.
257	(D)HDS ARCHITECTURE	09 03 11	SL	39.00	16	1,700.			1,700.	57.		18.
258	(D)HDS ARCHITECTURE	09 30 11	SL	39.00	16	675.			675.	22.		7.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
259	(D)THE GLENDALE GROUP	09 29 11	SL	39.00	16	364,362.			364,362.	12,068.		3,893.
260	(D)LORIA ADELSON	09 01 11	SL	39.00	16	8,375.			8,375.	278.		89.
261	(D)APCO	10 01 11	SL	39.00	16	5,926.			5,926.	184.		63.
262	(D)APCO	11 01 11	SL	39.00	16	1,780.			1,780.	52.		19.
263	(D)GOLD STAR TRUCKING	11 01 11	SL	39.00	16	9,106.			9,106.	262.		97.
264	(D)THE GLENDALE GROUP	12 01 11	SL	39.00	16	20,730.			20,730.	555.		221.
282	(D)THE GLENDALE GROUP	04 01 12	SL	5.00	16	3,942.			3,942.	591.		336.
	* 990 PAGE 10 TOTAL BUILDINGS					2112641.		0.	2112641.	84,800.	0.	23,880.
	* 990 PAGE 10 TOTAL -					2112641.		0.	2112641.	84,800.	0.	23,880.
	LAND											
5	(D)LAND	06 30 99	L			400,000.			400,000.			0.
	* 990 PAGE 10 TOTAL LAND					400,000.		0.	400,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					400,000.		0.	400,000.	0.	0.	0.
	FURNITURE & FIXTURES											
2	(D)FURNITURE AND FIXTURES	VARIES	SL	7.00	16	37,216.			37,216.	37,216.		0.
15	(D)MITSUBISHI AIR CONDITIONER	05 06 04	SL	5.00	16	3,200.			3,200.	3,200.		0.
16	(D)NEW BOILER	06 11 04	SL	5.00	16	7,040.			7,040.	7,040.		0.
17	(D)MANCINI HTG-CARRIER CONTROL	06 13 05	SL	5.00	16	1,800.			1,800.	1,800.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	(D)MANCINI HTG-A/C COMPRESSOR	09 21 05	SL	5.00	16	1,900.			1,900.	1,900.		0.
61	(D)FURNITURE - WELLESLEY (WB MASON	05 30 07	SL	7.00	16	8,157.			8,157.	6,505.		486.
62	(D)FURNITURE - WELLESLEY (WB MASON	06 21 07	SL	7.00	16	14,108.			14,108.	10,176.		840.
63	(D)CHAIRS - CAMBRIDGE	06 06 07	SL	7.00	16	367.			367.	291.		0.
64	(D)FURNITURE - WELLESLEY (WB MASON	08 01 07	SL	7.00	16	15,105.			15,105.	11,689.		899.
65	(D)FURNITURE - WELLESLEY (WB MASON	09 07 07	SL	7.00	16	1,000.			1,000.	763.		60.
66	(D)FURNITURE - WELLESLEY (WB MASON	09 07 07	SL	7.00	16	2,779.			2,779.	2,117.		165.
67	(D)NEOS - CHAIRS	09 17 07	SL	7.00	16	245.			245.	178.		15.
68	(D)FURNITURE - WELLESLEY (WB MASON	10 07 07	SL	7.00	16	4,702.			4,702.	3,528.		280.
69	(D)REFRIG LAB - CAMB	11 06 07	SL	5.00	16	525.			525.	521.		0.
70	(D)POLYCOM SOUNDSTATION VTX 10	12 01 07	SL	5.00	16	940.			940.	940.		0.
71	(D)REFRIG	12 01 07	SL	5.00	16	1,050.			1,050.	1,050.		0.
132	(D)NATL GUEST CHAIR FAUX LEATHER / AMB	03 01 08	SL	7.00	16	3,141.			3,141.	2,170.		187.
133	(D)CREDENZA - WELLESLEY	04 01 08	SL	7.00	16	852.			852.	579.		51.
134	(D)CREDENZA - WELLESLEY	04 01 08	SL	7.00	16	775.			775.	527.		46.
135	(D)BOOKCASE - WELLESLEY	04 01 08	SL	7.00	16	664.			664.	451.		40.
136	(D)BOOKCASE - WELLESLEY	04 01 08	SL	7.00	16	492.			492.	333.		29.
159	(D)FURNITURE	12 31 08	SL	7.00	16	287.			287.	164.		17.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
160	(D)FURNITURE	12 31 08	SL	7.00	16	341.			341.	196.		20.
161	(D)FURNITURE	12 31 08	SL	7.00	16	450.			450.	256.		27.
162	(D)FURNITURE	12 31 08	SL	7.00	16	520.			520.	296.		31.
163	(D)FURNITURE	12 31 08	SL	7.00	16	555.			555.	316.		33.
164	(D)FURNITURE	12 31 08	SL	7.00	16	649.			649.	372.		39.
165	(D)FURNITURE	12 31 08	SL	7.00	16	811.			811.	464.		48.
166	(D)FURNITURE	12 31 08	SL	7.00	16	839.			839.	480.		50.
167	(D)FURNITURE	12 31 08	SL	7.00	16	908.			908.	520.		52.
172	(D)FURNITURE - LAB WALLS (WB MASON)	07 24 09	SL	7.00	16	944.			944.	461.		56.
173	(D)FURNITURE - ACOUSTIC PANELS (WE	12 15 09	SL	7.00	16	6,190.			6,190.	2,726.		368.
174	(D)FURNITURE - ACOUSTIC PANELS (WE	12 15 09	SL	7.00	16	2,078.			2,078.	916.		124.
200	(D)FURNITURE	05 11 10	SL	7.00	16	1,160.			1,160.	442.		69.
201	(D)FURNITURE	06 10 10	SL	7.00	16	3,740.			3,740.	1,380.		223.
202	(D)SHREDDER	08 02 10	SL	7.00	16	1,195.			1,195.	413.		71.
203	(D)SHREDDER	08 02 10	SL	7.00	16	1,195.			1,195.	413.		71.
204	(D)FURNITURE	12 08 10	SL	7.00	16	4,768.			4,768.	1,419.		285.
216	(D)FURNITURE	07 18 11	SL	7.00	16	5,294.			5,294.	1,134.		315.
217	(D)CURTAINS	07 18 11	SL	7.00	16	3,751.			3,751.	804.		223.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
218	(D)CURTAINS	07 18 11	SL	7.00	16	1,879.			1,879.	402.		112.
219	(D)CHAIRS	07 18 11	SL	7.00	16	2,988.			2,988.	639.		178.
220	(D)FURNITURE	08 04 11	SL	7.00	16	3,427.			3,427.	694.		204.
221	(D)FURNITURE	08 05 11	SL	7.00	16	2,480.			2,480.	502.		148.
222	(D)FURNITURE	08 05 11	SL	7.00	16	1,372.			1,372.	278.		82.
223	(D)FURNITURE	09 07 11	SL	7.00	16	15,390.			15,390.	2,932.		916.
224	(D)FURNITURE	09 08 11	SL	7.00	16	1,074.			1,074.	204.		64.
225	(D)FURNITURE	09 09 11	SL	7.00	16	587.			587.	112.		35.
226	(D)FURNITURE	09 11 11	SL	7.00	16	1,314.			1,314.	251.		78.
227	(D)DESK	10 06 11	SL	7.00	16	1,709.			1,709.	305.		100.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					173,953.		0.	173,953.	112,465.	0.	7,137.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT					173,953.		0.	173,953.	112,465.	0.	7,137.
1	(D)MEDICAL EQUIPMENT	VARIES	SL	5.00	16	54,719.			54,719.	54,719.		0.
9	(D)MEDICAL TABLE FROM PSS	02 20 03	SL	3.00	16	1,590.			1,590.	1,590.		0.
10	(D)WINNER SIMULATOR	02 20 04	SL	3.00	16	2,250.			2,250.	2,250.		0.
11	(D)ULTRASOUND METTLER	02 20 04	SL	3.00	16	995.			995.	995.		0.
