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SCANNFID DEC 10 2019

332001 10-29-13

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 Open to Public Inspection

ΑF	or the	2013 calendar year, or tax year beginning a	and ending		
В	Check if	C Name of organization		D Employer identif	ication number
а	pplicable	THE MARINO HEALTH FOUNDATION, INC.			
	_Addres	FRA MARINO CIR FOR INTEGRATIVE HETH,	, INC		
X	Name change	Doing Business As		04-3	403085
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui	te E Telephone numbe	er
	Termir	40 WARREN STREET, SUITE 328		617-	718-7189
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	13,977,949.
	Applic	CHARLESIONN, FIA UZIZI		H(a) Is this a group r	
	pendir	F Name and address of principal officer:LORRAINE MARINO S	SNYDER	for subordinates	s? Yes X No
		40 WARREN STREET, SUITE 328, CHARLEST	rown, M	H(b) Are all subordinates	ıncluded? Yes No
<u></u>]	Tax-exe	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)	(1) or 5	27 If "No," attach a	a list (see instructions)
		e: > WWW.MARINOCENTER.ORG		H(c) Group exemption	on number 🕨
KF	orm of	organization: X Corporation Trust Association Other ▶	L Ye	ar of formation: 1997 i	M State of legal domicile: MA
Pa	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: ${f THE}$	E CENTE	ER PROVIDED A	UNIQUE
Activities & Governance		BRAND OF INTEGRATIVE MEDICINE TO THE CO	LINDWW C	IES SERVED I	N EASTERN
ru.	2	Check this box $lacktriangledown$ if the organization discontinued its operations or dis	sposed of mo	ore than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)		<u>3</u>	8
නේ	4	Number of independent voting members of the governing body (Part VI, line 1	lb) .	<u>4</u>	8
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		<u>5</u>	91
Σ		Total number of volunteers (estimate if necessary)	-	6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990 T, line 34-1		7b	0.
			<u> </u>	Prior Year	Current Year
Ф	1	Contributions and grants (Part VIII, line 1h)2		39,894.	
eñ	1	Program service revenue (Part VIII, line 2g)		10,314,731.	
Revenue		Investment income (Part VIII, column (A), lines.3,.4, and 7d)	.	2,675.	
ц.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c (9c, 10c, and 11e)	.	43,692.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	10,400,992.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	1,500.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	<u>8,173,563.</u>	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	4,449,865.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	12,624,928.	
- 10	19	Revenue less expenses. Subtract line 18 from line 12		<u>-2,223,936.</u>	4,528,824.
Net Assets or Fund Balances			-	Beginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		6,673,178.	
et A	21	Total liabilities (Part X, line 26)	-	6,022,143.	
폱	22	Net assets or fund balances. Subtract line 21 from line 20		651,035.	5,341,225.
	art il	Signature Block			
		lities of perjury. I declare that I have examined this return, including accompanying sche			ny knowledge and belief, it is
true	, correc	t, and complete/Deviaration of freparen (other than officer) is based on all information of	of which prepa	rer nas any knowledge.	
		Signature of officer		(1//4//)	y
Sig				Date	
Her	re	DOUGLAS FARRINGTON, TREASURER Type or print name and title			
			npa	Date / / Chark	PTIN
De'	_	Print/Type preparer's name Preparer's name Preparer's name Print/Type Preparer's name Preparer's name Preparer's name Preparer's name Preparer's name Print/Type Prin	<i>U </i> V	Date /13/14 Check [
Paid		ROBERT J. GOLD, CPA ROBERT J. GOLD	D, CPA	Self-emplo	
	parer	Firm's name R.J. GOLD & COMPANY, P.C.		Firm's EIN	04-2709439
use	Only	Firm's address ONE WALL STREET		Dhans as 70	01 070_000
	44 **	BURLINGTON, MA 01803		Prione no. / 8	31-272-2283 X Yes No
		RS discuss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2013)
3320	UU 1 10-2	9-13 LIDA FOI FADELWOLK REQUESION ACT NOTICE. SEE THE SEDATATE INSTITU	uctions.		rom 230 (2013)

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Part IV Checklist of Required Schedules

		-	Yes	<u>No</u>
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	_		v
	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			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
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
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	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		Х
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.			
а	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 167 If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		<u>X</u>
е	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		37	
	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	40-	x	
_	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	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,	, (1		
	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		х
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		<u>X</u>
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	<u></u>	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
	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		(2010)

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC.

04-3403085 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X Schedule J 23 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 Х Schedule K If "No", go to line 25a 24a 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 X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b Schedule L. Part I. 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, 26 X complete Schedule L, Part II 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 X of any of these persons? If "Yes," complete Schedule L, Part III 27 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). Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

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37

X

38

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

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

Page 5

rai	Check if Schedule O contains a response or note to any line in this Part V			$\overline{}$
	Chock is contound to contain a response of note to any line in this take v		Yes	No
4	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 34		162	NU
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 1b	.		
-	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Za	filed for the calendar year ending with or within the year covered by this return 2a 91			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country.			
J	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		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
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).			
а	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		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			i
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
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.			
а	Did the organization make any taxable distributions under section 4966?	9a		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	•		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.) 11b 11b 12 12 13 14 15 15 15 15 15 15 15	400		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Seeking 504(a)(00) and life of page 154 in a great health in a great in a great healt	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	134	 	\vdash
la.	Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans]	
_	Enter the amount of reserves on hand	1		
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		T
<u>D</u>	in 100, has te mod a 10th 120 to report those payments. If No, provide an explanation in ocheane o		990	/2012

THE MARINO HEALTH FOUNDATION, INC.

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 04-3403085 Form 990 (2013)

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			\mathbf{X}
Sec	tion A. Governing Body and Management			<u> </u>
<u>500</u>	non A. Governing body and management	-	Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year		163	110
Ia	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.			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b			
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			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
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
-	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:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion 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	
С	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?			
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
b	Other officers or key employees of the organization	15b	<u>X</u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		L.,_
<u>Sec</u>	tion 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)	availab	le	
	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, an	d finar	ncial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who person of the person of the person who possesses the books and records of the person of	tion 🕨		
	LORRAINE MARINO SNYDER - 617-834-0536			.
	40 WARREN STREET, SUITE 328, CHARLESTOWN, MA 02129	F.	000	(2013)
		Larn	, wail	エンロエスノ

Form 990 (2013) 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.

(A)	(B)		(C) Position					(D)	(E)	(F)
Name and Title	Average hours per	(do not check more than one box, unless person is both a			than		Reportable compensation	Reportable compensation	Estimated amount of	
	week	offi	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LORRAINE MARINO SNYDER	15.00									
PRESIDENT		X		X				0.	0.	0.
(2) BRENT BAUER, M.D.	2.00	l	ļ							
DIRECTOR		X	<u> </u>		ļ	<u> </u>		0.	0.	0.
(3) DOUGLAS J FARRINGTON	2.00	↓		x				0.	0.	_
TREASURER / DIRECTOR	2 00	X		Λ			_			0.
(4) MORT ROSENTHAL DIRECTOR	2.00	x						0.	0.	0.
(5) DANIEL V CALANO	2.00		<u> </u>							
DIRECTOR		X						0.	0.	0.
(6) W MASON SMITH III	2.00	х		x				0.	0.	0.
VICE PRES / DIRECTOR	2.00	┢	┢	^	├			<u> </u>		
(7) PRENTISS HIGGINS DIRECTOR	2.00	$ _{\mathbf{X}}$						0.	0.	0.
(8) RAKEL MEIR	2.00					ļ				
DIRECTOR		X		L				0.	0.	0.
(9) GUY PUGH, M.D.	40.00	1								
PHYSICIAN			1		<u></u>	X		101,973.	0.	2,888.
(10) DIANE MUNSON, M.D.	40.00	-				x		101,329.	0.	2 677
PHYSICIAN	40.00	1			-	^		101,329.		2,677.
(11) JULIE BREAKEY PRACTICE MANAGER	40.00	1				x		100,136.	0.	1,292.
FRACTICE MANAGER								130/2300		
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Form **990** (2013)

	THE	MAKINO	HEAL	7.I.H 1	LOUNDATION	, INC.		
Form 990 (2013)	FKA	MARINO	CTR	FOR	INTEGRATI	VE HLTH,	INC	04-
Part VII Section A. Office	rs, Direc	tors, Trustees	s, Key E	mploye	es, and Highest Co	mpensated Em	ployees (continued)

3ection A. Onicers, Directors, Trus	tees, itey Lin	PICA	uco,	, u.i.	<u>u 1 11</u>	giic.	<u>,, , , , , , , , , , , , , , , , , , ,</u>	omponoatoa Employo	30 1001.1			
(A)	(B) (C)							(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estimat	ed
	hours per	box,	, unle:	ss pe	rson	is bot	n an	compensation	compensation	1	amount	
	week (list any	 -				1		from the	from related organizations		othe	
	hours for								from th			
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	(*** = ********************************	·	organiza	
	organizations	at trus	naltri		loyee	dwo:					and rela	
	below line)	Ividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizat	ions
	iii ie)	프	Ĕ	₹.	ā	王皇	면			\dashv		
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		1		ĺ	İ							
1b Sub-total							▶	303,438.		0.	6,8	357.
c Total from continuation sheets to Part V	II, Section A							0.		0.		<u>0.</u>
d Total (add lines 1b and 1c)	<u> </u>						<u> </u>	303,438.		0.	6,8	357.
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	0,000 of reportable	,		_
compensation from the organization											Yes	No No
0 D I I		4-	_ 1		1			hbt	ampleyee on	Г	165	NO
3 Did the organization list any former officer,			е, ке	y er	mpic	byee	, or	nignest compensated e	impioyee on	l	3	x
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the si			amn	one:	atını	n an	d of	her compensation from	the organization	· -	3	122
and related organizations greater than \$15									the organization		4 X	
5 Did any person listed on line 1a receive or									idual for services			
rendered to the organization? If "Yes," con											5	X
Section B. Independent Contractors											-	
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	cont	racto	ors 1	that received more than	\$100,000 of comp	pensa	ition from	
the organization Report compensation for	the calendar y	<u>ear</u>	end	ing v	with	or w	ıthı	n the organization's tax	year			
(A)								(B)		Ο.	(C)	
Name and business		0.0	- .		~			Description of s	services		ompensati	On
WESTWOOD PHYSICAL THERAP					GH			DUVOTORI MUE	DADW		156	C73
STREET, SUITE 102, WESTW	OOD, MA	U	<u> </u>	90				PHYSICAL THE	RAPI		<u>156, </u>	0/4.
MAUREEN ARKLE 25 DOVER ROAD, DOVER, MA	02030							INTERIM CEO			122,	500
23 DOVER ROAD, DOVER, MA	04030							THIERTH CEO			144,	<u>, , , , , , , , , , , , , , , , , , , </u>

Form **990** (2013)

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

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 04-3403085 Page 9

	rt VI	••	Statement of Rever Check if Schedule O conta		e or note to any line	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts Tts	1 a	3	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	•	Membership dues .	1b					
S, M	c	•	Fundraising events	. 1c					
ar a	c	t	Related organizations	1d					
ini Tij	e	•	Government grants (contribut	ions) 1e					
rion r S	f	Ī	All other contributions, gifts, gran	ts, and					
the			similar amounts not included abor	ve . 1f	3,100,500.				
dari	g	9	Noncash contributions included in lines	1a-1f \$					
Sol	ŀ	า า	Total. Add lines 1a-1f		•	3 100 500			
					Business Code				
e,	2 a	а	MEDICAL SERVICES		621400	4,605,400.	4,605,400.		
ام کز									
Se									
am eve		d			1				
Program Service Revenue	e	9							
Ğ	f	f	All other program service reve	enue .					
	و ا	9	Total. Add lines 2a-2f		•	4 605 400.			
	3		Investment income (including	dıvıdends, inte	erest, and				
			other similar amounts)	_	. ▶	48,704.			48,704.
	4		Income from investment of ta	x-exempt bond	d proceeds ►	275.			275.
	5		Royalties	·	▶				
			•	(i) Real	(ii) Personal				
	6 6	а	Gross rents						
			Less. rental expenses						
			Rental income or (loss)						
	1		Net rental income or (loss)						
	7 8	а	Gross amount from sales of	(i) Securities	(ıi) Other				
			assets other than inventory		6,145,855,				1
	ı	b	Less: cost or other basis						
			and sales expenses	<u> </u>	4,376,324.				
	١,		Gain or (loss)		1,769,531.				
	1		Net gain or (loss)	-	•	1,769,531.			1,769,531.
d)			Gross income from fundraisin	g events (not					
Ž				of					
ě			contributions reported on line						
Other Revenue	ļ		Part IV, line 18		a				
ţ.		b	Less direct expenses		b				
0	(С	Net income or (loss) from fund	draising events	s > _				
	9 :	а	Gross income from gaming ad	ctivities See					
	İ		Part IV, line 19		а				
		b	Less: direct expenses		b				
	,	С	Net income or (loss) from gan	ning activities		I			
	10	а	Gross sales of inventory, less	returns					
			and allowances		a				
	, ,	b	Less cost of goods sold		b				
		С	Net income or (loss) from sale	es of inventory	>				
		_	Miscellaneous Revenu	Je	Business Code				
	11	а	OTHER		611710	58,257.			58,257.
			STIPENDS		611710	18,958.			18,958.
		С						-	
		đ	All other revenue						
		е	Total. Add lines 11a-11d			77,215.			
	12	_	Total revenue See instructions.		<u> </u>	9 601 625	4 605 400		0. 1.895.725.
3320 10-2	09 9-13	_							Form 990 (2013)

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Form 990 (2013)

Part IX | Statement of Functional Expenses

04-3403085 Page 10

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 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	<u>-</u>			
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)	2,703,759.	2,407,225.	296,534.	
7	Other salaries and wages	4,103,133.	4,401,443.	430,334.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,886.	39,970.	2,916.	
۵		240,649.	240,649.	2,510.	<u></u>
9 10	Other employee benefits Payroll taxes	216,597.	203,137.	13,460.	·
11	Fees for services (non-employees)	410,0010	200,107.	13,400.	
a	Management	21,242.		21,242.	
b	Legal	21,166.		21,166.	
c	Accounting	33,000.		33,000.	·
d	Lobbying	307000			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	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	25.242		05.040	
20	Interest .	87,848.		87,848.	
21	Payments to affiliates	00 016	00 016		
22	Depreciation, depletion, and amortization	99,016.	99,016. 97,333.		
23	Insurance	97,333.	71,333.		
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 0.)				
а	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.		
_	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)				
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>	5 000 /0010

Form 990 (2013)

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 314,524. 237,542. 1 Cash - non-interest-bearing 1,067,266. 916,314. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 50,883. 644,766. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Inventories for sale or use 8 70,751. 0. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 0. 4,554,881. b Less accumulated depreciation 10b 4,464,441. 11 Investments - publicly traded securities Investments · other securities. See Part IV, line 11 12 12 13 13 Investments · program-related See Part IV, line 11 Intangible assets 14 14 97,972. 806. 15 15 Other assets. See Part IV, line 11 5,746,968. Total assets. Add lines 1 through 15 (must equal line 34) 6,673,178. 16 16 614,423. 8,655. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 501,930. 326,422. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 4,905,790. 70,666. Schedule D 25 6,022,143. 405,743. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 651,035. 4,841,225. 27 Unrestricted net assets 27 500,000. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 651,035. 5,341,225. 33 33 Total net assets or fund balances 6.673.178. 5,746,968. Total liabilities and net assets/fund balances

Form **990** (2013)

THE MARINO HEALTH FOUNDATION, INC.

