

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning , 2002, and ending

B Check if applicable

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instructions.

C Name of organization

The Brazelton Foundation

Number street (or P O box if mail is not delivered to street addr) Room/suite

c/o Goulston & Storrs, 400 Atlantic Avenue

City, town or country

Boston

State ZIP code + 4

MA 02110-3333

D Employer identification number

04-3327682

E Telephone number

(617) 330-7720

F Accounting method

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

H and I are not applicable to section 527 organizations

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

H (b) If Yes, enter number of affiliates

H (c) Are all affiliates included? ☐ Yes ☐ No

(If No, attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit GEN

M Check ☐ if the organization is not required
to attach Schedule B (Form 990 990-EZ, or 990-PF)

G Web site WWW brazeltonfoundation.org

J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 984,128

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 929,259 noncash \$ 6,028)

1a 935,287

1b

1c

1d 935,287

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 36,432

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 12,409

5 Dividends and interest from securities

5

6a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 984,128

13 Program services (from line 44, column (B))

13 716,915

14 Management and general (from line 44, column (C))

14 64,826

15 Fundraising (from line 44, column (D))

15 85,184

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 866,925

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 117,203

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 1,007,507

20 Other changes in net assets or fund balances (attach explanation)

20 -35,750

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 1,088,960

SCANNED SEP 22 2003

EX-100-000000

A-100-000000

RS-0000

SEP 17 2003

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ 414,335 non-cash \$)	22	414,335	414,335		
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	112,531	67,155		45,376
26 Other salaries and wages	26	30,000	3,058	25,514	1,428
27 Pension plan contributions	27	10,000	5,780		4,220
28 Other employee benefits	28	8,498	6,339		2,159
29 Payroll taxes	29	9,458	8,125	470	863
30 Professional fundraising fees	30				
31 Accounting fees	31	7,959	3,622	1,530	2,807
32 Legal fees	32	14,318		14,318	
33 Supplies	33	2,131	1,071	374	686
34 Telephone	34	4,834		4,834	
35 Postage and shipping	35	6,519	1,796	4,723	
36 Occupancy	36	25,030	20,217	1,698	3,115
37 Equipment rental and maintenance	37	13,497	12,616	311	570
38 Printing and publications	38	10,040	3,648	1,214	5,178
39 Travel	39	89,739	72,269	1,022	16,448
40 Conferences, conventions, and meetings	40	36,105	36,105		
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,028	487	191	350
43 Other expenses not covered above (itemize)					
a Advertising	43a	4,938	1,754	3,184	
b Bank charges	43b	2,318	1,099	430	789
c Board expenses	43c	2,613		2,613	
d Consulting fees	43d	52,551	52,451	100	
e See Other Expenses Stmt	43e	8,483	4,988	2,300	1,195
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13-15	44	866,925	716,915	64,826	85,184

Joint Costs Check ☒ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to program services

\$, (iii) the amount allocated to management and general \$, and (iv) the amount allocated to fundraising \$

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? See Schedule 2

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts but
optional for others)

a See Schedule 2		
(Grants and allocations \$ 414,335)		716,915
b		
(Grants and allocations \$)		
c		
(Grants and allocations \$)		
d		
(Grants and allocations \$)		
e Other program services (Grants and allocations \$)		
f Total of Program Service Expenses (should equal line 44, column (B) program services)		716,915

Part I Balance Sheets (See Instructions)**Note.** Where required, attached schedules and amounts within the description column should be for end of year amounts only

		(A) Beginning of year	(B) End of year
ASSETS	45 Cash — non interest bearing		45
	46 Savings and temporary cash investments	1,007,426	46 1,086,763
	47a Accounts receivable	47a 52,539	
	b Less allowance for doubtful accounts	47b 0	47c 52,539
	48a Pledges receivable		
	b Less allowance for doubtful accounts	48b 650	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes & loans receivable (attach sch)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53 24,000
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0	54 6,028
	55a Investments — land, buildings, & equipment basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
56 Investments — other (attach schedule)		56	
57a Land, buildings, and equipment basis	57a 8,231		
b Less accumulated depreciation (attach schedule) L-57 Stmt	57b 5,044	57c 3,187	
58 Other assets (describe _____)		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,008,076	59 1,172,517	
LIABILITIES	60 Accounts payable and accrued expenses	569	60 83,557
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe _____)		65
66 Total liabilities (add lines 60 through 65)	569	66 83,557	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	367,657	67 413,130
	68 Temporarily restricted	639,850	68 675,830
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,007,507	73 1,088,960
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,008,076	74 1,172,517

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part VII Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions)

a	Total revenue, gains, and other support per audited financial statements	a	984,128
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	984,128
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	984,128

Part VIII Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	866,925
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	866,925
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	866,925

Part IX List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Christine Robinson Boston, MA 02110	Exec Director 40	112,531	18,498	10,000
Ken Barun Boston, MA 02110	Director *	0	0	0
Kristie A Brandt Boston, MA 02110	Director *	0	0	0
Pauline B Brazelton Boston, MA 02110	Treasurer *	0	0	0
T Berry Brazelton Boston, MA 02110	President *	0	0	0
See List of Officers, Etc. Statement		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

Yes ☐ No ☒

If "Yes," attach schedule — see instructions

		Yes	No
1	1. I have a good understanding of the company's financial statements.		
	2. I have a good understanding of the company's business strategy.		
2	3. I have a good understanding of the company's competitive position.		
	4. I have a good understanding of the company's market position.		
3	5. I have a good understanding of the company's financial position.		
	6. I have a good understanding of the company's business position.		
4	7. I have a good understanding of the company's competitive position.		
	8. I have a good understanding of the company's market position.		
5	9. I have a good understanding of the company's financial position.		
	10. I have a good understanding of the company's business position.		