12	(D)LLOYD 402 FLEXION TABLE	05 31 04	SL	5.00	16	5,597.			5,597.	5,597.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	(D)DEFRIBULATOR	07 30 04	SL	3.00	16	1,195.			1,195.	1,195.		0.
14	(D)DYNATRON 125 ULTRASOUND	02 23 05	SL	5.00	16	1,520.			1,520.	1,520.		0.
37	(D)EKG MACHINE	09 30 04	SL	5.00	16	4,360.			4,360.	4,360.		0.
40	(D)COUNTERPUISATION MACHINE	03 01 06	SL	5.00	16	21,892.			21,892.	21,590.		0.
60	(D)ELECTRON ACCUPUNCTURE W/ MEA	12 31 07	SL	5.00	16	680.			680.	680.		0.
130	(D)KORR MEDICAL	03 11 08	SL	5.00	16	4,059.			4,059.	3,924.		56.
131	(D)ELECTRICAL MUSCLE STIMULATION	09 26 08	SL	5.00	16	1,695.			1,695.	1,441.		141.
229	(D)EXAM TABLES - PSS	08 05 11	SL	5.00	16	2,342.			2,342.	819.		160.
281	(D)IQECG DIGITAL ECG USB VERSION	12 12 12	SL	5.00	16	6,809.			6,809.	113.		1,628.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					109,703.		0.	109,703.	100,793.	0.	1,985.
	* 990 PAGE 10 TOTAL -					109,703.		0.	109,703.	100,793.	0.	1,985.
	OTHER											
3	(D)COMPUTER EQUIPMENT	VARIES	SL	5.00	16	337,508.			337,508.	337,508.		0.
22	(D)QUICKBOOKS	01 22 04	SL	3.00	16	1,479.			1,479.	1,479.		0.
23	(D)INTEGRATED IT SOLUTION	01 30 04	SL	5.00	16	3,535.			3,535.	3,535.		0.
24	(D)INTEGRATED SOFTWARE	03 31 04	SL	5.00	16	2,700.			2,700.	2,700.		0.
25	(D)DUPLEX SCANNER	05 01 04	SL	5.00	16	4,187.			4,187.	4,187.		0.
26	(D)BATTERY BACKUPS	07 06 04	SL	5.00	16	1,779.			1,779.	1,779.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
27	(D)POWEREDGE PROCESSOR	07 13 04	SL	5.00	16	5,945.			5,945.	5,945.		0.
28	(D)POWEREDGE SERVER	07 15 04	SL	5.00	16	6,449.			6,449.	6,449.		0.
29	(D)CDW SUPERSWITCH	09 03 04	SL	5.00	16	1,805.			1,805.	1,805.		0.
30	(D)DELL POWEREDGE	09 09 04	SL	5.00	16	7,329.			7,329.	7,329.		0.
31	(D)MICROSOFT SERVER	01 15 04	SL	5.00	16	2,720.			2,720.	2,720.		0.
32	(D)3 PROCESSORS 1 HRD DR	07 13 04	SL	5.00	16	2,014.			2,014.	2,015.		0.
33	(D)CENTRICITY ACCRUAL	10 01 04	SL	5.00	16	35,954.			35,954.	35,954.		0.
34	(D)FAXCOM FAX SERVER	02 24 05	SL	5.00	16	10,557.			10,557.	10,557.		0.
35	(D)DELL COMPUTER	04 21 05	SL	5.00	16	6,073.			6,073.	6,073.		0.
36	(D)CENTRICITY SOFTWARE	07 01 05	SL	3.00	16	22,166.			22,166.	20,574.		0.
42	(D)XEROX 3 IN ONE	03 08 06	SL	5.00	16	1,044.			1,044.	1,044.		0.
43	(D)DELL MINIOWER PENTIUM	03 27 06	SL	5.00	16	6,576.			6,576.	5,917.		0.
44	(D)XPS PENTIUM NOTEBOOK	04 01 06	SL	5.00	16	3,536.			3,536.	3,031.		0.
45	(D)PROJECTOR	05 02 06	SL	5.00	16	902.			902.	871.		0.
46	(D)HP LASER JET	05 23 06	SL	5.00	16	1,182.			1,182.	1,162.		0.
47	(D)MS MBC SRV STD 2005 CPU	06 01 06	SL	5.00	16	4,700.			4,700.	4,061.		0.
48	(D)FUJITSI SCANNER	07 01 06	SL	5.00	16	4,745.			4,745.	4,341.		0.
49	(D)PHOTOCOPIER	08 01 06	SL	5.00	16	7,200.			7,200.	6,796.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	(D)DEVA SYSTEM SOFTWARE	09 01 06	SL	3.00	16	2,500.			2,500.	2,266.		0.
51	(D)DELL MINITOWER	10 01 06	SL	5.00	16	966.			966.	985.		0.
52	(D)DELL COMPUTER	11 26 06	SL	5.00	16	13,295.			13,295.	13,297.		0.
53	(D)OPTIFLEX MINITOWER	12 22 06	SL	5.00	16	1,072.			1,072.	1,054.		0.
54	(D)CANON COPIER	12 31 06	SL	5.00	16	1,350.			1,350.	1,328.		0.
105	(D)DELL MINIOWER PENTIUM (10)	01 01 07	SL	5.00	16	9,964.			9,964.	9,964.		0.
106	(D)CDW COMP CISCO 1841 ROUTER	01 09 07	SL	5.00	16	2,549.			2,549.	2,549.		0.
107	(D)CDW COMP CISCO 1841 ROUTER	01 09 07	SL	5.00	16	1,574.			1,574.	1,574.		0.
108	(D)CDW COMP FUJITSU FI 5650C SCAN	01 01 07	SL	5.00	16	4,661.			4,661.	4,661.		0.
109	(D)CDW COMP FUJITSU FI 5650C SCAN	01 01 07	SL	5.00	16	4,661.			4,661.	4,661.		0.
110	(D)CDW COMP	02 28 07	SL	5.00	16	1,516.			1,516.	1,516.		0.
111	(D)CDW COMP	02 28 07	SL	5.00	16	1,516.			1,516.	1,516.		0.
112	(D)CDW COMP	03 20 07	SL	5.00	16	273.			273.	274.		0.
113	(D)INTRASYSTEMS 50 MS TERM SVRS CITRIX	04 01 07	SL	3.00	16	18,065.			18,065.	18,065.		0.
114	(D)DELL 2 XEON PROCESSOR	05 15 07	SL	5.00	16	10,392.			10,392.	10,392.		0.
115	(D)DELL 2 HARD DRIVE 300GB	05 15 07	SL	5.00	16	950.			950.	951.		0.
116	(D)CDW COMP	03 20 07	SL	5.00	16	6,276.			6,276.	6,275.		0.
117	(D)CANON LASER CLASS 710	09 28 07	SL	5.00	16	1,600.			1,600.	1,600.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
118	(D)BATTERY BACKUPS	09 30 07	SL	5.00	16	11,994.			11,994.	11,995.		0.
119	(D)OPTIQUEST 19 INCH VIEWSONICS	09 30 07	SL	5.00	16	7,530.			7,530.	7,531.		0.
120	(D)OPTIPLEX 745 MINITOWER PENTIUM D	11 01 07	SL	5.00	16	3,805.			3,805.	3,805.		0.
121	(D)TELE TECH 4 PORT VOICEMAIL PRO	11 01 07	SL	5.00	16	11,371.			11,371.	11,371.		0.
122	(D)AM TECH 2 WHY THPE MED SYS D	11 01 07	SL	5.00	16	5,090.			5,090.	5,090.		0.
123	(D)HP COLOR LASERJET CM4730	11 02 07	SL	5.00	16	6,000.			6,000.	6,000.		0.
124	(D)TELE TECH	12 01 07	SL	5.00	16	3,200.			3,200.	3,200.		0.
125	(D)JMT CONSULTING - SAGE FUNDRAISING	12 01 07	SL	3.00	16	7,000.			7,000.	7,000.		0.