INC 04-3403085 Page 12 FKA MARINO CTR FOR INTEGRATIVE HLTH, Form 990 (2013) Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 9,601,625. Total revenue (must equal Part VIII, column (A), line 12) 5,072,801. Total expenses (must equal Part IX, column (A), line 25) 2 2 4,528,824. Revenue less expenses Subtract line 2 from line 1 3 6<u>51,035.</u> 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 176,222. 5 Net unrealized gains (losses) on investments 5 6 6 Donated services and use of facilities -14,856. 7 Investment expenses 7 8 Prior period adjustments 8 0. 9 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 5,341,225. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Accounting method used to prepare the Form 990.

Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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 X b Were the organization's financial statements audited by an independent accountant? 2b 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 X Separate basis Both consolidated and separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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 X Act and OMB Circular A-133? За 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

Form 990 (2013)

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

Open to Public Inspection

vame or t	ne organizati		KINO HEALTH F							lacritinoati	
			RINO CTR FOR						0	4-3403	<u>085</u>
Part I	Reason 1	for Public Char	rity Status (All organiza	ations mus	st complet	e this part) See inst	ructions.			
The organ	zation is not a	private foundation	because it is (For lines 1	through 1	l 1, check d	only one b	ox)				
1 🔲	A church, cor	nvention of churche	s, or association of churc	ches desci	nbed i n se	ction 170	(b)(1)(A)(i)	•			
2 🔲	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Scl	hedule E)							
3 X			ital service organization of		n section	170(b)(1)	(A)(iii).				
4			operated in conjunction					(b)(1)(A)(ii	i), Enter	the hospital's	s name,
•	city, and state		- ,		•				•	•	
5	A federal, sta An organizati section 170(i A community An organizati activities relati	(b)(1)(A)(iv). (Complete, or local government that normally rection)(1)(A)(vi). (Complete trust described in some that normally rection to its exempt full	nent or governmental unit ceives a substantial part of ete Part II) section 170(b)(1)(A)(vi). (ceives. (1) more than 33 1 inctions - subject to certa	t described of its supp (Complete 1/3% of its un exception	d in section ort from a Part II) support froms, and (2	n 170(b)(governme rom contri	1)(A)(v). ental unit o butions, m e than 33 1	r from the nembershij /3% of its	general p fees, a support	public descr nd gross rec from gross	ceipts from investment
10	See section An organizati An organizati more publicly describes the a Type I By checking foundation m If the organiz supporting of Since August (i) A perso the gove (ii) A family (iii) A 35% of	509(a)(2). (Complet ion organized and o on organized and o or supported organized type of supporting by Tahanagers and other action received a writing anization, check to 17, 2006, has the or who directly or independently of a person controlled entity of a controlled entity	perated exclusively to tee perated exclusively for the ations described in section organization and completive II c Total Total The organization is not than one or more publicly then determination from the perated exclusively.	st for public to benefit of the second of th	oc safety. Sof, to perform to rectionally in the control of the co	Gee section of the function of	on 509(a)(4 nctions of, 2) See sec y by one or cribed in s ell, or Type	or to carry tion 509(a Typ more disc ection 509 III	y out the a)(3). Che e III - No qualified ∂ (a)(1) or	e purposes of eck the box n-functionally persons oth section 509	f one or that y integrated er than
	of supported anization	(ii) EIN		in col. (i) la	organization sted in your document?	organiza	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	on in col. ed in the	(vii) Amount supp	
			(see instructions))	Yes	No	Yes	No	Yes	No		
					ļ						
				<u> </u>		<u> </u>	1	 	-		
		 					 	-			
Total				<u> </u>		<u> </u>	<u> </u>		<u></u>	<u> </u>	

332021 09-25-13

Form 990 or 990-EZ.

2013.03061 THE MARINO HEALTH FOUNDATIO 00052761

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sec	ction A. Public Support						,			
Cale	ndar 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 organ- ization'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)									
	Public support. Subtract line 5 from line 4						_			
Sec	ction B. Total Support				T					
Cale	ndar 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	İ								
	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)			<u> </u>						
11	Total support. Add lines 7 through 10		<u> </u>	1						
12	•	•				12				
13	First five years. If the Form 990 is for	r the organization?	s first, second, th	ırd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —			
Se	organization, check this box and stop ction C. Computation of Publ		rcentage	_		•	<u> </u>			
	Public support percentage for 2013 (column (fl)		14	%			
	Public support percentage from 2012		•		•	15	%			
	33 1/3% support test - 2013. If the			on line 13. and line	14 is 33 1/3% or i					
	stop here. The organization qualifies	_				•				
ŀ	33 1/3% support test - 2012. If the		-		d line 15 is 33 1/39	6 or more, check th	nis box			
	and stop here. The organization qual	_				•				
172	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			· ·		3	. > 🗆			
ŀ	10% -facts-and-circumstances tes	_				17a, and line 15 is	•			
_										
	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						s •			
						edule A (Form 990				

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

Sec	ction A. Public Support						
Cale	ndar 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 ")				<u> </u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
9	are not an unrelated trade or bus-						
	iness under section 513						
	•			1			
4	Tax revenues levied for the organ-		ļ				
	ization's benefit and either paid to						
	or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				 -		
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10:	Gross income from interest,	. —-					
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		 				
11							
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain			 			
14	or loss from the sale of capital	1					
	assets (Explain in Part IV)		 	 	 	 	
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>		and favorate of COV	<u> </u>	501(a)(0)	L
14	First five years. If the Form 990 is fo	r the organization	s rirst, second, thi	τα, τουπη, or τιπτη	tax year as a secti	on out (c)(s) organiz	auUII,
	check this box and stop here	io Support De	roontage				
	ction C. Computation of Publ			1 (6)		145	
	Public support percentage for 2013 (=	COIGITHT (I))		15	<u>%</u> %
	Public support percentage from 2012			 		1 16]	
	ction D. Computation of Inve					T .= 1	
17	Investment income percentage for 20			ine 13, column (f))	-	17	<u>%</u>
18						18	<u>%</u>
19	a 33 $1/3\%$ support tests - 2013. If the						. —
	more than 33 1/3%, check this box a	-	_				▶
	b 33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, ch	eck this box and s	stop here. The org	anızatıon qualifies	s as a publicly sup	oorted organization	. ▶ <u>∟</u>
20	Private foundation. If the organization	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see in	estructions	
					90	hadula A (Form 99	0 or 990-FZ) 2013

		THE	MARINO	HEALT	'H F	OUNI	DATI	ON,	INC.		240204	>
Schedule A	(Form 990 or 990-EZ) 2013	FKA	MARINO	CTR_F	OR	INT	EGRA'	<u> TIVE</u>	HLTH,	INCU4	<u> 340308</u>	35 Page 4
Part IV	Supplemental Inform							line 10,	Part II, line	17a or 17b,	and Part III, I	ne 12
	Also complete this part for	any ad	ditional inform	ation (See	ınstru	ictions).	·	_				
				 								
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					_							* *-

SCHEDULE D

(Form 990)

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE MARINO HEALTH FOUNDATION, INC.

Employer identification number

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 04-3403085

Par	tΙ	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s 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	Aggre	egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5		ne organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
-		e organization's property, subject to the organization's		Yes No
6		ne organization inform all grantees, donors, and donor ad		
•		paritable purposes and not for the benefit of the donor of		-
		missible private benefit?	action duvicon, or for any entire purpose	Yes No
Par		Conservation Easements. Complete if the org	anization answered "Yes" to Form 990.	
1		ose(s) of conservation easements held by the organization		
•		Preservation of land for public use (e.g., recreation or ea		storically important land area
	Ħ	Protection of natural habitat	·	rtified historic structure
	Ħ	Preservation of open space		
2		blete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
_		f the tax year		Tota concertation casement on the last
	uu, u	, the tax year		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	-	acreage restricted by conservation easements	•	2b
c		per of conservation easements on a certified historic stru	ucture included in (a)	2c
d		per of conservation easements included in (c) acquired a	1,,	
_		in the National Register		2d
3		per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	· _ · _ · _ · _ · _ · _ · _ · _ · · _ · · _ · · _ · · _ ·
	year		, 3 ,	gg
4	Numb	per of states where property subject to conservation eas	sement is located >	
5		the organization have a written policy regarding the peri		
		ions, and enforcement of the conservation easements it		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year
7	Amou	int of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	g the year ▶ \$
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	0(h)(4)(B)(i)
	and s	ection 170(h)(4)(B)(ii)?		Yes No
9	In Pai	rt XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	includ	de, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	s the organization's accounting for
		ervation easements		
Par	t 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 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	histor	rical treasures, or other similar assets held for public exh	ibition, education, or research in further	ance of public service, provide, in Part XIII,
	the te	ext of the footnote to its financial statements that describ	oes these items	
b	If the	organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasu	ures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pi	ublic service, provide the following amounts
	relatır	ng to these items		
	(i) R	evenues included in Form 990, Part VIII, line 1		> \$
	(ii) A	ssets included in Form 990, Part X		> \$
2	If the	organization received or held works of art, historical trea	asures, or other similar assets for financi	
	the fo	ollowing amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items	
а	Reve	nues included in Form 990, Part VIII, line 1		. • \$
b	Asset	s included in Form 990, Part X		> \$

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Schedule D (Form 990) 2013

THE MARINO HEALTH FOUNDATION, INC.

	dule D (Form 990) 2013 FKA MAR t III Organizations Maintaining C	INO CTR FO								Page 2
3	Using the organization's acquisition, accessi									
•	(check all that apply).	,	,		ronovining trial o	o u o.g	ouiii v	00 01 110	00110011011	Romo
а	Public exhibition	d		Loan or exc	hange program	ns				
b	Scholarly research	e	_	Other		.0				
c	Preservation for future generations	_			-					
4	Provide a description of the organization's co	ollections and explai	n how ti	nev further t	he organization	's exemp	nt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of									
_	to be sold to raise funds rather than to be ma							. [Yes	☐ No
Par	t IV Escrow and Custodial Arran					es" to Fo	rm 990	. Part IV.		
	reported an amount on Form 990, Pa			J	-			, . ,	, -	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other asse	ts not inc	cluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:				·		
		•	ŭ					_	Amount	
С	Beginning balance						1c			
d	Additions during the year			•		••	1d	<u>.</u>		
е	Distributions during the year			·		•	1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	gplanati	on has been	provided in Pa	rt XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part IV,	, line 10.				
		(a) Current year	(b) F	Prior year	(c) Two years t	oack (d)	Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs .									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administered	d for the	organız	ation	_	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere					art X, line	10			
	Description of property	(a) Cost or o			or other	(c) Accu		d	(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings				_		_			
C	Leasehold improvements				-			$-\!\!+\!\!-$		
d	Equipment									
	Other			L						
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	<u>nn (B), line 1</u>	10(c))					0.

Schedule D (Form 990) 2013

THE MARINO HEALTH FOUNDATION, INC. FKA MARINO CTR FOR INTEGRATIVE HLTH, INC Schedule D (Form 990) 2013 04-3403085 Page 3 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) Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value Federal income taxes ACCRUED EXPENSES 70,666 (3)(4) (5) (6)

70,666. 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

▶

Schedule D (Form 990) 2013

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

THE MARINO HEALTH FOUNDATION, INC.

Schedule D (Form 990) 2013 FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 04-3403085 Page 4 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:			
а	Net unrealized gains on investments	2a 176,222.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 14,856.]	
b	Other (Describe in Part XIII)	4b 1,769,531.		
С	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.
Dai	.4 VII D :!!-4! 4 E A!!4! E!!-! O4-4			
Га	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	ırn.
Га	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	ents With Expenses per	Retu	
1		nts With Expenses per	Retu	5,072,801.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nts With Expenses per	Hetu	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	nts With Expenses per	Hetu	
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		Hetu	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		Hetu	
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Hetu	
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	1 2e	5,072,801.
1 2 a b c	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII)	2a 2b 2c	1	5,072,801.
1 2 a b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	2a 2b 2c	1 2e	5,072,801.
1 2 a b c d e 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c	1 2e	5,072,801.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1	2a 2b 2c 2d	1 2e	5,072,801. 0. 5,072,801.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1 2e	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:

332054 09-25-13 Schedule D (Form 990) 2013

Oakad.d	- D /Ca	000) 0012	ER.	Z MAKI	NO REA	EOD TIH I	A COMPANY.	ON, INC.	TNG0 4	2402005 5 -
Part X		orm 990) 2013 upplemental Info	Ormatic	OD (control	NO CIR	FUR	INTEGRA	TIVE HLTH,	INCU4-	3403085 Page 5
l dic /	3	applemental init	oimati	OII (CONtinue	- u)					·
GATN	ON	DISPOSITIO	N OF	CEXTE	ASSET	S				1,769,531.
OHILI		DIBLODITIO		1 111111	MODEL	<u> </u>		<u></u>	·	1,709,331
										
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SCHEDULE J (Form 990)

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. Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

THE MARINO HEALTH FOUNDATION, INC.