126	(D)HP LASER JET 1022	12 31 07	SL	5.00	16	1,498.			1,498.	1,498.		0.
127	(D)EQUIPMENT	12 31 07	SL	5.00	16	475.			475.	475.		0.
128	(D)DELL 300GB HD DR (2)	12 31 07	SL	5.00	16	951.			951.	950.		0.
137	(D)PRIVACY MONITOR SCREENS 19'	01 02 08	SL	5.00	16	810.			810.	810.		0.
138	(D)OPTIPLEX 755 MINITOWER CORE 2 DU	01 10 08	SL	5.00	16	7,298.			7,298.	7,298.		0.
139	(D)QUAD CORE XEON X5450 PROCESSOR	01 23 08	SL	5.00	16	16,815.			16,815.	16,534.		117.
140	(D)HP LASER JET 4240N PRINTER	05 15 08	SL	5.00	16	1,161.			1,161.	1,082.		33.
141	(D)3COM BASELINE SWITCH 2924 SPF PLU	05 15 08	SL	5.00	16	641.			641.	596.		19.
142	(D)FORTIGATE 100A BUNDLE DULA WAN POR	05 15 08	SL	5.00	16	2,997.			2,997.	2,795.		84.
143	(D)PANASONIC KV S1025C SCANNER	05 16 08	SL	5.00	16	1,667.			1,667.	1,525.		59.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
144	(D)FUJITSU FI 5650C HVRS PROF	05 16 08	SL	5.00	16	4,697.			4,697.	4,303.		164.
145	(D)PANASONIC KV S1025C SCANNER	08 12 08	SL	5.00	16	1,642.			1,642.	1,448.		81.
146	(D)FIXED CONFERENCE SOLUTION	10 03 08	SL	5.00	16	38,901.			38,901.	33,064.		2,432.
147	(D)RIGHTSTAR SYS INC	12 31 08	SL	5.00	16							0.
168	(D)COMPUTER EQUIPMENT	12 31 08	SL	5.00	16	679.			679.	544.		56.
169	(D)COMPUTER EQUIPMENT	12 31 08	SL	5.00	16	680.			680.	544.		57.
180	(D)COMP EQUIP - (RIGHTSTAR SYS)	01 01 09	SL	5.00	16	9,450.			9,450.	7,560.		177.
181	(D)COMP EQUIP - (INTRASYS)	01 01 09	SL	5.00	16	2,600.			2,600.	2,080.		217.
182	(D)COMP EQUIP - (RIGHTSTAR SYS)	07 01 09	SL	5.00	16	9,087.			9,087.	6,360.		39.
183	(D)COMP EQUIP - (DELL)	08 01 09	SL	5.00	16	9,787.			9,787.	6,687.		816.
184	(D)COMP EQUIP - (CDW FUJITSU SCANNE	12 11 09	SL	5.00	16	2,655.			2,655.	1,637.		221.
185	(D)COMP EQUIP - (CDW FUJITSU SCANNE	12 23 09	SL	5.00	16	1,059.			1,059.	636.		88.
186	(D)COMP EQUIP - (DELL)	12 23 09	SL	5.00	16	28,253.			28,253.	16,953.		2,354.
190	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	4,552.			4,552.	3,337.		379.
191	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	53,149.			53,149.	41,028.		4,034.
192	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	1,754.			1,754.	1,287.		146.
213	(D)COMP EQUIP - (PANASONIC KV S1025	07 16 10	SL	5.00	16	816.			816.	394.		68.
214	(D)XEROX FAX/COPIER	08 02 10	SL	5.00	16	999.			999.	483.		83.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
215	(D)XEROX FAX/COPIER	09 02 10	SL	5.00	16	999.			999.	483.		83.
265	(D)DELL	01 02 11	SL	5.00	16	7,891.			7,891.	3,156.		658.
266	(D)DELL	01 02 11	SL	5.00	16	15,203.			15,203.	6,082.		1,267.
267	(D)DELL	01 02 11	SL	5.00	16	8,362.			8,362.	3,344.		697.
268	(D)DELL	01 02 11	SL	5.00	16	2,592.			2,592.	1,036.		216.
269	(D)DELL	01 02 11	SL	5.00	16	12,718.			12,718.	5,088.		1,060.
270	(D)DELL	01 02 11	SL	5.00	16	7,487.			7,487.	2,994.		624.
271	(D)CDW COMP	02 02 11	SL	5.00	16	2,475.			2,475.	949.		206.
272	(D)DELL	02 02 11	SL	5.00	16	1,900.			1,900.	728.		158.
273	(D)DELL	02 02 11	SL	5.00	16	3,864.			3,864.	1,482.		322.
274	(D)DELL	02 02 11	SL	5.00	16	981.			981.	376.		82.
275	(D)DELL	03 02 11	SL	5.00	16	4,990.			4,990.	1,830.		416.
276	(D)DELL	05 17 11	SL	5.00	16	16,290.			16,290.	5,430.		1,358.
277	(D)DELL	09 01 11	SL	5.00	16	8,748.			8,748.	2,333.		729.
278	(D)DELL	10 01 11	SL	5.00	16	4,124.			4,124.	1,031.		344.
279	(D)OPTIPLEX 790 MINITOWER BASE	11 01 11	SL	5.00	16	3,722.			3,722.	868.		310.
280	(D)CYSOLUTIONS	11 01 11	SL	5.00	16	3,000.			3,000.	700.		250.
287	(D)CYSOLUTIONS	01 01 12	SL	5.00	16	1,495.			1,495.	299.		125.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
288	(D)OPTIFLEX MINITOWER	02 01 12	SL	5.00	16	1,843.			1,843.	369.		154.
289	(D)LANDCOMPUTER.COM	09 30 12	SL	5.00	16	2,214.			2,214.	148.		185.
290	(D)INTRASYSTEMS 50 MS TERM SVRS CITRIX	09 30 12	SL	5.00	16	4,362.			4,362.	291.		364.
291	(D)LANDCOMPUTER.COM	09 30 12	SL	5.00	16	3,344.			3,344.	223.		279.
292	(D)LANDCOMPUTER.COM	09 30 12	SL	5.00	16	3,189.			3,189.	213.		266.
293	(D)LANDCOMPUTER.COM	09 30 12	SL	5.00	16	402.			402.	27.		34.
294	(D)LANDCOMPUTER.COM	09 30 12	SL	5.00	16	1,517.			1,517.	101.		123.
	* 990 PAGE 10 TOTAL OTHER					950,040.		0.	950,040.	818,241.	0.	22,034.
	* 990 PAGE 10 TOTAL -					950,040.		0.	950,040.	818,241.	0.	22,034.
	BUILDINGS											
41	(D)LEASEHOLD IMPROVEMENTS	12 31 06	SL	7.00	16							0.
73	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	15,067.			15,067.	5,355.		419.
74	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	2,475.			2,475.	880.		69.
75	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	10,560.			10,560.	3,755.		293.
76	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	11,069.			11,069.	3,936.		307.
77	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	44,330.			44,330.	15,760.		1,231.
78	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	2,168.			2,168.	773.		60.
79	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	138,549.			138,549.	49,264.		30.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
80	(D)LEASEHOLD IMPROVEMENTS - FAST	09 01 07	SL	15.00	16	1,465.			1,465.	523.		41.
81	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	3,053.			3,053.	1,088.		85.
82	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	168,845.			168,845.	24,201.		4,690.
83	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	3,806.			3,806.	1,355.		106.
84	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	71,588.			71,588.	25,456.		1,989.
85	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	1,789.			1,789.	635.		50.
86	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	50,000.			50,000.	7,777.		1,389.
87	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	121.			121.	43.		3.
88	(D)LEASEHOLD IMPROVEMENTS - BRIG	09 01 07	SL	15.00	16	3,050.			3,050.	1,083.		85.
89	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	26,960.			26,960.	9,584.		749.
90	(D)LEASEHOLD IMPROVEMENTS - TELE	09 01 07	SL	15.00	16	7,530.			7,530.	2,552.		209.
91	(D)LEASEHOLD IMPROVEMENTS - LAND	09 01 07	SL	15.00	16	-87,500.			-87,500.			0.
92	(D)LEASEHOLD IMPROVEMENTS - PAUL	09 01 07	SL	15.00	16	2,223.			2,223.	789.		62.
93	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	11,000.			11,000.	3,909.		306.
94	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	10,100.			10,100.	3,589.		281.
95	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	9,000.			9,000.	3,200.		250.
96	(D)LEASEHOLD IMPROVEMENTS - UNIT	09 01 07	SL	15.00	16	662.			662.	235.		18.
97	(D)LEASEHOLD IMPROVEMENTS - PAUL	09 01 07	SL	15.00	16	1,713.			1,713.	608.		48.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
98	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	2,100.			2,100.	747.		58.
99	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	5,350.			5,350.	1,904.		149.
100	(D)LEASEHOLD IMPROVEMENTS - TZIA	09 01 07	SL	15.00	16	3,500.			3,500.	1,243.		97.
101	(D)LEASEHOLD IMPROVEMENTS - TZIA	09 01 07	SL	15.00	16	3,935.			3,935.	1,397.		109.
102	(D)LEASEHOLD IMPROVEMENTS - LEVI	09 01 07	SL	15.00	16	2,000.			2,000.	709.		56.
103	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	2,414.			2,414.	859.		67.
104	(D)LEASEHOLD IMPROVEMENTS - LAND	09 01 07	SL	15.00	16	-50,000.			-50,000.			0.
176	(D)LEASEHOLD IMPROVEMENTS - (SIG	04 30 09	SL	15.00	16	1,622.			1,622.	396.		45.
177	(D)LEASEHOLD IMPROVEMENTS - (NEL	06 30 09	SL	15.00	16	8,110.			8,110.	1,893.		225.
178	(D)LEASEHOLD IMPROVEMENTS - (SIG	07 14 09	SL	15.00	16	1,679.			1,679.	392.		47.
179	(D)LEASEHOLD IMPROVEMENTS - (SUB	11 01 09	SL	15.00	16	1,052.			1,052.	222.		29.
211	(D)LEASEHOLD IMPROVEMENTS - (GLE	07 12 10	SL	15.00	16	13,784.			13,784.	2,297.		383.
212	(D)LEASEHOLD IMPROVEMENTS - (RAI	10 03 10	SL	15.00	16	12,577.			12,577.	5,240.		1,048.
283	(D)SUMMIT - PAINTING	08 01 12	SL	5.00	16	1,300.			1,300.	108.		108.
284	(D)MAILLOUX	09 19 12	SL	5.00	16	2,320.			2,320.	155.		193.
285	(D)DAVID BEARDSLEY - DRAPERY	09 19 12	SL	5.00	16	1,360.			1,360.	91.		113.
286	(D)WALTER BREAKEY - PAINTER	09 19 12	SL	5.00	16	1,200.			1,200.			98.
	* 990 PAGE 10 TOTAL BUILDINGS					523,926.		0.	523,926.	184,003.	0.	15,595.

328102
05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL -					523,926.		0.	523,926.	184,003.	0.	15,595.
	OTHER											
148	(D)CPS ENHANCEMENTS	12 31 08	SL	5.00	16	23,056.			23,056.	18,444.		1,921.
149	(D)HEALTH 1 TECHNOLOGIES	12 31 08	SL	5.00	16	1,425.			1,425.	1,140.		119.
150	(D)HEALTH 1 TECHNOLOGIES	12 31 08	SL	5.00	16	600.			600.	480.		50.
187	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	01 20 09	SL	5.00	16	375.			375.	294.		31.
188	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	01 30 09	SL	5.00	16	150.			150.	118.		13.
189	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	04 30 09	SL	5.00	16	225.			225.	165.		19.
193	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	06 15 09	SL	5.00	16	412.			412.	294.		34.
194	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	07 01 09	SL	5.00	16	1,875.			1,875.	1,313.		156.
195	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	08 01 09	SL	5.00	16	439.			439.	301.		37.
196	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	09 01 09	SL	5.00	16	683.			683.	457.		57.
198	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	10 01 09	SL	5.00	16	1,500.			1,500.	975.		106.
199	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	10 01 09	SL	5.00	16	1,125.			1,125.	731.		94.
	* 990 PAGE 10 TOTAL OTHER					31,865.		0.	31,865.	24,712.	0.	2,637.
	* 990 PAGE 10 TOTAL -					31,865.		0.	31,865.	24,712.	0.	2,637.
	OTHER											
170	(D)ADJUST TO BOOKS	12 31 08	SL	5.00	16							0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER					0.		0.	0.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					0.		0.	0.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6712128.		0.	6712128.	2159440.	0.	99,016.

328102
05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
4	(D)BUILDING	06 30 99	SL	39.00	16	2410000.			2410000.	834,426.		25,748.
	* 990 PAGE 10 TOTAL											
	BUILDINGS					2410000.		0.	2410000.	834,426.	0.	25,748.
	* 990 PAGE 10 TOTAL -					2410000.		0.	2410000.	834,426.	0.	25,748.
	BUILDINGS											
206	(D)HDS ARCHITECTURE	09 27 10	SL	15.00	16	6,402.			6,402.	854.		178.
207	(D)SIGNARAMA	11 30 10	SL	5.00	16	3,429.			3,429.	1,372.		286.
208	(D)HDS ARCHITECTURE	11 01 10	SL	15.00	16	14,423.			14,423.	1,924.		401.
209	(D)DPH REHAB	12 02 10	SL	15.00	16	9,479.			9,479.	1,264.		263.
210	(D)HDS ARCHITECTURE	12 02 10	SL	15.00	16	14,981.			14,981.	1,998.		416.
233	(D)HDS ARCHITECTURE	01 08 11	SL	39.00	16	10,736.			10,736.	539.		115.
234	(D)HDS ARCHITECTURE	01 08 11	SL	39.00	16	7,200.			7,200.	362.		77.
235	(D)COMMONWEALTH OF MA - DPH REHAB FEE	03 08 11	SL	39.00	16	8,075.			8,075.	371.		86.
236	(D)THE GLENDALE GROUP	03 14 11	SL	39.00	16	30,000.			30,000.	1,378.		321.
237	(D)HDS ARCHITECTURE	04 04 11	SL	39.00	16	3,083.			3,083.	135.		33.
238	(D)ON THE MOVE INTERIORS	05 04 11	SL	39.00	16	9,875.			9,875.	411.		106.
239	(D)THE GLENDALE GROUP	05 05 11	SL	39.00	16	99,995.			99,995.	4,166.		1,068.
240	(D)HDS ARCHITECTURE	05 06 11	SL	39.00	16	2,400.			2,400.	100.		26.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
241	(D)MASSDEVELOPMENT	05 11 11	SL	39.00	16	750.			750.	31.		0.
242	(D)PROPERTY SOLUTIONS	03 08 11	SL	39.00	16	1,050.			1,050.	48.		11.
243	(D)GOLD STAR TRACKING	06 01 11	SL	39.00	16	8,397.			8,397.	332.		90.
244	(D)HDS ARCHITECTURE	06 01 11	SL	39.00	16	1,725.			1,725.	68.		18.
245	(D)ON THE MOVE INTERIORS	06 01 11	SL	39.00	16	1,175.			1,175.	46.		13.
246	(D)THE GLENDALE GROUP	06 01 11	SL	39.00	16	648,313.			648,313.	25,627.		6,926.
247	(D)COMMONWEALTH OF MA - DPH REHAB FEE	06 01 11	SL	39.00	16	390.			390.	15.		4.
248	(D)ARCADIA SIGNS	06 01 11	SL	39.00	16	3,420.			3,420.	135.		37.
249	(D)PROPERTY SOLUTIONS	06 01 11	SL	39.00	16	1,110.			1,110.	43.		12.
250	(D)WB MASON	07 08 11	SL	39.00	16	1,150.			1,150.	43.		12.
251	(D)HDS ARCHITECTURE	07 08 11	SL	39.00	16	4,369.			4,369.	163.		47.