FKA MARINO CTR FOR INTEGRATIVE HLTH

Employer identification number 04-3403085

Pa	rt 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			
	X 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			
٠	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 ☐ X Approval by the board or compensation committee			ł
	Approval by the board of 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			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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	_		١.,
а	The organization?	5a		X
Ь	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			
а	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		[
	Pagulations section 52 4059 6/o/2	۱ ۵	l	ŀ

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

Schedule J (Form 990) 2013

THE MARINO HEALTH FOUNDATION, INC.

Schedule J (Form 990) 2013

FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 04-3403085

Page 2

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

				_			
	(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	reported as delerred in prior Form 990
9	0		:				
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Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

INC FKA MARINO CTR FOR INTEGRATIVE HLTH,

Page 3

04-3403085

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

Schedule J (Form 990) 2013

ution, or Significant Disposition of Assets be Form 990, Part IV, lines 31 or 32; or Form 990-Ez, line 36. LEZ) and its instructions is at www.irs.gov/form990. LLTH, INC INC. (d) Method of determining FMV for asset(s) distributed or transaction expenses (a) Method of transaction expenses (b) Method of transaction expenses (c) Method of transaction expenses	ation answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, li of any articles of dissolution, resolutions, or plans. 30-EZ. Sule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. FOUNDATION, INC. INTEGRATIVE HLTH, INC part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990 asset(s) distributed or determining FMV for asset(s) distributed or asset(s) distributed or expenses (d) Method of determining FMV for asset(s) distributed or asset(s) distributed or expenses (h) Nar any articles of dissolution, resolutions, or plans. (e) Fair market value of determining FMV for asset(s) distributed or asset(s) distributed or expenses (f) Nar any articles or form 990-EZ, line 31, or Form 990-EZ, line 31,	ion, Termination, Dissolution, or Significant Disposition blets if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, lish to Form 990 or 990-EZ. The form 990 or 990-EZ. That or form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. The form 990 or 990-EZ. The form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. TO CTR FOR INTEGRATION, INC. THO CTR FOR INTEGRATION, INC. THO CTR FOR INTEGRATION, INC. The organization answered "Yes" to Form 990, Part IV, line 31, or Form 990 distribution amount of transaction asset(s) distributed or amount of transaction expenses Transaction expenses The form 990-EZ, lines 31 or 32; or Form	nination, Dissolution, or Significant Dispose anization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990 less of any articles of dissolution, resolutions, or plans. or 990-EZ. chedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/fon H FOUNDATION, INC. OR INTEGRATIVE HLTH, INC this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Factor market value of determining FMV for asset(s) distributed or asset(s) distributed or asset(s) distributed or transaction expenses (d) Method of asset(s) distributed or transaction expenses
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DID OF WILL ANY OFFICER, DIFFCLOF, ITUSIEE, OF KEY EFFICIOYEE OF LIFE OF US

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - 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.

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

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

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THE MARINO HEALTH FOUNDATION,

INC 04-3403085 Schedule N (Form 990 or 990-EZ) (2013) FKA MARINO CTR FOR INTEGRATIVE HLTH, Liquidation, Termination, or Dissolution (continued)

Page 2

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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-Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all of its liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

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?

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 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

Did or will any officer, director, trustee, or key employee of the organization.

Become a director or trustee of a successor or transferee organization? a Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

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

Yes

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SCHEDULE 0

(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. Open to Public

Employer identification number

OMB No 1545-0047

Name of the organization

THE MARINO HEALTH FOUNDATION, INC.

FKA MARINO CTR FOR INTEGRATIVE HLTH,

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 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

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

Schedule O (Form 990 or 990-EZ) (2013) Name of the organization THE MARINO HEALTH FOUNDATION, INC. **Employer identification number** FKA MARINO CTR FOR INTEGRATIVE HLTH, INC 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

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization THE MARINO HEALTH FOUNDATION, INC.	Employer identification number
FKA MARINO CTR FOR INTEGRATIVE HLTH, INC	04-3403085
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EXPLANATION: THE BOARD OF TRUSTEES SELECTS THE AUDITING I	IRM TO PERFORM
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FINANCIAL STATEMENTS AND GOVERNMENTAL INFORMATION RETURNS	FOR THEIR
REVIEW PRIOR IT'S RELEASE.	
	
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Depreciation and Amortization (Including Information on Listed Property)

➤ Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) ► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

PART II Election 179 property Under Section 179 Note: If you have any issted property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation of subtract line 3 from line 2. If zero or less, enter 0. 5 Doble institution for tax year. Subtract in a from in Ir 2 Section 179 property before reduction in limitation 7 Listed property. Enter the amount from line 2.9 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Ill Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 Ill Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Section 179 expense deduction at 2014. Add lines 9 and 10, lines line 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, lines line 12 14 Seption 19 expenses deduction. Add lines 9 and 10, lines line 12 15 Carryover of disallowed deduction to 2014. Add lines 9 and 10, lines line 12 16 Carryover of disallowed deduction to 2014. Add lines 9 and 10, lines line 12 17 Seption 19 expenses deduction. Add lines 9 and 10, lines line 12 18 Section 179 expenses deduction at 2014. Add lines 9 and 10, lines line 12 19 Total Lines lines 10 10 Carryover of disallowed deduction to 10014. Add lines 9 and 10, lines line 12 10 Lines lines 10 11 Lines lines 10 12 Carryover of disallowed deduction 12 (lines lines 12) 13 Carryover of disallowed deduction 12 (lines lines 12) 14 Section 179 expense deduction. Add lines 9 and 10, lines lines 12 15 Lines lines 10 16 Carryover of disallowed deduction 12 (lines 11) 17 Lines lines 10 18 Lines 10 19 Lines 10 19 Lines 10 19 Lines 10 10 Lines 10 1
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3 Threshold cost of section 179 property before reduction in limitation of subtract line 3 from line 2, lizero or less, enter -0 - 5 6 General State Face Fa
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- 5 Data Initiation for tax year Subtract line 3 from line 1 if zero or liess, enter -0- 6 (a) Description of property 6 (b) Cost (business use only) 7 Usted property. Enter the amount from line 29 8 Total effected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction for Mark 13 of your 2012 Form 4562 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 12 13 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 12 13 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 12 13 14 Sepocial Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special Depreciation (including ACRS) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 18 If your selecting to group any seeds placed in service in tax years beginning before 2013 19 If your selecting to group any seeds placed in service in tax years beginning before 2013 10 If your selecting to group any seeds placed in service dering the tax year to one or more general uses accounts, check lines 10 Cassefication of property 10 Cassefication of property 11 Cassefication of property 12 Section A 11 MACRS deductions for assets placed in service learn general uses accounts, check lines 15 Carryover of property 16 Cassefication of property 17 Cayser property 18 Syear property 19 Cayser property 20 Cassefication of property 21 Cayser property 22 Syrys property 23 Syrys property 24 Cayser property 25 yes property 25 yes property 26 Cayser property 27 Cayser property 28 Section C - Assets Pla
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9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 Section 179 expense deduction to 2014. Add lines 9 and 10, less line 12 13 Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 14 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 15 Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 16 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 17 Special depreciation (including ACRS) 18 Other depreciation (including ACRS) 19 In MACRS Depreciation (Including ACRS) 19 In MACRS deductions for assets placed in service in tax years beginning before 2013 19 If you are electing to group any assets placed in service of that 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) System property (c) Tyear property (d) 10 year property (e) Convention (f) Melhod (g) Depreciation deduction forly year property (e) 15 year property (e) 25 year property (f) 20 year property (g) 25 year property (g) 25 year property (g) 25 year property (g) 25 year property (g) 25 year property (g) 27.5 yrs. MM S/L (g) Machinal real property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 4 10 year property (g) 5 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 6 yrs. MM S/L (g) 7 yrs. MM S/L (g) 7 yrs. MM MS/L
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15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions) Section A 7 MACRS deductions for assets placed in service in 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 in service in service only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property g 25-year property f 20-year property f Residential rental property / A 27.5 yrs MM S/L Nonresidential real property / A 39 yrs MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System
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b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property f 27.5 yrs MM f 27.5 yrs MM f 39 yrs MM f 39 yrs MM f Sction C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System
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i Nonresidential real property / MM S/L Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System
Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System
20a Class life
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 Listed property. Enter amount from line 28. 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (a), and line 21.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 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
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

THE MARINO HEALTH FOUNDATION, INC.

For	m 4562	(2013)	FKA	MARIN	O CTI	RFOR	INI	EGRA	TIV	E HLT	H, I	NC	04-	3403	085	Page 2
P	art V	Listed Propert	y (Include a	utomobiles,	certain of	her vehic	cles, cer	taın com	puters	s, and prop	perty use	ed for er				
		amusement.) Note: For any v through (c) of S	rehicle for wi	hich you are	using the	e standar ction C i	d mileag	je rate oi	dedu	cting lease	e expens	e, comp	lete on	l y 24a, 2	4b, colur	nns (a)
			Depreciation						nstruc	tions for li	mits for i	passeng	er auto	nobiles.)		
242	Do you	have evidence to s						es 🗀	7	24b If "Y					Yes	No
=		(a)	(b)	(c)		(d)	T	(e)		(f)		g)	i	(h)		(i)
		of property	Date placed in	Busines investme		Cost or		sis for depri		Recovery	Met	thod/	Depr	eciation		cted
	(list ve	hicles first)	service	use percen		ther basis	; [use only		period	Conv	ention	ded	uction		n 179 Ost
25	Special	depreciation allo	wance for q	ualified liste	d propert	y placed	in servi	ce dunn	the t	ax year an	d					
	used m	ore than 50% in	a qualified b	usiness use	!							25				
<u>26</u>	Propert	y used more tha	n 50% in a c	ualified bus	iness use					···						
					%										ļ	
					%											
_			L		%								L			
<u>27</u>	Propert	y used 50% or le	ess in a quali I	ified busines I						 	T=				1	
		-	<u> </u>		%					ļ -	S/L·					
					%					-	S/L·				•	
	Add on	nounts in column	(b) linos 25	through 27		ro and ar	ling 21	1			S/L·	28		·		
		nounts in column		-				, page i					1	29		
23	Add an	lodins in column	(I), IIII 20 L	inter riere ar		B - Infor		on Use	of Vet	nicles					l	
Co	mplete t	his section for ve	hicles used	by a sole pr							or related	l nerson	ı. If vou	provided	t vehicle:	3
	-	oloyees, first ans										•	•	•		•
	,	,						·								
						 (a)	(b)		(c)	(4	d)		(e)	(1	
30	Total bu	siness/investment i	mıles drıven d	uring the	Ve	hicle	Ve	hicle	l v	/ehicle	-	ıcle	1	hicle	Veh	
	year (do	not include comm	nuting miles)													
31	Total co	ommuting miles o	driven during	the year										<u> </u>		
32	Total of	her personal (no	ncommuting	ı) mıles											•	
	driven														ļ	
33		iles driven during	-													
		es 30 through 32			-	1	l	T		T						
34		e vehicle availabl	le for person	al use	Yes	No	Yes	No_	Yes	No_	Yes	No	Yes	No_	Yes	<u>No</u>
٥-	_	off-duty hours?			-	 	1								<u> </u>	
33		e vehicle used pi % owner or relate		more												
36		ner vehicle avaıla	•	nal			 									
-	use?	ioi voincio avana	bio toi poroc	71141			į	1			1					
_			Section C	- Questions	s for Em	olovers V	Vho Pro	vide Vel	icles	for Use b	v Their E	mplove	ees	!		
An	swer the	se questions to d			-	-								re not m	ore than	5%
		elated persons	•		•						•					
37	Do you	maintain a writte	n policy stat	tement that	prohibits	all perso	nal use	of vehicle	es, inc	luding cor	nmuting	by you	r		Yes	No
	employ	ees?														
38	Do you	maintain a writte	en policy stat	tement that	prohibits	personal	use of v	vehicles,	excep	t commut	ıng, by y	our			İ	İ
		ees? See the ins					fficers, c	directors	or 1%	or more	owners					ļ
	•	treat all use of v	•	. ,	•			_			•					
40		provide more that					informat	tion from	your	employees	s about					
		of the vehicles,							0					•	ļ	
41		meet the require									l 1			•		J
Б		f your answer to : Amortization	37, 30, 33, 4	U, UI 41 IS	res, ao i	iot comp	iete Sec	LIOH BIC	i ine c	overed ve	riicies			 -	——	
ٺ	uit VI	(a)			(b)	1	(c)			(d)		(e)	т Т		(f)	
		Description of	costs	0	ate amortization	n	Amortizal			Code section		Amortiza period or per	tion	A	mortization or this year	
42	Amortiz	ation of costs th	at begins du	iring your 20		ar						- 21.10 G O1 PC			,	
			-			1										
_																
43	Amortiz	zation of costs th	at began be	fore your 20	13 tax ye	ar							43			
44	Total.	Add amounts in o	column (f) Se	ee the instru	ctions fo	r where t	o report						44			

316252 12-19-13

Form **4562** (2013)

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	25,748	25,748	25,74		17	28	401	26	41	11	7	∞	32	ю 	106	1,068	2
Current Sec 179		0	0														
Accumulated Depreciation	834,426.	834,426.	834,426.		854.	1,372.	1,924.	1,264.	1,998.	539.	362.	371.	1,378.	135.	411.	4,166.	100.
Basis For Depreciation	2410000.	2410000.	2410000.		6,402.	3,429.	14,423.	9,479.	14,981.	10,736.	7,200.	8,075.	30,000.	3,083.	9,875.	.366,96	2,400.
Reduction In Basis		0	0														
Bus % Excl	-					-			•								
Unadjusted Cost Or Basis	2410000.	2410000.	2410000.		6,402.	3,429.	14,423.	9,479.	14,981.	10,736.	7,200.	8,075.	30,000.	3,083.	9,875.	.366,66	2,400.
No No	0016				016	16	16	016	016	0016	0016	0016	016	016	016	0016	0016
Lıfe	39.00				15.00	5.00	15.001	15.00	15.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00
Method	TS(OSL	1SC	JSC	JSC	JSC	1SI	1SI	1SL	1SL	1SL	1SL	511SL	1ST
Date Acquired	1S660E90				09271	113010SL	11011	120210SL	12021	01081	01081	03 08 11 SL	03141	04041	050411	05051	05061
Description	r)	10	* 990 PAGE 10 TOTAL -	BUILDINGS	206(D)HDS ARCHITECTURE092710SL	207(D)SIGNARAMA	208(D)HDS ARCHITECTURE110110SL	209(D) DPH REHAB	210(D)HDS ARCHITECTURE 120210SL	233(D)HDS ARCHITECTURE010811SL	234(D)HDS ARCHITECTURE010811SL	O E	(U)THE GLENDALE	237(D) HDS ARCHITECTURE040411SL		i i	240 (D) HDS ARCHITECTURE 05 06 11 SL
Asset	7				206	207	208	205	21(233	234	235	23(23.	238	239	24(

(D) - Asset disposed

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

2013 DEF	2013 DEPRECIATION AND AMORTIZATION REPORT FOR	RORM FORM	990 F	PORT FORM 990 PAGE 10	0					990
Asset	Description	Date Acquired Method	Method	Lrfe	S. S.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	P. P. P.
241	241(D)MASSDEVELOPMENT	051111SL	SL	39.0016	16	750.			750.	
242	(D) PROPERTY 242SOLUTIONS	030811SL	SL	39.0016	16	1,050.			1,050.	
243	(D)GOLD STAR 243TRACKING	060111SL	SI	39.0016	16	8,397.			8,397.	
244	244(D)HDS ARCHITECTURE060111SL	060111	SL	39.0016	16	1,725.			1,725.	

Asset No	Description	Date Acquired Method			Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
241	241(D) MASSDEVELOPMENT	051111SL	39.001	9	750.			750.	31.		0
242	7	030811SL	39.001	9	1,050.			1,050.	48.		11.
243	(D)GOLD STAR 243TRACKING	060111SL	39.001	9	8,397.			8,397.	332.		90.
244	244(D)HDS ARCHITECTURE060111	060111SL	39.001	9	1,725.			1,725.	68.		18.
245	(D)ON THE MOVE 245INTERIORS	060111SL	39.001		1,175.			1,175.	46.		13.
246		060111SL	39.001	9	648,313.			648,313.	25,627.		6,926.
247	(D)COMMONWEALTH OF 247MA - DPH REHAB FEE	060111SL	39.001	9	390.			390.	15.		4
248	248(D) ARCADIA SIGNS	060111SL	39.00	9	3,420.			3,420.	135.		37.
249	(D)PROPERTY 249SOLUTIONS	060111SL	39.001	9	1,110.			1,110.	43.		12.
250	250(D)WB MASON	070811SL	39.001		1,150.			1,150.	43.		12.
251	251(D) HDS ARCHITECTURE07081	3070811SL	39.001	9	4,369.			4,369.	163.		47.
252	\neg	070811SL	39.00		975.			975.	36.		10.
253		070811SL	39.001	<u> </u>	447,708.			447,708.	16,742.		4,783.
254	(D)THE GLENDALE 254GROUP	080411SL	39.001	9	351,084.			351,084.	12,378.		3,751.
255	255(D)HDS ARCHITECTURE08041	3080411SL	39.001	<u> </u>	2,963.			2,963.	104.		32.
256	256(D)HDS ARCHITECTURE09021	3090211SL	39.001	<u> </u>	1,388.			1,388.	46.		15.
257	257(D)HDS ARCHITECTURE090311SL	3090311SL	39.001	<u> </u>	1,700.			1,700.	57.		18.
258	258(D)HDS ARCHITECTURE 0930118L	3093011SL	39.001		675.			675.	22.		7.
328102 05-01-13				(D) - As	(D) - Asset disposed		* ITC	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	/age, Bonus, Corr	nmercial Revita	alization Deduction

(D) - Asset disposed

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

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	3,893.	. 68	63.	19.	97.	221.	336.	23,880.	23,880.		0	0	0.		0	0	0	0
Current Sec 179			_					0	0			0	0					
Accumulated Depreciation	12,068.	278.	184.	52.	262.	555.	591.	84,800.	84,800.			0	0		37,216.	3,200.	7,040.	1,800.
Basis For Depreciation	364,362.	8,375.	5,926.	1,780.	9,106.	20,730.	3,942.	2112641.	2112641.		400,000	400,000.	400,000		37,216.	3,200.	7,040.	1,800.
Reduction In Basis					<u> </u>			0.	0			0	0					
Bus % Excl														•				
Unadjusted Cost Or Basis	364,362.	8,375.	5,926.	1,780.	9,106.	20,730.	3,942.	2112641.	2112641.		400,000.	400,000	400,000		37,216.	3,200.	7,040.	1,800.
S S S	16	16	16	16	16	16	16								16	16	16	16
Life	39.001	39.001	39.001	39.001	39.001	39.001	5.00							·	7.00	5.00	5.00	5.00
Method	SL	SL	SL	SL	SL	SL	SL				н				SL	SL	SL	SL
Date Acquired	092911	090111SL	100111SL	110111SL	110111SL	120111SL	040112SL				T660E90	-	_		VARIESSL	050604SL	061104SL	061305
Description	(D)THE GLENDALE 259GROUP	260(D)LORIA ADELSON	261(D)APCO	262(D) APCO	263TRUCKING		O)THE GLENDAL SOUP	90 PAGE 10 LDINGS	- 990 PAGE IO TOTAL	LAND	Б. 10 10 10 10 10 10 10 10 10 10 10 10 10) C	* 990 PAGE 10 TOTAL -	FURNITURE & FIXTURES	44	(D)MITSUBISHI AIK 15CONDITIONER	16(D)NEW BOILER	(U) MANCINI 17HTG-CARRIER CONTROLO 6 13 0 5 SL
Asset	2590	260	261	262	263	2640	282		•		<u>'</u> '		. ,		72	15(16	171

(D) - Asset disposed

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

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Current Year Deduction	0	486.	840.	0	. 668	.09	165.	15.	280.	0	0	0	187.	51.	46.	40.	29.	17.
Current Sec 179																		
Accumulated Depreciation	1,900.	6,505.	10,176.	291.	11,689.	763.	2,117.	178.	3,528.	521.	940.	1,050.	2,170.	579.	527.	451.	333.	164.
Basis For Depreciation	1,900.	8,157.	14,108.	367.	15,105.	1,000.	2,779.	245.	4,702.	525.	940.	1,050.	3,141.	852.	775.	664.	492.	287.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	1,900.	8,157.	14,108.	367.	15,105.	1,000.	2,779.	245.	4,702.	525.	940.	1,050.	3,141.	852.	775.	664.	492.	287.
S S	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Life	5.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	5.00	5.00	5.00	7.00	7.00	7.00	7.00	7.00	7.00
Method	SI	'SI	'SI	'SL	'SI	'SI	'SI	'SI	'SI	'SI	'SL	'SL	SE	SIL	SIL	SI	SI	SI
Date Acquired	092105	053007	062107	060607SL	080107	090707	09 07 07	091707SL	100707	110607SL	10120107SL	120107SL	0301085	040108SL	040108SL	040108	040108SL	123108SL
Description	TG-A/C		62WELLESLEY (WB MASON062107SL		മ	മ	(U)FURNITURE - 66WELLESLEY (WB MASON090707SL	AIRS	⊃	- AA	(D) POLYCOM 70SOUNDSTATION VTX 10	((ST CHAIR R / AMB	ı	ı	1	(U)BOOKCASE - 136WELLESLEY	159(D)FURNITURE
Asset	18	61	62	63	64	6.5	99	67	9	69	70	71	132	133	134	135	136	159

(D) - Asset disposed

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

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Asset No	Description	Date Acquired Method	Life	No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
160	160(D)FURNITURE	123108SL	7.00	16	341.			341.	196.		20.
161	161 (D) FURNITURE	123108SL	7.00	16	450.			450.	256.		27.
162	162(D)FURNITURE	123108SL	7.00	16	520.			520.	296.		31.
163	163(D)FURNITURE	123108SL	7.00	16	555.			555.	316.		33.
164	164 (D) FURNITURE	123108SL	7.00	16	649.			649.	372.		39.
165	165(D)FURNITURE	123108SL	7.00	16	811.			811.	464.		48.
166	166(D)FURNITURE	123108SL	7.00	16	839.			839.	480.		.03
167		123108SL	7.00	16	908.			908	520.		52.
172	(D)FURNITURE - LAB 172WALLS (WB MASON)	072409SL	7.00	16	944.			944.	461.		56.
173	- ELS	(WE121509SL	7.00	16	6,190.			6,190.	2,726.		368.
174	(D)FURNITURE - 174ACOUSTIC PANELS (WE	(WE121509SL	7.00	16	2,078.			2,078.	916.		124.
200	200(D)FURNITURE	051110SL	7.00	16	1,160.			1,160.	442.		69
201	201 (D) FURNITURE	061010SL	7.00	16	3,740.			3,740.	1,380.	·	223.
202	202(D)SHREDDER	080210SL	7.00	16	1,195.			1,195.	413.		71.
203	203(D)SHREDDER	080210SL	7.00	16	1,195.			1,195.	413.		71.
204	204(D)FURNITURE	120810SL	7.00	16	4,768.			4,768.	1,419.		285.
216	216(D)FURNITURE	071811SL	7.00	16	5,294.			5,294.	1,134.		315.
217	217(D)CURTAINS	071811SL	7.00	16	3,751.			3,751.	804.		223.

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

(D) - Asset disposed

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Current Year Deduction	112.	178.	204.	148.	82.	916.	64.	35.	78.	100.	7,137.	7,137.		0	0	0	0	0
Current Co Sec 179	-							_			•	0						
Accumulated Depreciation	402.	639.	694.	502.	278.	2,932.	204.	112.	251.	305.	112,465.	112,465.		54,719.	1,590.	2,250.	995.	5,597.
Basis For Depreciation	1,879.	2,988.	3,427.	2,480.	1,372.	15,390.	1,074.	587.	1,314.	1,709.	173,953.	173,953.		54,719.	1,590.	2,250.	995.	5,597.
Reduction In Basis											0	0						
Bus % Excl											.,							
Unadjusted Cost Or Basis	1,879.	2,988.	3,427.	2,480.	1,372.	15,390.	1,074.	587.	1,314.	1,709.	173,953.	173,953.		54,719.	1,590.	2,250.	995	5,597.
Line No	16	16	16	16	16	16	16	16	16	16				16	16	16	16	16
Life	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00				5.00	3.00	3.00	3.00	5.00
Method	SL	SL	SL	SL	SL	SL	1SL	1SL	1SL	SL				SI	SL	SL	SL	SL
Date Acquired	071811SL	071811SL	080411SL	080511SL	080511SL	090711SL	090811	090911	091111	100611SL				VARIESSL	022003SL	022004	022004SL	053104SL
Description	218(D)CURTAINS	219(D)CHAIRS	220(D)FURNITURE	221 (D) FURNITURE	222 (D) FURNITURE	223(D)FURNITURE	224(D)FURNITURE	225(D)FURNITURE	226(D)FURNITURE	,	990 PAGE 10 URNITURE & FI	* 990 PAGE IO TOTAL -	MACHINERY & EQUIPMENT	(D)MEDICAL 1EQUIPMENT	(D)MEDICAL TABLE 9FROM PSS	10(D)WINNER SIMULATOR022004SL	(D)ULTRASOUND 11METTLER	(D)LLOYD 402 12FLEXION TABLE
Asset	21	21	22	22	22.	22.	22,	22!	22(22						ਜ 	i	1

(D) - Asset disposed

990

Current Year Deduction	0	0	0	0	0	56.	141.	160.	1,628.	1,985.	1,985.	0	0	0	0	0	0.
Current Sec 179								-		0	0						
Accumulated Depreciation	1,195.	1,520.	4,360.	21,590.	680.	3,924.	1,441.	819.	113.	100,793.	100,793.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
Basis For Depreciation	1,195.	1,520.	4,360.	21,892.	680.	4,059.	1,695.	2,342.	6,809.	109,703.	109,703.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
Reduction In Basis				-						0	0.						
Bus % Excl			•														
Unadjusted Cost Or Basis	1,195.	1,520.	4,360.	21,892.	680.	4,059.	1,695.	2,342.	6,809.	109,703.	109,703.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
Line No	16	16	16	16	16	16	16	16	16			16	16	16	16	16	16
Lıfe	3.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00			5.00	3.00	5.00	5.00	5.00	5.00
Method	SL	SL	SL	SL	SL	SL	SL	1SI	SL			SL	SL	SL	SL	SL	SL
Date Acquired	073004SL	022305SL	093004SL	03010651	MEA123107SL	031108SL	092608SL	080511	121212BL			VARIESSL	012204SL	013004SL	033104SL	050104SL	070604SL
Description	(D) DEFRIBULA	(D)DYNATRON 125 14ULTRASOUND	37(D) EKG MACHINE	(D) COUNTERFULSATION 40MACHINE	(D)ELECTRON 60ACCUPUNCTURE W/ MEA	130(D) KORR MEDICAL	(D)ELECTRICAL 131MUSCLE STIMULATION		ECG CE	AGHINERY & EC	* 990 PAGE 10 TOTAL -	OTHER (D)COMPUTER 3EQUIPMENT		23SOLUTION	(D)INTEGRATED 24SOFTWARE	25(D)DUPLEX SCANNER	26(D)BATTERY BACKUPS
Asset	13	14	37	40	09	130	131	229	281			რ 	22	23	24	25	26

(D) - Asset disposed

990

	$\frac{\gamma}{2}$	
1,044 6,576 3,536 1,182 4,700	00 16 00 16	5 . 00 . 00 . 00 . 00 . 00 . 00 . 00 .