252	(D)ON THE MOVE INTERIORS	07 08 11	SL	39.00	16	975.			975.	36.		10.
253	(D)THE GLENDALE GROUP	07 08 11	SL	39.00	16	447,708.			447,708.	16,742.		4,783.
254	(D)THE GLENDALE GROUP	08 04 11	SL	39.00	16	351,084.			351,084.	12,378.		3,751.
255	(D)HDS ARCHITECTURE	08 04 11	SL	39.00	16	2,963.			2,963.	104.		32.
256	(D)HDS ARCHITECTURE	09 02 11	SL	39.00	16	1,388.			1,388.	46.		15.
257	(D)HDS ARCHITECTURE	09 03 11	SL	39.00	16	1,700.			1,700.	57.		18.
258	(D)HDS ARCHITECTURE	09 30 11	SL	39.00	16	675.			675.	22.		7.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
259	(D)THE GLENDALE GROUP	09 29 11	SL	39.00	16	364,362.			364,362.	12,068.		3,893.
260	(D)LORIA ADELSON	09 01 11	SL	39.00	16	8,375.			8,375.	278.		89.
261	(D)APCO	10 01 11	SL	39.00	16	5,926.			5,926.	184.		63.
262	(D)APCO	11 01 11	SL	39.00	16	1,780.			1,780.	52.		19.
263	(D)GOLD STAR TRUCKING	11 01 11	SL	39.00	16	9,106.			9,106.	262.		97.
264	(D)THE GLENDALE GROUP	12 01 11	SL	39.00	16	20,730.			20,730.	555.		221.
282	(D)THE GLENDALE GROUP	04 01 12	SL	5.00	16	3,942.			3,942.	591.		336.
	* 990 PAGE 10 TOTAL BUILDINGS					2112641.		0.	2112641.	84,800.	0.	23,880.
	* 990 PAGE 10 TOTAL -					2112641.		0.	2112641.	84,800.	0.	23,880.
	LAND											
5	(D)LAND	06 30 99	L			400,000.			400,000.			0.
	* 990 PAGE 10 TOTAL LAND					400,000.		0.	400,000.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					400,000.		0.	400,000.	0.	0.	0.
	FURNITURE & FIXTURES											
2	(D)FURNITURE AND FIXTURES	VARIES	SL	7.00	16	37,216.			37,216.	37,216.		0.
15	(D)MITSUBISHI AIR CONDITIONER	05 06 04	SL	5.00	16	3,200.			3,200.	3,200.		0.
16	(D)NEW BOILER	06 11 04	SL	5.00	16	7,040.			7,040.	7,040.		0.
17	(D)MANCINI HTG-CARRIER CONTROL	06 13 05	SL	5.00	16	1,800.			1,800.	1,800.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
18	(D)MANCINI HTG-A/C COMPRESSOR	09 21 05	SL	5.00	16	1,900.			1,900.	1,900.		0.
61	(D)FURNITURE - WELLESLEY (WB MASON	05 30 07	SL	7.00	16	8,157.			8,157.	6,505.		486.
62	(D)FURNITURE - WELLESLEY (WB MASON	06 21 07	SL	7.00	16	14,108.			14,108.	10,176.		840.
63	(D)CHAIRS - CAMBRIDGE	06 06 07	SL	7.00	16	367.			367.	291.		0.
64	(D)FURNITURE - WELLESLEY (WB MASON	08 01 07	SL	7.00	16	15,105.			15,105.	11,689.		899.
65	(D)FURNITURE - WELLESLEY (WB MASON	09 07 07	SL	7.00	16	1,000.			1,000.	763.		60.
66	(D)FURNITURE - WELLESLEY (WB MASON	09 07 07	SL	7.00	16	2,779.			2,779.	2,117.		165.
67	(D)NEOS - CHAIRS	09 17 07	SL	7.00	16	245.			245.	178.		15.
68	(D)FURNITURE - WELLESLEY (WB MASON	10 07 07	SL	7.00	16	4,702.			4,702.	3,528.		280.
69	(D)REFRIG LAB - CAMB	11 06 07	SL	5.00	16	525.			525.	521.		0.
70	(D)POLYCOM SOUNDSTATION VTX 10	12 01 07	SL	5.00	16	940.			940.	940.		0.
71	(D)REFRIG	12 01 07	SL	5.00	16	1,050.			1,050.	1,050.		0.
132	(D)NATL GUEST CHAIR FAUX LEATHER / AMB	03 01 08	SL	7.00	16	3,141.			3,141.	2,170.		187.
133	(D)CREDENZA - WELLESLEY	04 01 08	SL	7.00	16	852.			852.	579.		51.
134	(D)CREDENZA - WELLESLEY	04 01 08	SL	7.00	16	775.			775.	527.		46.
135	(D)BOOKCASE - WELLESLEY	04 01 08	SL	7.00	16	664.			664.	451.		40.
136	(D)BOOKCASE - WELLESLEY	04 01 08	SL	7.00	16	492.			492.	333.		29.
159	(D)FURNITURE	12 31 08	SL	7.00	16	287.			287.	164.		17.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
160	(D)FURNITURE	12 31 08	SL	7.00	16	341.			341.	196.		20.
161	(D)FURNITURE	12 31 08	SL	7.00	16	450.			450.	256.		27.
162	(D)FURNITURE	12 31 08	SL	7.00	16	520.			520.	296.		31.
163	(D)FURNITURE	12 31 08	SL	7.00	16	555.			555.	316.		33.
164	(D)FURNITURE	12 31 08	SL	7.00	16	649.			649.	372.		39.
165	(D)FURNITURE	12 31 08	SL	7.00	16	811.			811.	464.		48.
166	(D)FURNITURE	12 31 08	SL	7.00	16	839.			839.	480.		50.
167	(D)FURNITURE	12 31 08	SL	7.00	16	908.			908.	520.		52.
172	(D)FURNITURE - LAB WALLS (WB MASON)	07 24 09	SL	7.00	16	944.			944.	461.		56.
173	(D)FURNITURE - ACOUSTIC PANELS (WE	12 15 09	SL	7.00	16	6,190.			6,190.	2,726.		368.
174	(D)FURNITURE - ACOUSTIC PANELS (WE	12 15 09	SL	7.00	16	2,078.			2,078.	916.		124.
200	(D)FURNITURE	05 11 10	SL	7.00	16	1,160.			1,160.	442.		69.
201	(D)FURNITURE	06 10 10	SL	7.00	16	3,740.			3,740.	1,380.		223.
202	(D)SHREDDER	08 02 10	SL	7.00	16	1,195.			1,195.	413.		71.
203	(D)SHREDDER	08 02 10	SL	7.00	16	1,195.			1,195.	413.		71.
204	(D)FURNITURE	12 08 10	SL	7.00	16	4,768.			4,768.	1,419.		285.
216	(D)FURNITURE	07 18 11	SL	7.00	16	5,294.			5,294.	1,134.		315.
217	(D)CURTAINS	07 18 11	SL	7.00	16	3,751.			3,751.	804.		223.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
218	(D)CURTAINS	07 18 11	SL	7.00	16	1,879.			1,879.	402.		112.
219	(D)CHAIRS	07 18 11	SL	7.00	16	2,988.			2,988.	639.		178.
220	(D)FURNITURE	08 04 11	SL	7.00	16	3,427.			3,427.	694.		204.
221	(D)FURNITURE	08 05 11	SL	7.00	16	2,480.			2,480.	502.		148.
222	(D)FURNITURE	08 05 11	SL	7.00	16	1,372.			1,372.	278.		82.
223	(D)FURNITURE	09 07 11	SL	7.00	16	15,390.			15,390.	2,932.		916.
224	(D)FURNITURE	09 08 11	SL	7.00	16	1,074.			1,074.	204.		64.
225	(D)FURNITURE	09 09 11	SL	7.00	16	587.			587.	112.		35.
226	(D)FURNITURE	09 11 11	SL	7.00	16	1,314.			1,314.	251.		78.