(D) - Asset disposed

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

328102 05-01-13

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Solid District State District Stat
DESCRIPTION December Acquired Method Life No. Cocci C Basic Excl. Reduction in Deprecation D
Dibental Description District Method Life Leg Catifornia Bass Ford Dispression Dis
Description Dashe
Description Date Method Life Life Life Cost Origins Excl
(D)DEVA SYSTEM (O)DELL MINITOWER 100106SL 5.00 16 2,500. (ID)DELL MINITOWER 100106SL 5.00 16 13,295. (D)OPTIFLEX 12206SL 5.00 16 1,350. (D)OPTIFLEX 12206SL 5.00 16 1,350. (D)OPTIFLEX 12206SL 5.00 16 1,350. (D)OPTIFLEX 123106SL 5.00 16 1,350. (D)OPTIFLEX 123106SL 5.00 16 1,350. (D)OPTIFLEX 010107SL 5.00 16 2,549. (D)ODW COMP CISCO 010907SL 5.00 16 2,549. (D)CDW COMP CISCO 010907SL 5.00 16 1,574. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP PUJITSU 010107SL 5.00 16 1,516. (D)CDW COMP OS2807SL 5.00 16 1,516. (D)CDW COMP 051507SL 5.00 16 1,516. (D)DELL XEON 051507SL 5.00 16 10,392. (D)DELL Z KON 051507SL 5.00 16 6,276. (D)DELL Z HARD 051507SL 5.00 16 6,276. (D)CDW COMP (D)CDW COMP 051507SL 5.00 16 1,600.
Date Description Date Method Life Une Cost Of Basis CD DEVA SYSTEM Dectripation Dectripat
Description Date Method Life
Description
(D) DEVA SYSTEM (SOFTWARE (D) DELL MINITOWER 1001068 (C) DELL MINITOWER 1126068 (C) DELL MINITOWER 1222068 (C) DELL MINIOWER 1222068 (C) DELL MINIOWER 1222068 (D) DELL MINIOWER 1222068 (D) DELL MINIOWER 0109078 (D) CDW COMP CISCO 0109078 (D) CDW COMP FUJITSU 0101078 (D) CDW COMP FUJITSU 0101078 (D) CDW COMP FUJITSU 0101078 (D) CDW COMP FUJITSU 0101078 (D) CDW COMP 0228078 (D) CDW COMP 0228078 (D) CDW COMP 0515078 (D) DELL 2 XEON 0515078 (D) DELL 2 XEON 0515078 (D) DELL 2 XEON 0515078 (D) DELL 2 HARD 0515078 (D) DELL 2 HARD 0515078 (D) CDW COMP 0515078 (D) DELL 2 HARD 0518078 (D) CDW COMP 0518078
Description (D) DEVA SYSTEM (OSOFTWARE (D) DELL MINITOWER (D) OPTIFLEX (D) OPTIFLEX (D) DELL MINIOWER (D) DELL MINIOWER (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP CISCO (D) CDW COMP FUJITSU (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) DELL 2 XEON (D) DELL 2 XEON (D) DELL 2 XEON (D) DELL 2 HARD (D) DELL 2 HARD (D) DELL 2 HARD (D) DELL 2 HARD (D) DELL 2 HARD (D) DELL 2 HARD (D) DELL 2 HARD (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP
Description (D) DEVA SYSTE (D) DELL MINIT (D) DELL MINIT (D) DELL MINIT (D) DELL MINIC (D) DELL MINIC (D) DELL MINIC (D) DELL MINIC (D) DELL MINIC (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) CDW COMP (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) DELL 2 XEC (D) CDW COMP (D) CANON LASE (D) CANON LASE (D) CANON LASE
Asset No. 1

(D) - Asset disposed

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18 (D) BATTERY BACKUPS Ogg Of 751. 16 11,994. 11,994. 11,995. 11,995. 0. 19 (D) BATTERY BACKUPS Ogg Of 751. 5.00 16 11,994. 11,994. 11,995. 0. 19 (D) CONTINEER PRATTERY BACKUPS Ogg Of 751. 5.00 16 7,530. 7,531. 7,531. 7,531. 0. 10 (D) CONTINEER PRATTER DIAL 10 751. 5.00 16 7,530. 7,531. 11,371																			
Characteristics Characteri	Current Year Deduction	0	.0	.0	.0	.0	•	.0	•	.0	•	•	•	0	⊣				
Constitution Cons	Current Sec 179																		
Characterian December Decem	Accumulated Depreciation	1,995	, 53	, 80	, 37	5,090.	6,000.	•	7,000.	, 49	7	950.	10	, 298	,5	, 08	σ	, 79	4
S(D) BATTERY BACKUPS Date Method Life Life Unadissed Excl	Basis For Depreciation	1,994	, 53	,805	371	060′	6,000.	3,200.	7,000.	, 49	7	51	810.	298	,815	•	641.	_	1
CD Description Date Method Life Life Cost Of Basis CD Description Acquired Method Life L	Reduction In Basis																		
S(D) BATTERY BACKUPS Delte Method Life Live Live Life Live Cost Of Basis Dinch Delte Life Live Life	Bus % Excl					4 16													
Colored Date Method Life	Unadjusted Cost Or Basis	1,99	, 53	, 80	1,37	,090	~	,200	7,000.	-	7	21		, 298	,815	,16	4	•	T Y
Bearry Date Method Life	No No																		
Bescription Acquired	Life	5.00	5.00	5.00	5.00	5.00	0.		0.	0.	0.	5.00	5.00	5.00	5.00	5.00	0.	0.	0
Bescription	Method	SL	SL	SL	SL	SL	SI	$_{ m SI}$	SI	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL
B(D) BATTERY BACKUP; (D) OPTIQUEST 19 9INCH VIEWSONICS (D) OPTIPLEX 745 OMINITOWER PENTIUM (D) TELE TECH 4 POI IVOICEMAIL PRO (D) AM TECH 2 WHY (D) AM TECH 2 WHY (D) AM TECH 2 WHY (D) HP COLOR (D) HP COLOR (D) HP LASER JET (D) HP LASER JET (D) HP LASER JET (D) DELL 300GB HD 19 (C) DELL 300GB HD 19 (D) PRINTER (D) PRINTER (D) PANASONIC KV (D) PANASONIC KV (D) PANASONIC KV (D) PANASONIC KV (D) PANASONIC KV	Date Acquired	093007	093007	110107	110107	110107	110207	120107	20	23107	\vdash	123107	010208	1011008	012308	51	508	051508	051608
\$\frac{A_0^8}{5_0^8}\$	Description	(D)BATTERY	(D)OFTIQUEST 19 INCH VIEWSONICS	¥ G	(D)TELE TECH 4 VOICEMAIL PRO		LASERJET CM4730	(D)TELE TECH	SAGE FU	(D)AF LASER 1022	£	(2)			(D)QUAD CORE ABON X5450 PROCESSOR	(D) HF LASER JET 4240N PRINTER	1 BASELINE 2924 SPF	DULA WAN	(D)PANASONIC KV S1025C SCANNER
	Asset No	118	119	120	121	122	123	124	125	9	127	128	137	138	139	140	141,	142	43

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

(D) - Asset disposed

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Asset No	Description	Date Acquired Met	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	56500	051608SL	ις	00.	16	4,697.			4,697.	4,303.		164.
145	(D) PANASONIC KV S1025C SCANNER	081208SL	<u>v</u>	00.	16	1,642.			1,642.	1,448.		81.
146	(D)FIRED CONFERENCE SOLUTION	100308SL	<u>17</u>	00.	16	38,901.			38,901.	33,064.		2,432.
147	Z Z Z	123108SL	īζ	00.	16							0
168		123108SL	Ŋ	00.	16	679.			679.	544.		56.
169	TEK IT IT	123108SL	<u> </u>	00.	16	680.			680.	544.		57.
180	EQUIF -	010109SL	<u> </u>	00.	16	9,450.			9,450.	7,560.		177.
181	EQUIP -	010109SL	Ω	00.	16	2,600.			2,600.	2,080.		217.
182	(RIGHTSTAR SYS)	070109SL	7,	00.	16	9,087.			9,087.	6,360.		39.
183	ı	080109SL	<u>7</u>	00.	16	9,787.			9,787.	6,687.		816.
184	(CDW FUJ	121109SL	Ŋ	00.	16	2,655.			2,655.	1,637.		221.
185	ני	122309SL	<u>, 77</u>	00.	16	1,059.			1,059.	636.		88.
186	(DELL)	122309SL	<u>, 77</u>	00.	16	28,253.			28,253.	16,953.		2,354.
190	ENHANCEMENTS)	050109SL	<u>, 77</u>	00.	16	4,552.			4,552.	3,337.		379.
191	ENHANCEMENTS)	050109SL	<u>7</u>	00.	16	53,149.			53,149.	41,028.		4,034.
192	ENDENCEMENTS	050109SL	<u>N</u>	00.	16	1,754.			1,754.	1,287.		146.
213	(PANASONIC KV S1025071	071610SL	<u>N</u>	00.	16	816.			816.	394.		68.
214	214(D)XEROX FAX/COPIER080210SL	080210SL	<u>.</u>	00	16	999.			999.	483.		83.

(D) - Asset disposed

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Current Year Deduction	83.	658.	1,267.	697.	216.	1,060.	624.	206.	158.	322.	82.	416.	1,358.	729.	344.	310.	250.	125.
Current Sec 179																		
Accumulated Depreciation	483.	3,156.	6,082.	3,344.	1,036.	5,088.	2,994.	949.	728.	1,482.	376.	1,830.	5,430.	2,333.	1,031.	898	700.	299.
Basis For Depreciation	999.	7,891.	15,203.	8,362.	2,592.	12,718.	7,487.	2,475.	1,900.	3,864.	981.	4,990.	16,290.	8,748.	4,124.	3,722.	3,000.	1,495.
Reduction In Basis																		
Bus % Excl																		
Unadjusted Cost Or Basis	999.	7,891.	15,203.	8,362.	2,592.	12,718.	7,487.	2,475.	1,900.	3,864.	981.	4,990.	16,290.	8,748.	4,124.	3,722.	3,000.	1,495.
No No	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Lıfe	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Method	OSL	SL	SL	SL	SL	SL	SL	SL	1SL	SL	SI	SL	SL	1SL	1SL	SI	11SL	SL
Date Acquired	090210	010211	010211SL	010211SL	010211SL	010211SL	010211	020211	020211	020211SL	020211SL	030211SL	051711SL	090111	100111	110111	110111	010112SL
Description	215(D)XEROX FAX/COPIER09021	265(D)DELL	266(D)DELL	267(D)DELL	268(D)DELL	269(D)DELL	270 <mark>(D)DELL</mark>	271(D)CDW COMP	272(D)DELL	273(D)DELL	274(D)DELL	275(D)DELL	276(D)DELL	277 <mark>(D)DELL</mark>	278(D)DELL	(D)OFTIFLEX /90 279MINITOWER BASE	280(D)CYSOLUTIONS	287 (D) CYSOLUTIONS
Asset No	215	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	287
<u> </u>	L																	

(D) - Asset disposed

990

Excl

328102 05-01-13

(D) - Asset disposed

990

Asset No		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
(D)LEASEHOLD 80IMPROVEMENTS	- FAST090	107	SL	15.001	9	1,465.			1,465.	523.		41.
81IMPROVEMENTS	- BUCK090	107	SL	15.001	9	3,053.			3,053.	1,088.		85.
(D)LEASEHOLD 82IMPROVEMENTS	- GLEN09010	901078	7SL	15.00	9	168,845.			168,845.	24,201.		4,690.
_	- BUCKO	BUCK090107 SL		15.001	9	3,806.			3,806.	1,355.		106.
	- GLENO	GLEN090107SL		15.001	9	71,588.			71,588.	25,456.		1,989.
	- BUCK0	виско901075г		15.001	9	1,789.			1,789.	635.		50.
86IMPROVEMENTS	- GLENO	90107SL		15.001	9	50,000.			50,000.	7,777.		1,389.
	- BUCKO	90107	SL	15.001	9	121.			121.	43.		e e
	- BRIGO	901078	SL	15.00	9	3,050.		•	3,050.	1,083.		85.
89IMPROVEMENTS	- GLENO	90107SL		15.001	9	26,960.			26,960.	9,584.		749.
90IMPROVEMENTS	- TELEO	90107SL		15.001		7,530.			7,530.	2,552.		209.
	- LANDO	90107SL		15.00	9	-87,500.			-87,500.			0
-	- PAUL090107	901078	SL	15.00	9	2,223.			2,223.	789.		62.
	- PAST0	901078	SL	15.001	ب	11,000.			11,000.	3,909.		306.
94IMPROVEMENTS	- PAST0	901078	SL	15.001	<u>.</u> ب	10,100.			10,100.	3,589.		281.
	- PAST0	901078	SL	15.001	<u>φ</u>	9,000.			.000,6	3,200.		250.
	OLINO -	901078	SL	15.001	٠,	662.		_	662.	235.		18.
97IMPROVEMENTS	- PAULO	PAUL0901075L		15.00 <u>16</u>	9	1,713.	-		1,713.	608		48.

(D) - Asset disposed

990

Current Year Deduction	58.	149.	. 76	109.	.95	67.	0	45.	225.	47.	29.	383.	1,048.	108.	193.	113.	98.	15,595.
Current Sec 179				-	-													0
Accumulated Depreciation	747.	1,904.	1,243.	1,397.	709.	859.		396.	1,893.	392.	222.	2,297.	5,240.	108.	155.	91.		184,003.
Basis For Depreciation	2,100.	5,350.	3,500.	3,935.	2,000.	2,414.	-20,000-	1,622.	8,110.	1,679.	1,052.	13,784.	12,577.	1,300.	2,320.	1,360.	1,200.	523,926.
Reduction In Basis																		0
Bus % Excl						·												
Unadjusted Cost Or Basis	2,100.	5,350.	3,500.	3,935.	2,000.	2,414.	-50,000.	1,622.	8,110.	1,679.	1,052.	13,784.	12,577.	1,300.	2,320.	1,360.	1,200.	523,926.
N S S	016	016	016	016	016	016	016	016	016	016	016	016	016	16	16	16	16	
Lrfe	15.0(15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0	5.00	5.00	5.00	5.00	
Method	SL	SL	SL	SL	SL	SI	SL	9SL	9SL	9SL	osr	SL	SL	2SL	2SL	2SL	2SL	
Date Acquired	PAST090107	PAST090107SL	TZIA090107SL	TZIA090107SL	LEVI090107SL	BUCK090107SL	LAND090107SL	SIG043009	(NEL063009	SIG071409	(SUB110109	(GLE071210SL	(RAI 100310SL	080112	091912	091912	091912	
	- PAST	- PAST	- TZIA	- TZIA		- BUCK	- LAND	ers) -	- (NEI	ois) -	- (SUE	- (GLE	- (RAI		į	SLEY	- XBX	TOTAL
Description	(D)LEASEHOLD IMPROVEMENTS	_			(D)LEASEHOLD 102IMPROVEMENTS -	(U)LEASEHOLD IMPROVEMENTS	(U)LEASEROLD IMPROVEMENTS	_	(U)LEASEHOLD IMPROVEMENTS	(U)LEASEHOLD IMPROVEMENTS	(D)LEASEHOLD IMPROVEMENTS	(U)LEASEHOLD IMPROVEMENTS	(D)LEASEHOIMPROVEMEN	PAINTING	\circ	(D)DAVID B - DRAPERY	D)WALTEK B AINTER	* 990 PAGE 10 BUILDINGS
Asset	86	66	100	101	102	103	104	176	177	178	179	211	212	283	284	285	286	

(D) - Asset disposed

Current Year Deduction	15,595.		1,921.	119.	50.	31.	13.	19.	34.	156.	37.	57.	106.	94.	2,637.	2.637.	· •	0.
Current Sec 179	0														0			
Accumulated Depreciation	184,003.		18,444.	1,140.	480.	294.	118.	165.	294.	1,313.	301.	457.	975.	731.	24,712.	24,712,		
Basis For Depreciation	523,926.		23,056.	1,425.	.009	375.	150.	225.	412.	1,875.	439.	683.	1,500.	1,125.	31,865.	31,865,) }	
Reduction In Basis	0								•						0	C		
Bus % Excl		·																
Unadjusted Cost Or Basis	523,926.		23,056.	1,425.	.009	375.	150.	225.	412.	1,875.	439.	683.	1,500.	1,125.	31,865.	31 865		
No ON			16	16	16	16	16	16	16	16	16	16	16	16				16
Lıfe			5.00	2.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00
Method			SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL				SL
Date Acquired			8	123108SL	123108SL	012009SL	013009SL	043009SL	061509SL	070109SL	080109SL	090109SL	100109SL	100109SL				123108SL
Description	* 990 PAGE 10 TOTAL -	ОТНЕК		IES	JUH I	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	* 990 PAGE 10 TOTAL OTHER	* 990 PAGE 10 TOTAL		OTHER 170(D)ADJUST TO BOOKS							
Asset No			148	149	150	187	188	189	193	194	195	196	198	199				170

(D) - Asset disposed

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

2013 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

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Current Year Deduction	0.0	
Current Sec 179	0 0	
Accumulated Depreciation	0.02159440.	
Basis For Depreciation	0. 0. 6712128.	
Reduction In Basis	0 0	
Bus % Excl		
Unadjusted Cost Or Basis	0. 0. 6712128.	
L'ing No		
Lıfe		
Method		
Date Acquired		
Description	* 990 PAGE 10 TOTAL OTHER * 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 DEPR	
Asset No		

(D) - Asset disposed

THE MARINO HEALTH FOUNDATION, INC. - CURRENT YEAR FEDERAL -

						FKA M	MARINO	O CTR FOR	INTEGRATIVE	IVE HLTH,	INC	
Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Exci	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
4	LDING CERT	TS660E90		39.001	16	2410000.			2410000.	834,426.		25,748.
	JILDINGS					2410000.		0	2410000.	834,426.	0	25,748.
	<i>y</i>					2410000.	-	0	2410000.	834,426.	0	25,748.
	BUILDINGS										•	
206	206(D)HDS ARCHITECTURE092710SL	0927108		15.001	16	6,402.			6,402.	854.		178.
207	207(D)SIGNARAMA	113010SL		5.00	16	3,429.			3,429.	1,372.		286.
208	208(D)HDS ARCHITECTURE110110SL	1101108		15.00	16	14,423.			14,423.	1,924.		401.
209	209(D) DPH REHAB	120210SL		15.00	16	9,479.			9,479.	1,264.		263.
210	210(D)HDS ARCHITECTURE 120210SL	1202108		15.00	16	14,981.			14,981.	1,998.		416.
233	233(D)HDS ARCHITECTURE010811	0108112	SL	39.00	16	10,736.			10,736.	539.		115.
234	234(D)HDS ARCHITECTURE010811	0108118	SL	39.00	16	7,200.			7,200.	362.		77.
235MA	COMMONWEALTH OF - DPH REHAB FEE	0308118	SL	39.00	16	8,075.			8,075.	371.		86.
236	GLENDALE	031411SL		39.00	16	30,000.			30,000.	1,378.		321.
237	237(D)HDS ARCHITECTURE040411SL	0404118		39.00	16	3,083.			3,083.	135.		33.
238		050411SL		39.00	16	9,875.			9,875.	411.		106.
239	GLENDALE	050511SL		39.00	16	.366,66			.366,99	4,166.		1,068.
240	240(D)HDS ARCHITECTURE 050611BL	0506118		39.001	16	2,400.			2,400.	100.		26.

(D) - Asset disposed

- CURRENT YEAR FEDERAL

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

11. 90. 18 13 37. 12, 12, 10 4,783, 32 15, 18 4 47 3,751 0 6,926 Current Year Deduction Current Sec 179 57. 48 332. 89 46, 15, 135, 43, 43, 163 36 104, 46, 22, 31 25,627 16,742 12,378 Accumulated Depreciation 750. 1,175. 3,420, 1,050 8,397 390 1,110 1,150 351,084 2,963 1,700 675 648,313 975 1,725 4,369 447,708 1,388 Basis For Depreciation Reduction In Basis Bus % Excl 1,725. 1,175. 3,420. 1,050, 390, 1,150, 975, 750 675 8,397 648,313 1,110 4,369 447,708 351,084 2,963 1,388 1,700 Unadjusted Cost Or Basis S 5 9 39.0016 39.0016 39.0016 39.0016 39.001639.0016 39.0016 39.0016 ဖ 39.00|1639.0016 39.001 39.001 39.001 39.001 39.001 39.001 39.001 39.001 Life Method 0601111BL 060111SL 0601111SL 080411SL ARCHITECTURE0902111SL 051111SL03|08<u>|11|SL</u> 244(D)HDS ARCHITECTURE0601111SL 0601|11|SL060111510601111SL 07|08|11|SL 251(D)HDS ARCHITECTURE070811SL 07|08|11|SL 07081151255(D)HDS ARCHITECTURE080411SL ARCHITECTURE0903111SL 258(D)HDS ARCHITECTURE093011SL Date Acquired - DPH REHAB FEE 241(D)MASSDEVELOPMENT OF. 248(D)ARCADIA SIGNS (D) COMMONWEALTH D)THE GLENDALE GLENDALE (D) THE GLENDALE (D)ON THE MOVE D)ON THE MOVE (D)GOLD STAR Description 250(D)WB MASON D) PROPERTY D) PROPERTY 242SOLUTIONS 245INTERIORS 249SOLUTIONS 252 INTERIORS 243TRACKING (D)THE 256(D)HDS 257(D)HDS 246GROUP 253GROUP 254GROUP 247MA Asset No

28102 5-01-13

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

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

0 0. 89 63, 19 97, 221 336 O O O o 3,893 23,880 23,880 Current Year Deduction • <u>.</u> 0 0 Current Sec 179 INC <u>.</u> 0 278 184 52 262 555 591 800 84,800 37,216 12,068 84,800 3,200 7,040 Accumulated Depreciation 2112641. 7,040. 5,926, 9,106. 37,216, 800 1,780 364,362 20,730 400,000 8,375 3,942 2112641 400,000 400,000 3,200 Basis For Depreciation 0 0 0 0 Reduction In Basis Bus % Excl 20,730. 5,926. 9,106. 7,040. 1,780 37,216 364,362 8,375 3,942 2112641 2112641 400,000 400,000 400,000 3,200 800 Unadjusted Cost Or Basis ê Se 9 9 39.0016 39.0016 39.0016 39.0016 39.0016 39.0016 9 9 5.00 00. 5.00 5.00 .00 Life 2 Method 040112SL 05|06|04|SL 061104SL 092911SL 090111<u>IS</u>L 00111BL 10111SL 101111SL 201118LVARIESSI CONTROL 0 6 1 3 0 5 S L 1660E90 Date Acquired 990 PAGE 10 TOTAL 10 TOTAL TOTAL TOTAL (D)MITSUBISHI AIR AND 260 (D) LORIA ADELSON (D) THE GLENDALE (D) THE GLENDALE GLENDALE 990 PAGE 10 10 16(D)NEW BOILER (D) FURNITURE Description STAR 17HTG-CARRIER ય્ય 5CONDITIONER PAGE 990 PAGE (D)MANCINI FURNITURE BUILDINGS 263TRUCKING FIXTURES FIXTURES 262(D)APCO (D)GOLD 261|(D)APCO 5(D)LAND (D)THE 990 259GROUP 264GROUP 282GROUP AND LAND. Asset

(D) - Asset disposed

328102 05-01-13

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL

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

Asset	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
180	ΙĖ	092105SL		5.00	16	1,900.			1,900.	1,900.		0
61	В	0530078		7.00	16	8,157.			8,157.	6,505.		486.
62	(D)FURNITURE - WELLESLEY (WB MASON062107SL	10621078		7.00	16	14,108.			14,108.	10,176.		840.
63		060607SL		7.00	16	367.			367.	291.		0
641	Ω	0801075		7.00	16	15,105.			15,105.	11,689.		.668
65	m	3707060		7.00	16	1,000.			1,000.	763.		.09
99	(U)FUKNITUKE - 66WELLESLEY (WB MASON090707SL	37070601		7.00	16	2,779.			2,779.	2,117.		165.
67		091707SL		7.00	16	245.			245.	178.		15.
9		1100707		7.00	16	4,702.		_	4,702.	3,528.		280.
69	(U)KEFKIG LAB - 69CAMB	110607SL	-	5.00	16	525.			525.	521.		0
70,	(D)FOLICOM 70SOUNDSTATION VTX 10	10120107SL		2.00	16	940.			940.	940.		0
71		120107SL		2.00	16	1,050.			1,050.	1,050.		0
132	(D)NATL GUEST CHAIR 132FAUX LEATHER / AMB	0301085		7.00	16	3,141.			3,141.	2,170.		187.
133	(D)CKEDENZA - 133WELLESLEY (A)	040108SL		7.00	16	852.			852.	579.		51.
1347	(D)CKEDENZA WELLESLEY	040108SL		7.00	16	775.			775.	527.		46.
135		040108SL		7.00	16	664.			664.	451.		40.
1361	(U)BOOKCASE - 136WELLESLEY	040108SL		7.00	16	492.			492.	333.		29.
159	159(D)FURNITURE	123108SL		7.00	16	287.			287.	164.		17.

328102 05-01-13

(D) - Asset disposed

MARINO HEALTH FOUNDATION, THE FKA 1 CURRENT YEAR FEDERAL

20. 39 48, 50. 52, 56, 27 31 33 368 124 69 223 71, 71, 285, 315, 223 Current Year Deduction Current Sec 179 INC 1,380, 1,419, CTR FOR INTEGRATIVE HLTH 196 256 296 316 372 464 480 520 916 442 461 413 413 804 2,726 1,134 Accumulated Depreciation 450, 520 555, 649 811, 839 908 944 3,740. 1,195, 4,768 341 6,190 2,078 1,160 1,195 5,294 ,751 Basis For Depreciation m Reduction In Basis MARINO Bus % Excl 1,195. 555 649 811 839 2,078 3,740, 341 450 520 908 944 1,195 6,190 1,160 4,768 5,294 751 Unadjusted Cost Or Basis . ო ŝŝ 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 9 .00 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. 00. Life Method 2|31|08|SL 23108SL 3108SL 3108SL 3108SL 3108SL 2|31|08|SL 2|31|08|SL 0 7|2 4|0 9|SL (WE121509SL (WE121509SL 51110SL 610108180 21 0SL 80210SL 20810SL 718115107|18|11|SL Date Acquired LAB 172WALLS (WB MASON) 173ACOUSTIC PANELS 174ACOUSTIC PANELS D) FURNITURE (D) FURNITURE (D) FURNITURE 163(D) FURNITURE 165(D) FURNITURE 167(D) FURNITURE Description 160(D)FURNITURE 161(D) FURNITURE 162 (D) FURNITURE 164(D)FURNITURE 166(D) FURNITURE 200|(D)FURNITURE 201 (D) FURNITURE 204 (D) FURNITURE 216(D) FURNITURE 217(D) CURTAINS 202|(d)shredder 203|(d)shredder Asset No

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

(D) - Asset disposed

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
218	218(D)CURTAINS	071811	SL ,	7.00	16	1,879.			1,879.	402.		112.
219	219(D)CHAIRS	071811	SL ,	7.00	16	2,988.			2,988.	639.		178.
220	220(D)FURNITURE	080411	SL	7.00	16	3,427.			3,427.	694.		204.
221	221 (D) FURNITURE	080511SL		7.00	16	2,480.			2,480.	502.		148.
222	222(D)FURNITURE	080511	SL	7.00	16	1,372.			1,372.	278.		82.
223	223 (D) FURNITURE	090711SL		7.00	16	15,390.			15,390.	2,932.		916.
224	224(D)FURNITURE	090811	SL	7.00	16	1,074.	-		1,074.	204.		64.
225	225(D)FURNITURE	090911	SL	7.00	16	587.	-		587.	112.		35.
226	226(D)FURNITURE	0911118	SL .	7.00	16	1,314.			1,314.	251.		78.
227	(D)DESK	100611	SL .	7.00	16	1,709.			1,709.	305.		100.
	URNITURE & FI					173,953.		0.	173,953.	112,465.	0	7,137.
						173,953.		0	173,953.	112,465.	0	7,137.
	MACHINERY & EQUIPMENT											
H		VARIESSL		5.00	16	54,719.			54,719.	54,719.		0
6	(U)MEDICAL TABLE 9FROM PSS	022003SL		3.00	16	1,590.			1,590.	1,590.		0
10	(D) WINNER SIMULATOR 0 2 2 0 0 4 SL	022004		3.00	16	2,250.			2,250.	2,250.		0
17.	11METTLER	022004SL		3.00	16	995.			995.	995.	_	0
12	12FLEXION TABLE	053104SL		5.00	16	5,597.			5,597.	5,597.		0.