227	(D)DESK	10 06 11	SL	7.00	16	1,709.			1,709.	305.		100.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					173,953.		0.	173,953.	112,465.	0.	7,137.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT					173,953.		0.	173,953.	112,465.	0.	7,137.
1	(D)MEDICAL EQUIPMENT	VARIES	SL	5.00	16	54,719.			54,719.	54,719.		0.
9	(D)MEDICAL TABLE FROM PSS	02 20 03	SL	3.00	16	1,590.			1,590.	1,590.		0.
10	(D)WINNER SIMULATOR	02 20 04	SL	3.00	16	2,250.			2,250.	2,250.		0.
11	(D)ULTRASOUND METTLER	02 20 04	SL	3.00	16	995.			995.	995.		0.
12	(D)LLOYD 402 FLEXION TABLE	05 31 04	SL	5.00	16	5,597.			5,597.	5,597.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
13	(D)DEFRIBULATOR	07 30 04	SL	3.00	16	1,195.			1,195.	1,195.		0.
14	(D)DYNATRON 125 ULTRASOUND	02 23 05	SL	5.00	16	1,520.			1,520.	1,520.		0.
37	(D)EKG MACHINE	09 30 04	SL	5.00	16	4,360.			4,360.	4,360.		0.
40	(D)COUNTERPUISATION MACHINE	03 01 06	SL	5.00	16	21,892.			21,892.	21,590.		0.
60	(D)ELECTRON ACCUPUNCTURE W/ MEA	12 31 07	SL	5.00	16	680.			680.	680.		0.
130	(D)KORR MEDICAL	03 11 08	SL	5.00	16	4,059.			4,059.	3,924.		56.
131	(D)ELECTRICAL MUSCLE STIMULATION	09 26 08	SL	5.00	16	1,695.			1,695.	1,441.		141.
229	(D)EXAM TABLES - PSS	08 05 11	SL	5.00	16	2,342.			2,342.	819.		160.
281	(D)IQECG DIGITAL ECG USB VERSION	12 12 12	SL	5.00	16	6,809.			6,809.	113.		1,628.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					109,703.		0.	109,703.	100,793.	0.	1,985.
	* 990 PAGE 10 TOTAL -					109,703.		0.	109,703.	100,793.	0.	1,985.
	OTHER											
3	(D)COMPUTER EQUIPMENT	VARIES	SL	5.00	16	337,508.			337,508.	337,508.		0.
22	(D)QUICKBOOKS	01 22 04	SL	3.00	16	1,479.			1,479.	1,479.		0.
23	(D)INTEGRATED IT SOLUTION	01 30 04	SL	5.00	16	3,535.			3,535.	3,535.		0.
24	(D)INTEGRATED SOFTWARE	03 31 04	SL	5.00	16	2,700.			2,700.	2,700.		0.
25	(D)DUPLEX SCANNER	05 01 04	SL	5.00	16	4,187.			4,187.	4,187.		0.
26	(D)BATTERY BACKUPS	07 06 04	SL	5.00	16	1,779.			1,779.	1,779.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
27	(D)POWEREDGE PROCESSOR	07 13 04	SL	5.00	16	5,945.			5,945.	5,945.		0.
28	(D)POWEREDGE SERVER	07 15 04	SL	5.00	16	6,449.			6,449.	6,449.		0.
29	(D)CDW SUPERSWITCH	09 03 04	SL	5.00	16	1,805.			1,805.	1,805.		0.
30	(D)DELL POWEREDGE	09 09 04	SL	5.00	16	7,329.			7,329.	7,329.		0.
31	(D)MICROSOFT SERVER	01 15 04	SL	5.00	16	2,720.			2,720.	2,720.		0.
32	(D)3 PROCESSORS 1 HRD DR	07 13 04	SL	5.00	16	2,014.			2,014.	2,015.		0.
33	(D)CENTRICITY ACCRUAL	10 01 04	SL	5.00	16	35,954.			35,954.	35,954.		0.
34	(D)FAXCOM FAX SERVER	02 24 05	SL	5.00	16	10,557.			10,557.	10,557.		0.
35	(D)DELL COMPUTER	04 21 05	SL	5.00	16	6,073.			6,073.	6,073.		0.
36	(D)CENTRICITY SOFTWARE	07 01 05	SL	3.00	16	22,166.			22,166.	20,574.		0.
42	(D)XEROX 3 IN ONE	03 08 06	SL	5.00	16	1,044.			1,044.	1,044.		0.
43	(D)DELL MINIOWER PENTIUM	03 27 06	SL	5.00	16	6,576.			6,576.	5,917.		0.
44	(D)XPS PENTIUM NOTEBOOK	04 01 06	SL	5.00	16	3,536.			3,536.	3,031.		0.
45	(D)PROJECTOR	05 02 06	SL	5.00	16	902.			902.	871.		0.
46	(D)HP LASER JET	05 23 06	SL	5.00	16	1,182.			1,182.	1,162.		0.
47	(D)MS MBC SRV STD 2005 CPU	06 01 06	SL	5.00	16	4,700.			4,700.	4,061.		0.
48	(D)FUJITSI SCANNER	07 01 06	SL	5.00	16	4,745.			4,745.	4,341.		0.
49	(D)PHOTOCOPIER	08 01 06	SL	5.00	16	7,200.			7,200.	6,796.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
50	(D)DEVA SYSTEM SOFTWARE	09 01 06	SL	3.00	16	2,500.			2,500.	2,266.		0.
51	(D)DELL MINITOWER	10 01 06	SL	5.00	16	966.			966.	985.		0.
52	(D)DELL COMPUTER	11 26 06	SL	5.00	16	13,295.			13,295.	13,297.		0.
53	(D)OPTIFLEX MINITOWER	12 22 06	SL	5.00	16	1,072.			1,072.	1,054.		0.
54	(D)CANON COPIER	12 31 06	SL	5.00	16	1,350.			1,350.	1,328.		0.
105	(D)DELL MINIOWER PENTIUM (10)	01 01 07	SL	5.00	16	9,964.			9,964.	9,964.		0.
106	(D)CDW COMP CISCO 1841 ROUTER	01 09 07	SL	5.00	16	2,549.			2,549.	2,549.		0.
107	(D)CDW COMP CISCO 1841 ROUTER	01 09 07	SL	5.00	16	1,574.			1,574.	1,574.		0.
108	(D)CDW COMP FUJITSU FI 5650C SCAN	01 01 07	SL	5.00	16	4,661.			4,661.	4,661.		0.
109	(D)CDW COMP FUJITSU FI 5650C SCAN	01 01 07	SL	5.00	16	4,661.			4,661.	4,661.		0.
110	(D)CDW COMP	02 28 07	SL	5.00	16	1,516.			1,516.	1,516.		0.
111	(D)CDW COMP	02 28 07	SL	5.00	16	1,516.			1,516.	1,516.		0.
112	(D)CDW COMP	03 20 07	SL	5.00	16	273.			273.	274.		0.
113	(D)INTRASYSTEMS 50 MS TERM SVRS CITRIX	04 01 07	SL	3.00	16	18,065.			18,065.	18,065.		0.
114	(D)DELL 2 XEON PROCESSOR	05 15 07	SL	5.00	16	10,392.			10,392.	10,392.		0.
115	(D)DELL 2 HARD DRIVE 300GB	05 15 07	SL	5.00	16	950.			950.	951.		0.
116	(D)CDW COMP	03 20 07	SL	5.00	16	6,276.			6,276.	6,275.		0.
117	(D)CANON LASER CLASS 710	09 28 07	SL	5.00	16	1,600.			1,600.	1,600.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
118	(D)BATTERY BACKUPS	09 30 07	SL	5.00	16	11,994.			11,994.	11,995.		0.
119	(D)OPTIQUEST 19 INCH VIEWSONICS	09 30 07	SL	5.00	16	7,530.			7,530.	7,531.		0.
120	(D)OPTIPLEX 745 MINITOWER PENTIUM D	11 01 07	SL	5.00	16	3,805.			3,805.	3,805.		0.