(D) · Asset disposed

328102 05-01-13

- CURRENT YEAR FEDERAL -

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

Current Year Deduction	• 0	0	0	0.	0	56.	141.	160.	1,628.	1,985.	1,985.	0	0	0	0	0	0
Current Sec 179										0	0		-				
Accumulated Depreciation	1,195.	1,520.	4,360.	21,590.	680.	3,924.	1,441.	819.	113.	100,793.	100,793.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
Basis For Depreciation	1,195.	1,520.	4,360.	21,892.	680.	4,059.	1,695.	2,342.	608'9	109,703.	109,703.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
* Reduction In Basis										0	0						
Bus % Excl																	
Unadjusted Cost Or Basis	1,195.	1,520.	4,360.	21,892.	680.	4,059.	1,695.	2,342.	6,809.	109,703.	109,703.	337,508.	1,479.	3,535.	2,700.	4,187.	1,779.
Line	16	16	16	16	16	16	16	16	16			16	16	16	16	16	16
Lıfe	3.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00			5.00	3.00	2.00	5.00	5.00	5.00
Method	SL	SL	SL	SL	SL	SL	SL	SL	SL			SL	SL	SL	SL	SL	SI
Date Acquired	073004SL	022305SL	093004SL	03010651	W/ MEA123107SL	031108SL	092608SL	080511SL	121212SL			VARIESSL	012204SL	013004SL	033104SL	050104SL	070604SL
Description		(U)DINATRON 125 14ULTRASOUND	37(D) EKG MACHINE	(D) COUNTERPULSATION 4 OMACHINE	(D)ELECTRON 60ACCUPUNCTURE W/ MEA	130(D)KORR MEDICAL	₽	229PSS	281ECG USB VERSION	ACHINE	yyu PAGE	OTHER (D)COMPUTER 3EQUIPMENT		23SOLUTION	(U) integrated 24Software	25 (D) DUPLEX SCANNER	26(D)BATTERY BACKUPS
Asset	13	14	37	40	09	130	131	229	281			m 	22	23	24	25	26

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

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

0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Current Year Deduction Current Sec 179 5,917. 2,720. 1,805. 6,073, 6,449 7,329. 2,015 3,031 961,9 35,954 871 5,945 20,574 1,044 1,162 10,557 4,061 4,341 Accumulated Depreciation 1,805. 7,329. 2,720. 2,014. 6,073. 4,745. 536 902 200 35,954 6,576 5,945 6,449 10,557 22,166 1,044 1,182 4,700 Basis For Depreciation -Reduction In Basis Bus % Excl 1,805. 7,329. 2,720. 6,073. 4,700, 4,745. 902 5,945 6,449 2,014 35,954 10,557 22,166 1,044 6,576 3,536 1,182 7,200 Unadjusted Cost Or Basis 8 2 2 16 16 16 16 16 16 9 9 9 16 16 16 16 16 16 16 16 16 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 00. 3.00 00. 5.00 5.00 5.00 5.00 5.00 5.00 L fe Method 070106SL 07/13/04SL 28(D)POWEREDGE SERVERO71504SL 0711304SL 00104SL 22405SL 040106SL 52306SL 60106SL 0801<u>06SL</u> 090304ST 090904ST 31(d)microsoft server011504sl 42105SL 70105SL 3|08|06|SL 3|27|06|SL 50206SL Date Acquired 29(D)CDW SUPERSWITCH 48 (D) FUJITSI SCANNER 30(D)DELL POWEREDGE 42(D)XEROX 3 IN ONE (D)MS MBC SRV STD 47|2005 CPU 35 (D) DELL COMPUTER (D)DELL MINIOWER 46(D)HP LASER JET (D)3 PROCESSORS (D)XPS PENTIUM 49(D)PHOTOCOPIER (D)CENTRICITY (D) FAXCOM FAX (D)CENTRICITY Description (D)POWEREDGE 45(D)PROJECTOR 27PROCESSOR 36SOFTWARE 44NOTEBOOK 43PENTIUM 33ACCRUAL 32HRD DR 34SERVER Asset

528 102 15-01-13

(D) - Asset disposed

- CURRENT YEAR FEDERAL -

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

Ö Ö 0 o O Ö 0 0 0 0 0 0 0 0 0 0 0 Current Year Deduction Current Sec 179 INC 2,549 4,661 6,275 274 009 985 4,661 951 2,266 1,054 1,328 9,964 1,574 1,516 1,516 18,065 13,297 10,392 Accumulated Depreciation 1,072. 2,500. 996 4,661 4,661 273 950 009 13,295 1,350 9,964 2,549 1,574 1,516 1,516 18,065 10,392 6,276 Basis For Depreciation Reduction In Basis Bus % Excl 2,500. 2,549. 1,574. 996 273 1,072 1,350 9,964 4,661 1,516 1,516 18,065 950 13,295 4,661 10,392 6,276 009 Unadjusted Cost Or Basis 음 16 16 16 16 16 16 16 16 16 16 16 16 ø 16 16 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 3.00 5.00 5.00 5.00 3.00 5.00 Ę Method 090106SL 100106SL 112606SL 122206SL 123106SL 01|01|07|SL 010907SL 0 1 10 9 10 7 IST 010107SL 0 2|2 8|0 7|S.L 02|28|07|SL 03|20|07|SL 113MS TERM SVRS CITRIX040107SL 507BL 507SL 03|20|07|SL 0 9|2 8|0 7|SL Date Acquired (D)CDW COMP FUJITSU D)CDW COMP FUJITSU 51 (D) DELL MINITOWER (D)CDW COMP CISCO CISCO 52|(D) DELL COMPUTER (D)DELL MINIOWER (D)INTRASYSTEMS 54(D)CANON COPIER 2 XEON (D)DELL 2 HARD (D)DEVA SYSTEM (D) CANON LASER 108FI 5650C SCAN 109FI 5650C SCAN Description 105PENTIUM (10) (D)CDM COMP 107/1841 ROUTER 112(D)CDW COMP 1061841 ROUTER 116(D)CDWCOMP110(D)CDWCOMP111|(D)CDWCOMP115brive 300GB (D)OPTIFLEX 114PROCESSOR 53MINITOWER 117CLASS 710 50SOFTWARE (D)DELL Asset No

328102 05-01-13

- CURRENT YEAR FEDERAL -

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

0 0 117, 33, 19 84. Ö ó o Ö Ö 0 0 0 0 0 0 59 Current Year Deduction Current Sec 179 5,090, 3,200, 1,082. 596 475 950 810 ,525 11,995 3,805 11,371 000'9 7,000 1,498 7,298 16,534 2,795 7,531 Accumulated Depreciation 5,090. 1,498, 7,530, 3,200 475 2,997 667 7,000 810 16,815 641 3,805 000'9 951 7,298 1,161 11,994 11,371 Basis For Depreciation Reduction In Basis Bus % Excl 7,000. 5,090, 3,200. 475. 810, 641 11,994 7,530 3,805 11,371 000′9 1,498 951 7,298 16,815 2,997 ,667 1,161 Unadjusted Cost Or Basis <u>8</u>2 16 16 16 16 16 16 16 16 16 16 16 φ ဖ Q ဖ ဖ 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 3.00 00. Ę Method 142BUNDLE DULA WAN POR05|15|08|SL 09|30|07|SL 093007SL 120MINITOWER PENTIUM D11010107SL 11011075L .10107SL 110207SL 120107SL 12|01|07|SL 123107SL 12310750 1 10 2 10 8 S.L 138MINITOWER CORE 2 DU01/10/08/SL 0 1|2 3|0 8|SL 05|15|08|SL 141|SWITCH 2924 SPF PLU05|15|08|SL 05|16|08|SL Date Acquired D)DELL 300GB HD DR (D)TELE TECH 4 PORT 118(D)BATTERY BACKUPS D) PRIVACY MONITOR D) JMT CONSULTING (D)QUAD CORE XEON (D)FORTIGATE 100A (D)3COM BASELINE 125SAGE FUNDRAISING (D)AM TECH 2 WHY 119INCH VIEWSONICS (D)OPTIPLEX 745 (D) HP LASER JET (D) PANASONIC KV (D)OPTIPLEX 755 139X5450 PROCESSOR (D)OPTIQUEST 19 123LASERJET CM4730 (D) HP LASER JET 143S1025C SCANNER 121 VOICEMAIL PRO 1404240N PRINTER 122THPE MED SYS 127(D)EQUIPMENT 124(D)TELE TECH Description (D) HP COLOR 137|SCREENS 19' 1261022 Asset No

(D) - Asset disposed

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

328102 05-01-13

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

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

						1 1 1						
Asset No	Description	Date Acquired Me	Method	Life	No So	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
77	ריו	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	1 14	5	9	703 /			703 V	202		164
# #	(D) PANASONIC KV) 1 ()	<u>n</u>	3		, 00			•	-		# 0 1
145	31025C SC	081208SL	<u>N</u>	00.	16	1,642.			1,642.	1,448.		81.
146	(D)FIXED CONFERENCE SOLUTION	100308SL	<u> </u>	00.	16	38,901.		·	38,901.	33,064.		2,432.
147	(D)RIGHTSTAR SYS	123108SL	<u> </u>	00	16							0
168	COMPUTER I PMENT	2310	<u>c.</u>	00.		679.			679.	544.		
169		123108SL		5.00	16	680.			680.	544.		57.
180	D)COMP EQUIP RIGHTSTAR SYS	010109SL	<u> </u>	00.	16	9,450.			9,450.	7,560.		177.
181	(D)COMP (INTRASY	010109SL		5.00	16	2,600.			2,600.	2,080.		217.
182	(D)COMP EQUIP - (RIGHTSTAR SYS)	070109SL	ம	00.	16	9,087.			9,087.	6,360.		39.
183	(D)COMP	080109SL	ഥ	00.	16	9,787.			9,787.	6,687.		816.
184	(D)COMP (CDW FUC	121109SL	Ŋ	00.	16	2,655.			2,655.	1,637.		221.
185	(D)COMP EQUIP (CDW FUJITSU S	122309SL	77	00.	16	1,059.			1,059.	636.		88
186	(D)COMP EQUIP - (DELL)	122309SL	വ	00.	16	28,253.			28,253.	16,953.		2,354.
190	(D)SYS ENHANCEMENTS (DELL)	050109SL	ഥ	00.	16	4,552.			4,552.	3,337.		379.
191	(D)SYS ENHANCEMENTS (DELL)	050109SL	<u> </u>	00.	16	53,149.			53,149.	41,028.		4,034.
192	(D)SYS ENHANCEMENTS (DELL)	050109SL		5.00	16	1,754.			1,754.	1,287.		146.
213	(D)COMP EQUIP (PANASONIC KV	_ S1025071610SL		5.00	16	816.			816.	394.		.89
214	214(D)XEROX FAX/COPIER080210SL	080210SL		5.00	16	999.			999.	483.		83.

(D) - Asset disposed

328102 05-01-13

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL -

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

- ar	83.	58.	267.	697.		090	42	90	58.	22.	82.	. 91	58.	6.0	14.	.0	250.	125
Current Year Deduction		9	1,26	59	21	1,06	62	20		32	ω	41	1,35	72	34	31	25	-
Current Sec 179																		
Accumulated Depreciation	483.	3,156.	6,082.	3,344.	1,036.	5,088.	2,994.	949.	728.	1,482.	376.	1,830.	5,430.	2,333.	1,031.	868.	700.	000
Basis For Depreciation	. 666	7,891.	15,203.	8,362.	2,592.	12,718.	7,487.	2,475.	1,900.	3,864.	981.	4,990.	16,290.	8,748.	4,124.	3,722.	3,000.	1 495
Reduction In Basis												-						
Bus % Excl															,			
Unadjusted Cost Or Basis	•666	7,891.	15,203.	8,362.	2,592.	12,718.	7,487.	2,475.	1,900.	3,864.	981.	4,990.	16,290.	8,748.	4,124.	3,722.	3,000.	1 495
Line	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16	16
Lıfe	2.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Method	ТS	SL	SL	SL	1SL	1SL	SL	SL	SL	1SL	1SL	SL	SL	SL	SL	SL		
Date Acquired	090210	010211	010211	010211SL	010211	010211	010211	020211	020211	0202118	020211	030211SL	051711SL	0901118	100111	110111	110111SL	010112SL
Description	215(D)XEROX FAX/COPIER090210	265(D)DELL	266(D)DELL	267 (D) DELL	268(D)DELL	269(D)DELL	270(D)DELL	271(D)CDW COMP	272(D)DELL	273(D)DELL	274(D)DELL	275(D)DELL	276(D)DELL	277(D)DELL	0	279MINITOWER BASE	280(D)CYSOLUTIONS	287(D)CYSOLUTIONS
Asset No	215	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	287

(D) - Asset disposed

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL

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

							47.4	UNIT YEAR	CIN FOR	TINTEGUETTAL	יעירט פאי	111	
Asset	Description	L PCC	Date Method	lod Life		No ON	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
288	(D)OPTIFLEX 288MINITOWER	02(020112SL	5.00	⊣	9	1,843.			1,843.	369.		154.
289	LANDCOMPUTER.	COMO9	3012SL	5.00		9	2,214.			2,214.	148.		185.
290	290MS TERM SVRS CITRIX093012SL	RIX09	3012SL	5.00		9	4,362.			4,362.	291.		364.
291	291(D)LANDCOMPUTER.COM093012SL	COM09	3012SL	5.00			3,344.			3,344.	223.		279.
292	292(D)LANDCOMPUTER.COM093012SL	COMO9.	3012SL	5.00		9	3,189.			3,189.	213.		266.
293	293(D)LANDCOMPUTER.COM093012SL	COMO9	3012SL	5.00			402.			402.	27.		34.
294	NDCOMPUTE	ER. COMO 9	3012SL	5.00		9	1,517.			1,517.	101.		123.
	YYU FAGE 10 THER	T L				<u>ი</u>	50,040.		0	950,040.	818,241.	0	22,034.
	YYU PAGE IU	TOTA					.50,040.	·	0	950,040.	818,241.	0	22,034.
	BUILDINGS												
41		12	123106SL	7.00		9							0
73	1	UCK09	BUCK090107SL	15.0	믕	9	15,067.			15,067.	5,355.	-	419.
74	(D)LEASEHOLD IMPROVEMENTS -	UCK09	виско901078г	15.0	0	9	2,475.			2,475.	880.	-	69
75	(U)LEASEROLD IMPROVEMENTS -	UCK09	BUCK090107SL	15.0	- 6	9	10,560.			10,560.	3,755.		293.
16	(U)LEASEROLD IMPROVEMENTS -	UCK09	BUCK090107SL	15.0	0	9	11,069.			11,069.	3,936.		307.
77	(U)LEASEROLD IMPROVEMENTS -	GLEN090107	0107SL	15.0	0	9	44,330.			44,330.	15,760.		1,231.
78	(U)LEASEROLD IMPROVEMENTS -	UCK09	BUCK090107SL	15.0	0	9	2,168.			2,168.	773.		.09
79	(U)LEASEHULD 79IMPROVEMENTS - G	LEN09	GLENO90107SL	15.	.0016	6 1	38,549.			138,549.	49,264.		30.
000													