121	(D)TELE TECH 4 PORT VOICEMAIL PRO	11 01 07	SL	5.00	16	11,371.			11,371.	11,371.		0.
122	(D)AM TECH 2 WHY THPE MED SYS D	11 01 07	SL	5.00	16	5,090.			5,090.	5,090.		0.
123	(D)HP COLOR LASERJET CM4730	11 02 07	SL	5.00	16	6,000.			6,000.	6,000.		0.
124	(D)TELE TECH	12 01 07	SL	5.00	16	3,200.			3,200.	3,200.		0.
125	(D)JMT CONSULTING - SAGE FUNDRAISING	12 01 07	SL	3.00	16	7,000.			7,000.	7,000.		0.
126	(D)HP LASER JET 1022	12 31 07	SL	5.00	16	1,498.			1,498.	1,498.		0.
127	(D)EQUIPMENT	12 31 07	SL	5.00	16	475.			475.	475.		0.
128	(D)DELL 300GB HD DR (2)	12 31 07	SL	5.00	16	951.			951.	950.		0.
137	(D)PRIVACY MONITOR SCREENS 19'	01 02 08	SL	5.00	16	810.			810.	810.		0.
138	(D)OPTIPLEX 755 MINITOWER CORE 2 DU	01 10 08	SL	5.00	16	7,298.			7,298.	7,298.		0.
139	(D)QUAD CORE XEON X5450 PROCESSOR	01 23 08	SL	5.00	16	16,815.			16,815.	16,534.		117.
140	(D)HP LASER JET 4240N PRINTER	05 15 08	SL	5.00	16	1,161.			1,161.	1,082.		33.
141	(D)3COM BASELINE SWITCH 2924 SPF PLU	05 15 08	SL	5.00	16	641.			641.	596.		19.
142	(D)FORTIGATE 100A BUNDLE DULA WAN POR	05 15 08	SL	5.00	16	2,997.			2,997.	2,795.		84.
143	(D)PANASONIC KV S1025C SCANNER	05 16 08	SL	5.00	16	1,667.			1,667.	1,525.		59.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
144	(D)FUJITSU FI 5650C HVRS PROF	05 16 08	SL	5.00	16	4,697.			4,697.	4,303.		164.
145	(D)PANASONIC KV S1025C SCANNER	08 12 08	SL	5.00	16	1,642.			1,642.	1,448.		81.
146	(D)FIXED CONFERENCE SOLUTION	10 03 08	SL	5.00	16	38,901.			38,901.	33,064.		2,432.
147	(D)RIGHTSTAR SYS INC	12 31 08	SL	5.00	16							0.
168	(D)COMPUTER EQUIPMENT	12 31 08	SL	5.00	16	679.			679.	544.		56.
169	(D)COMPUTER EQUIPMENT	12 31 08	SL	5.00	16	680.			680.	544.		57.
180	(D)COMP EQUIP - (RIGHTSTAR SYS)	01 01 09	SL	5.00	16	9,450.			9,450.	7,560.		177.
181	(D)COMP EQUIP - (INTRASYS)	01 01 09	SL	5.00	16	2,600.			2,600.	2,080.		217.
182	(D)COMP EQUIP - (RIGHTSTAR SYS)	07 01 09	SL	5.00	16	9,087.			9,087.	6,360.		39.
183	(D)COMP EQUIP - (DELL)	08 01 09	SL	5.00	16	9,787.			9,787.	6,687.		816.
184	(D)COMP EQUIP - (CDW FUJITSU SCANNE	12 11 09	SL	5.00	16	2,655.			2,655.	1,637.		221.
185	(D)COMP EQUIP - (CDW FUJITSU SCANNE	12 23 09	SL	5.00	16	1,059.			1,059.	636.		88.
186	(D)COMP EQUIP - (DELL)	12 23 09	SL	5.00	16	28,253.			28,253.	16,953.		2,354.
190	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	4,552.			4,552.	3,337.		379.
191	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	53,149.			53,149.	41,028.		4,034.
192	(D)SYS ENHANCEMENTS (DELL)	05 01 09	SL	5.00	16	1,754.			1,754.	1,287.		146.
213	(D)COMP EQUIP - (PANASONIC KV S1025	07 16 10	SL	5.00	16	816.			816.	394.		68.
214	(D)XEROX FAX/COPIER	08 02 10	SL	5.00	16	999.			999.	483.		83.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
215	(D)XEROX FAX/COPIER	09 02 10	SL	5.00	16	999.			999.	483.		83.
265	(D)DELL	01 02 11	SL	5.00	16	7,891.			7,891.	3,156.		658.
266	(D)DELL	01 02 11	SL	5.00	16	15,203.			15,203.	6,082.		1,267.
267	(D)DELL	01 02 11	SL	5.00	16	8,362.			8,362.	3,344.		697.
268	(D)DELL	01 02 11	SL	5.00	16	2,592.			2,592.	1,036.		216.
269	(D)DELL	01 02 11	SL	5.00	16	12,718.			12,718.	5,088.		1,060.
270	(D)DELL	01 02 11	SL	5.00	16	7,487.			7,487.	2,994.		624.
271	(D)CDW COMP	02 02 11	SL	5.00	16	2,475.			2,475.	949.		206.
272	(D)DELL	02 02 11	SL	5.00	16	1,900.			1,900.	728.		158.
273	(D)DELL	02 02 11	SL	5.00	16	3,864.			3,864.	1,482.		322.
274	(D)DELL	02 02 11	SL	5.00	16	981.			981.	376.		82.
275	(D)DELL	03 02 11	SL	5.00	16	4,990.			4,990.	1,830.		416.
276	(D)DELL	05 17 11	SL	5.00	16	16,290.			16,290.	5,430.		1,358.
277	(D)DELL	09 01 11	SL	5.00	16	8,748.			8,748.	2,333.		729.
278	(D)DELL	10 01 11	SL	5.00	16	4,124.			4,124.	1,031.		344.
279	(D)OPTIPLEX 790 MINITOWER BASE	11 01 11	SL	5.00	16	3,722.			3,722.	868.		310.
280	(D)CYSOLUTIONS	11 01 11	SL	5.00	16	3,000.			3,000.	700.		250.
287	(D)CYSOLUTIONS	01 01 12	SL	5.00	16	1,495.			1,495.	299.		125.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
288	(D)OPTIFLEX MINITOWER	02012	SL	5.00	16	1,843.			1,843.	369.		154.
289	(D)LANDCOMPUTER.COM	09302	SL	5.00	16	2,214.			2,214.	148.		185.
290	(D)INTRASYSTEMS 50 MS TERM SVRS CITRIX	09302	SL	5.00	16	4,362.			4,362.	291.		364.
291	(D)LANDCOMPUTER.COM	09302	SL	5.00	16	3,344.			3,344.	223.		279.
292	(D)LANDCOMPUTER.COM	09302	SL	5.00	16	3,189.			3,189.	213.		266.
293	(D)LANDCOMPUTER.COM	09302	SL	5.00	16	402.			402.	27.		34.
294	(D)LANDCOMPUTER.COM	09302	SL	5.00	16	1,517.			1,517.	101.		123.
	* 990 PAGE 10 TOTAL OTHER					950,040.		0.	950,040.	818,241.	0.	22,034.
	* 990 PAGE 10 TOTAL -					950,040.		0.	950,040.	818,241.	0.	22,034.
	BUILDINGS											
41	(D)LEASEHOLD IMPROVEMENTS	12310	SL	7.00	16							0.
73	(D)LEASEHOLD IMPROVEMENTS - BUCK	09010	SL	15.00	16	15,067.			15,067.	5,355.		419.
74	(D)LEASEHOLD IMPROVEMENTS - BUCK	09010	SL	15.00	16	2,475.			2,475.	880.		69.
75	(D)LEASEHOLD IMPROVEMENTS - BUCK	09010	SL	15.00	16	10,560.			10,560.	3,755.		293.
76	(D)LEASEHOLD IMPROVEMENTS - BUCK	09010	SL	15.00	16	11,069.			11,069.	3,936.		307.