- CURRENT YEAR FEDERAL

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

85 4,690, 50. 85, 62, 250, 18, 48, 106 749 209 306 281 41 1,989 ന 0 1,389 Current Year Deduction Current Sec 179 INC 24,201 635 7,777 43, 3,589 235 608. 523 789 1,088 9,584 2,552 3,909 3,200 1,355 25,456 1,083 Accumulated Depreciation 3,806. 9,000,6 7,530. 662. 3,050 168,845 71,588 50,000 121 26,960 10,100 1,465 3,053 1,789 87,500 2,223 11,000 Basis For Depreciation Reduction In Basis Bus % Excl 9,000.6 121. 7,530, 662 713 1,465 3,053 168,845 3,806 71,588 1,789 50,000 3,050 26,960 -87,500 2,223 11,000 10,100 Unadjusted Cost Or Basis <u></u> ဖ 15.0016Q 15.0016 5.001 5.00115.00115.0015.001 5.001 5.001 5.0015.0015.0015.001 5.001 5.001 5.001 5.0015.001Life Method FAST|09|01|07|SL BUCK|09|01|07|SL GLENO 90 10 75L BUCK|09|01|07|SL GLENO 90 10 75L BUCK|09|01|07|SL GLENO 90 10 751 BUCK|09|01|07|SL BRIG09010751 GLENO 90 10 751 TELE090107SL LAND|09|01|07|SL PAUL|09|01|07|SL PAST|09|01|07|SL PAST|09|01|07|SL PAST|09|01|07|SL UNITO 90 10 751 PAUL 0 9 0 1 0 7 SL Date Acquired 82IMPROVEMENTS 8 3 IMPROVEMENTS 84IMPROVEMENTS 92 IMPROVEMENTS D)LEASEHOLD 93IMPROVEMENTS 94|IMPROVEMENTS 95 IMPROVEMENTS 97 IMPROVEMENTS 80 IMPROVEMENTS IMPROVEMENTS (D)LEASEHOLD (D)LEASEHOLD 85|IMPROVEMENTS 86IMPROVEMENTS (D)LEASEHOLD 87 IMPROVEMENTS (D)LEASEHOLD 88 IMPROVEMENTS (D)LEASEHOLD 89IMPROVEMENTS D)LEASEHOLD 90|IMPROVEMENTS (D)LEASEHOLD IMPROVEMENTS (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD 96|IMPROVEMENTS Description (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD (D)LEASEHOLD Asset No

328102 05-01-13

(D) - Asset disposed

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL --

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

Current Year Deduction	58.	149.	.76	109.	56.	67.	0	45.	225.	47.	29.	383.	1,048.	108.	193.	113.	98.	15,595.	
Current Sec 179																		0	
Accumulated Depreciation	747.	1,904.	1,243.	1,397.	709.	859.		396.	1,893.	392.	222.	2,297.	5,240.	108.	155.	91.		184,003.	
Basis For Accu	2,100.	5,350.	3,500.	3,935.	2,000.	2,414.	-50,000.	1,622.	8,110.	1,679.	1,052.	13,784.	12,577.	1,300.	2,320.	1,360.	1,200.	523,926.	
Reduction In Basis																		0.	
Bus % Excl					-														
Unadjusted Cost Or Basis	2,100.	5,350.	3,500.	3,935.	2,000.	2,414.	-50,000.	1,622.	8,110.	1,679.	1,052.	13,784.	12,577.	1,300.	2,320.	1,360.	1,200.	523,926.	
Line	016	116	116	116	016	016	016	016	016	016	016	016	0016	16	16	16	16		
Life	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.0(5.00	5.00	5.00	5.00		
Method	07SL	SL	SL	SL	SL	SL	SL	SL	SL	SI	SL	SL	SL	2SL	2SL	SL	SL		
Date Acquired	090107	090107	090107	090107SL	090107SL	090107SL	090107SL	SIG043009SL	600890	071409	110109SL	(GLE071210SL	(RAI100310SL	080112	091912	091912	091912		
	- PAST0901	- PASTO	- TZIAO	- TZIAO	- LEVIO	- BUCKO	- LANDO	1	- (NELO) - (SIGO	- (SUB1	ı	1		1	<u> </u>	⊄ C	10 TOTAL	
Description			(D)LEASEHOLD IMPROVEMENTS		(D)LEASEHOLD 2IMPROVEMENTS	(D)LEASEHOLD 3IMPROVEMENTS		(D)LEASEHOLD IMPROVEMENTS		(D)LEASEHOLD IMPROVEMENTS				(D)SUMMIT - 3PAINTING	\sim	(D)DAVID - DRAPERY	D)WALTER AINTER	* 990 PAGE 1 BUILDINGS	
Asset	86	66	100	101	102	103	104	176	177	178	179	211	212	283	284	285	286		00100

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL

																			
	Current Year Deduction	15,595.		1,921.	119.	50.	31.	13.	19.	34.	156.	37.	57.	106.	94.	2,637.	2,637.		0.
INC	Current Sec 179	0														0	0		
N, INC. IVE HLTH,	Accumulated Depreciation	184,003.		18,444.	1,140.	480.	294.	118.	165.	294.	1,313.	301.	457.	975.	731.	24,712.	24,712.		
FOUNDATION, INC.	Basis For Depreciation	523,926.		23,056.	1,425.	.009	375.	150.	225.	412.	1,875.	439.	683.	1,500.	1,125.	31,865.	31,865.		
HEALTH CTR FOR	Reduction In Basis	0.														0	0		
MARINO MARINO	Bus % Excl	-																	
- THE	Unadjusted Cost Or Basis	523,926.		23,056.	1,425.	.009	375.	150.	225.	412.	1,875.	439.	683.	1,500.	1,125.	31,865.	31,865.		
RAL	No 8			16	16	16	16	16	16	16	16	16	16	16	16				16
FEDERAL	Life			5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00				5.00
YEAR	Method			SL	8SL	SL	SL	SL	SI	osr 186	SL	osr.	9SL	SL	SL				SL
CURRENT	Date Acquired			3108	123108	123108SL	012009SL	013009SL	043009SL	061509	07 01 09 SL	080109	090109	100109SL	100109				123108SL
2013 DEPHECIATION AND AMORTIZATION REPORT	Description	* 990 PAGE 10 TOTAL -	ОТНЕК	(D) CPS ENH	IES 1	(U)nealin i TECHNOLOGIES (D) CVC ENHINMOENENEC	(D)SIS ENGANCEMENTS (HEALTH 1 TECH)	(D)SIS ENFANCEMENTS (HEALTH 1 TECH)	(U)SIS ENFANCEMENTS (HEALTH 1 TECH)	(U)SYS ENHANCEMENTS (HEALTH 1 TECH)	(U)SYS ENHANCEMENTS (HEALTH 1 TECH)	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	(D)SYS ENHANCEMENTS (HEALTH 1 TECH)	(HEALTH 1 TECH)	D)SYS ENHANCEMENTS HEALTH 1 TECH)	90 PAGE 10 ER	- 990 PAGE 10 TOTAL	OTHER	170(D)ADJUST TO BOOKS 1
2013 DE	Asset			148	149	150	187	188	189	193	194	195	196	198	199				170

(D) - Asset disposed

328102 05-01-13

- CURRENT YEAR FEDERAL -

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

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

(D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2014 DEPRECIATION AND AMORTIZATION REPORT

1
FEDERAL
YEAR
NEXT
I

	Amount Of Depreciation	• 0
H, INC	Accumulated Depreciation	• 0
ION, INC. ATIVE HLTH	Basis For Depreciation	°
FOUNDATION, INTEGRATIVE	* Reduction In Basis	
HEALTH CTR FOR	Unadjusted Cost Or Basis	0.
MARINO MARINO	Life	
THE FKA	Method	
	Date Acquired	
ı	Acq	
- NEXT YEAR FEDERAL	Description	BUILDINGS BUILDINGS LAND FURNITURE & FIXTURES MACHINERY & EQUIPMENT OTHER BUILDINGS OTHER * GRAND TOTAL 990 PAGE 10 DEPR
	Asset	
	_	L

(D) - Asset disposed

328103 05-01-13

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

Form 88	68 (Rev. 1-2014)					Page 2			
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	s box	••	X			
Note. O	nly complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fi	led Form 8	8868				
	are filing for an Automatic 3-Month Extension, comple								
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies nee	ded).			
			Enter filer's	identifyin	g number,	see instructions			
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) or							
print	MARINO CENTER FOR INTEGRATIV	0.4.0.4.0.0.0.							
File by the	HEALTH, INC.	04-3403085							
due date fo filing your	Number, street, and room of suite no. If a F.O. box, s	Social sec	Social security number (SSN)						
return See	See C/O R.J. GOLD & COMPANY, P.C ONE WALL STREET								
i i sa action.	City, town or post office, state, and zir code For a foreign address, see instructions.								
	BURLINGTON, MA 01803								
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			. [0]1			
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
	0 or Form 990-EZ	01							
Form 99	0-BL	02	Form 1041-A			08			
Form 47	20 (individual)	03	Form 4720 (other than individual)			09			
Form 99	0-PF	04	Form 5227			10			
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 99	0-T (trust other than above)	06	Form 8870 1:			12			
STOP! [Do not complete Part II if you were not already granted		natic 3-month extension on a prev	riously file	<u>d Form 886</u>	38			
	CHRISTINA BARRO								
	pooks are in the care of \blacktriangleright 40 WARREN STRE	ET, S		TOWN,	MA 02	129			
	phone No ► 617-718-7189		Fax No 🕨						
	organization does not have an office or place of busines			-		▶ ∟			
	s is for a Group Return, enter the organization's four digit								
box 🕨	. If it is for part of the group, check this box			f all memb	ers the exte	ension is for			
	I request an additional 3-month extension of time until NOVEMBER 15, 2014								
	For calendar year 2013, or other tax year beginning, and ending, and ending If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return								
6 If	Change in accounting period	песктеаѕ	on Initial return _	rinai r	eturn				
7 S	tate in detail why you need the extension								
	DDITIONAL TIME IS REQUIRED TO	O FIL	E A COMPLETE AND A	CCITRA	ጥፑ ጥልሄ	PETTION			
		<u> </u>				ich i Citi			
8a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any						
ne	onrefundable credits. See instructions.			8a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069								
ta	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
_ E	previously with Form 8868					0.			
с В	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using								
E	EFTPS (Electronic Federal Tax Payment System). See instructions					0.			
	-		st be completed for Part II	-					
Under pe it is true,	enalties of perjury, I declare that I have examined this form, include correct, and complete, and that I am authorized to prepare this f	ling accom orm.	panying schedules and statements, and t	o the best o	f my knowled	ige and belief,			
Signatur	e ▶ Title ▶	CHAIR		Date					
			· 		Form	8868 (Rev. 1-2014)			

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

					J					
If you	are filing for an Automatic 3-Month Extension, complete	e only Par	rt I and check this box			> X				
-	u are filing for an Additional (Not Automatic) 3-Month Ext	· ·								
	complete Part II unless you have already been granted a		· ·	=						
	onic filing (e-file). You can electronically file Form 8868 if you			-		-				
	d to file Form 990-T), or an additional (not automatic) 3-mon		·		-					
	to file any of the forms listed in Part I or Part II with the exc	-								
	al Benefit Contracts, which must be sent to the IRS in paper	er format (see instructions). For more details o	on the elect	ronic filing of	this form,				
	ww.irs.gov/efile and click on e-file for Charities & Nonprofits.	0-1		10						
<u>Part</u>										
-	oration required to file Form 990-T and requesting an autom	natic 6-mo	nth extension - check this box and	complete		, ()				
Part I c						▶ 📖				
	er corporations (ıncludıng 1120-C filers), partnerships, REMI ncome tax returns.	Cs, and tr	usts must use Form 7004 to reques							
	~ 			Enter filer's identifying number						
Гуре о				Employer identification number (EIN) or						
orint	MARINO CENTER FOR INTEGRATI		04 2402005							
ile by th	HEALTH, INC.		•	04-3403085						
due date iling you			Social security number (SSN)							
eturn Se	e C/O R.O. GODD & COMERNI, I			I						
nstructio	1 -,,,,	reign add	ress, see instructions.							
	BURLINGTON, MA 01803									
	to Datama and for the material that this and that is in for (Cla					0 1				
Entert	he Return code for the return that this application is for (file	a separa	te application for each return)			[<u>0 7</u>]				
A 1:		Datum	Analination							
Applic	ation	Return	1			Return				
Is For	000 ov Form 000 F7	Code	Is For			Code				
	990 or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990-BL		02	Form 1041-A			8				
Form 4720 (individual)		03	Form 4720 (other than individual)			09				
Form 990-PF		04 05	Form 5227			10				
	990-T (sec. 401(a) or 408(a) trust) 990-T (trust other than above)	06	Form 6069			11				
roiii :	CHRISTINA BARRO		Form 8870			12				
● The	books are in the care of \blacktriangleright 40 WARREN STREI		UITE 328 - CHARLES	TATAONE	M7 021	20				
	ephone No. ► 617-718-7189	41, D	Fax No. >) TOMIN,	MA UZI	49				
	ne organization does not have an office or place of business	s in the 1 lr	·			► □				
	nis is for a Group Return, enter the organization's four digit					L				
box D										
	I request an automatic 3-month (6 months for a corporation				ers the extens	SIOT IS TOL.				
•	· · · · · · · · · · · · · · · · · · ·	•	•		The extension	,				
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, or	heck reas	son. Initial return	Final return	n					
-	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, i iii ai i otai	•					
3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any							
- Cu	nonrefundable credits. See instructions.	one the terment was toos any	3a	\$	0.					
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069), enter any refundable credits and		Ja	Ψ					
~	estimated tax payments made. Include any prior year over	3b	\$	0.						
С	Balance due, Subtract line 3b from line 3a. Include your pa			- 55	- 					
-	by using EFTPS (Electronic Federal Tax Payment System).	-	•	3с	\$	0.				
Cauti	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 payments.									
	ections.	. ,=	,	5 .00 EO al		_o tor payment				
										

LHA 323841 12-31-13

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)