77	(D)LEASEHOLD IMPROVEMENTS - GLEN	09010	SL	15.00	16	44,330.			44,330.	15,760.		1,231.
78	(D)LEASEHOLD IMPROVEMENTS - BUCK	09010	SL	15.00	16	2,168.			2,168.	773.		60.
79	(D)LEASEHOLD IMPROVEMENTS - GLEN	09010	SL	15.00	16	138,549.			138,549.	49,264.		30.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
80	(D)LEASEHOLD IMPROVEMENTS - FAST	09 01 07	SL	15.00	16	1,465.			1,465.	523.		41.
81	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	3,053.			3,053.	1,088.		85.
82	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	168,845.			168,845.	24,201.		4,690.
83	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	3,806.			3,806.	1,355.		106.
84	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	71,588.			71,588.	25,456.		1,989.
85	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	1,789.			1,789.	635.		50.
86	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	50,000.			50,000.	7,777.		1,389.
87	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	121.			121.	43.		3.
88	(D)LEASEHOLD IMPROVEMENTS - BRIG	09 01 07	SL	15.00	16	3,050.			3,050.	1,083.		85.
89	(D)LEASEHOLD IMPROVEMENTS - GLEN	09 01 07	SL	15.00	16	26,960.			26,960.	9,584.		749.
90	(D)LEASEHOLD IMPROVEMENTS - TELE	09 01 07	SL	15.00	16	7,530.			7,530.	2,552.		209.
91	(D)LEASEHOLD IMPROVEMENTS - LAND	09 01 07	SL	15.00	16	-87,500.			-87,500.			0.
92	(D)LEASEHOLD IMPROVEMENTS - PAUL	09 01 07	SL	15.00	16	2,223.			2,223.	789.		62.
93	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	11,000.			11,000.	3,909.		306.
94	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	10,100.			10,100.	3,589.		281.
95	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	9,000.			9,000.	3,200.		250.
96	(D)LEASEHOLD IMPROVEMENTS - UNIT	09 01 07	SL	15.00	16	662.			662.	235.		18.
97	(D)LEASEHOLD IMPROVEMENTS - PAUL	09 01 07	SL	15.00	16	1,713.			1,713.	608.		48.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
98	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	2,100.			2,100.	747.		58.
99	(D)LEASEHOLD IMPROVEMENTS - PAST	09 01 07	SL	15.00	16	5,350.			5,350.	1,904.		149.
100	(D)LEASEHOLD IMPROVEMENTS - TZIA	09 01 07	SL	15.00	16	3,500.			3,500.	1,243.		97.
101	(D)LEASEHOLD IMPROVEMENTS - TZIA	09 01 07	SL	15.00	16	3,935.			3,935.	1,397.		109.
102	(D)LEASEHOLD IMPROVEMENTS - LEVI	09 01 07	SL	15.00	16	2,000.			2,000.	709.		56.
103	(D)LEASEHOLD IMPROVEMENTS - BUCK	09 01 07	SL	15.00	16	2,414.			2,414.	859.		67.
104	(D)LEASEHOLD IMPROVEMENTS - LAND	09 01 07	SL	15.00	16	-50,000.			-50,000.			0.
176	(D)LEASEHOLD IMPROVEMENTS - (SIG	04 30 09	SL	15.00	16	1,622.			1,622.	396.		45.
177	(D)LEASEHOLD IMPROVEMENTS - (NEL	06 30 09	SL	15.00	16	8,110.			8,110.	1,893.		225.
178	(D)LEASEHOLD IMPROVEMENTS - (SIG	07 14 09	SL	15.00	16	1,679.			1,679.	392.		47.
179	(D)LEASEHOLD IMPROVEMENTS - (SUB	11 01 09	SL	15.00	16	1,052.			1,052.	222.		29.
211	(D)LEASEHOLD IMPROVEMENTS - (GLE	07 12 10	SL	15.00	16	13,784.			13,784.	2,297.		383.
212	(D)LEASEHOLD IMPROVEMENTS - (RAI	10 03 10	SL	15.00	16	12,577.			12,577.	5,240.		1,048.
283	(D)SUMMIT - PAINTING	08 01 12	SL	5.00	16	1,300.			1,300.	108.		108.
284	(D)MAILLOUX	09 19 12	SL	5.00	16	2,320.			2,320.	155.		193.
285	(D)DAVID BEARDSLEY - DRAPERY	09 19 12	SL	5.00	16	1,360.			1,360.	91.		113.
286	(D)WALTER BREAKEY - PAINTER	09 19 12	SL	5.00	16	1,200.			1,200.			98.
	* 990 PAGE 10 TOTAL BUILDINGS					523,926.		0.	523,926.	184,003.	0.	15,595.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL -					523,926.		0.	523,926.	184,003.	0.	15,595.
	OTHER											
148	(D)CPS ENHANCEMENTS	12 31 08	SL	5.00	16	23,056.			23,056.	18,444.		1,921.
149	(D)HEALTH 1 TECHNOLOGIES	12 31 08	SL	5.00	16	1,425.			1,425.	1,140.		119.
150	(D)HEALTH 1 TECHNOLOGIES	12 31 08	SL	5.00	16	600.			600.	480.		50.
187	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	01 20 09	SL	5.00	16	375.			375.	294.		31.
188	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	01 30 09	SL	5.00	16	150.			150.	118.		13.
189	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	04 30 09	SL	5.00	16	225.			225.	165.		19.
193	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	06 15 09	SL	5.00	16	412.			412.	294.		34.
194	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	07 01 09	SL	5.00	16	1,875.			1,875.	1,313.		156.
195	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	08 01 09	SL	5.00	16	439.			439.	301.		37.
196	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	09 01 09	SL	5.00	16	683.			683.	457.		57.
198	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	10 01 09	SL	5.00	16	1,500.			1,500.	975.		106.
199	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	10 01 09	SL	5.00	16	1,125.			1,125.	731.		94.
	* 990 PAGE 10 TOTAL OTHER					31,865.		0.	31,865.	24,712.	0.	2,637.
	* 990 PAGE 10 TOTAL -					31,865.		0.	31,865.	24,712.	0.	2,637.
	OTHER											
170	(D)ADJUST TO BOOKS	12 31 08	SL	5.00	16							0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL OTHER					0.		0.	0.	0.	0.	0.
	* 990 PAGE 10 TOTAL -					0.		0.	0.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 10 DEPR					6712128.		0.	6712128.	2159440.	0.	99,016.

328102
05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- NEXT YEAR FEDERAL -

THE MARINO HEALTH FOUNDATION, INC.
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Asset No	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDINGS								
	BUILDINGS								
	LAND								
	FURNITURE & FIXTURES								
	MACHINERY & EQUIPMENT								
	OTHER								
	BUILDINGS								
	OTHER								
	OTHER								
	* GRAND TOTAL 990 PAGE 10 DEPR				0.		0.	0.	0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	MARINO CENTER FOR INTEGRATIVE HEALTH, INC.	04-3403085
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	C/O R.J. GOLD & COMPANY, P.C. - ONE WALL STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	BURLINGTON, MA 01803	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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.

- The books are in the care of ▶ CHRISTINA BARROS 40 WARREN STREET, SUITE 328 - CHARLESTOWN, MA 02129
  Telephone No ▶ 617-718-7189 Fax No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2014

5 For calendar year 2013, or other tax year beginning _____, and ending _____.

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
ADDITIONAL TIME IS REQUIRED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c	**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 ▶ CHAIR Date ▶

323842
12-31-13

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.

OMB No. 1545-1709

- 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.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions. MARINO CENTER FOR INTEGRATIVE HEALTH, INC.	Enter filer's identifying number Employer identification number (EIN) or 04-3403085
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O R.J. GOLD & COMPANY, P.C. - ONE WALL STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGTON, MA 01803	

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

- The books are in the care of ▶ CHRISTINA BARROS 40 WARREN STREET, SUITE 328 - CHARLESTOWN, MA 02129
  Telephone No. ▶ 617-718-7189 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2013 or
▶ [ ] tax year beginning _____, and ending _____.

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.