- | | | | |
|-----|--|-----|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 78b | If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | X |
| 80b | If 'Yes,' enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | | |
| 81a | Enter direct or indirect political expenditures See line 81 instructions | 81a | 0 |
| 81b | Did the organization file Form 1120-POL for this year? | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | X |
| 82b | If 'Yes,' you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) | 82b | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X |
| 83b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | X |
| 84b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | 85a | N/A |
| | b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | 85b | N/A |
| | c Dues, assessments, and similar amounts from members | 85c | N/A |
| | d Section 162(e) lobbying and political expenditures | 85d | N/A |
| | e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A |
| | f Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A |
| | g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | N/A |
| | h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | N/A |
| 86 | 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 | 86a | N/A |
| | b Gross receipts, included on line 12, for public use of club facilities | 86b | N/A |
| 87 | 501(c)(12) organizations Enter a Gross income from members or shareholders | 87a | N/A |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | N/A |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX | 88 | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____ | | 0 |
| | b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction | 89b | X |
| | c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| | d Enter Amount of tax on line 89c, above, reimbursed by the organization | | 0 |
| 90a | List the states with which a copy of this return is filed _____ Connecticut | | |
| | b Number of employees employed in the pay period that includes March 12, 2002 (See instructions) | 90b | 2 |
| 91 | The books are in care of _____ The Foundation Telephone number _____ (617) 330-7720 Located at _____ c/o Goulston & Storrs, 400 Atlantic Avenue, Boston, MA _____ ZIP + 4 _____ 02110-3333 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here _____ and enter the amount of tax exempt interest received or accrued during the tax year _____ | | |

Note: Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	Program fees					36,432
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees & contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings & temporary cash invmnts			14	12,409	
96	Dividends & interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt financed property					
98	Net rental income or (loss) from pers prop					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				12,409	36,432
105	Total (add line 104, columns (B), (D), and (E))					48,841

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Program fees are received for conferences and seminars held to promote the education and public dissemination of the Touchpoints philosophy

N/A

(A)	(B)	(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of activities	Total income	End of year assets
	%			
	%			
	%			
	%			


Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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

Please Sign Here

▶ Pauline B. Brazelton
Signature of officer

▶ Pauline B. Brazelton, Tr
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	
	Firm's name (or yours if self-employed) address and ZIP + 4	Langan Associates, P C 2900 South Quincy Street. S Arlington

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545-0047

2002

Name of the organization

The Brazelton Foundation

Employer identification number

04-3327682

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter "None".)

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

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	NONE	

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ _____

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

See Part V, Form 990

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments

Part IV Reason for Non-Private Foundation Status (See instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See instructions)

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

Calendar year for fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	821,531	721,031	196,377	999,093	2,738,032
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	49,105	36,274		283,284	368,663
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	35,293	37,740	30,687	12,978	116,698
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	905,929	795,045	227,064	1,295,355	3,223,393
24 Line 23 minus line 17	856,824	758,771	227,064	1,012,071	2,854,730
25 Enter 1% of line 23	9,059	7,950	2,271	12,954	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.				
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				
	d Add Amounts from column (e) for lines				
	18	116,698	19		
	22		26b	926,240	
	e Public support (line 26c minus line 26d total)				
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12:					
	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.				
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines				
	15		16		
	17	20	21		
	d Add Line 27a total and line 27b total				
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Private School Questionnaire (See instructions)

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

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes

No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75 50, 1975 2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

Part VI A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)		36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		37	
38 Total lobbying expenditures (add lines 36 and 37)		38	
39 Other exempt purpose expenditures		39	
40 Total exempt purpose expenditures (add lines 38 and 39)		40	
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)		42	
43 Subtract line 42 from line 36 Enter 0 if line 42 is more than line 36		43	
44 Subtract line 41 from line 38 Enter -0 if line 41 is more than line 38		44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI A) (See instructions)

N/A

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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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

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

iCash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(ii) Rental of facilities, equipment, or other assets.

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

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

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

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

[illegible]

► ☐ Yes ☒ No

b If 'Yes,' complete the following schedule

[illegible]

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize)				
Dues & subscriptions	1,112		1,112	
Taxes	194		194	
Insurance	1,610	763	299	548
Miscellaneous	5,567	4,225	695	647
Total	8,483	4,988	2,300	1,195

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
Equities	0	6,028
Total	0	6,028

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Computer equipment	8,231	5,044	3,187
Depreciation Expense \$1,028			
Computer equipment is recorded at cost and is depreciated on the straight line basis over the estimated useful lives of the equipment (3 to 5 years)			
Total	8,231	5,044	3,187

Form 990, Page 4, Part V

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
John H. Cassidy, Jr. Boston, MA 02110	Director	0	0	0

Form 990, Page 4, Part V

Continued

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Annette Kerlin Boston, MA 02110	Director *	0	0	0
Sondra L. Murphy Boston, MA 02110	Director *	0	0	0
Bartholomew J. Lawson Boston, MA 02110	Director *	0	0	0
Cathy Marino Boston, MA 02110	Director *	0	0	0
David Saltzman Boston, MA 02110	Secretary *	0	0	0
Ronald J. Sidman Boston, MA 02110	Director *	0	0	0
Susan Kelliher Ungaro Boston, MA 02110	Director *	0	0	0
Max Stone Boston, MA 02110	Director *	0	0	0
Lynda Williams Boston, MA 02110	Director *	0	0	0
* Officers and directors donate their time on an as needed basis				

Total

0

0

0

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
At December 31, 2001 the Foundation under accrued expenses relating to the Robin Hood Foundation grant by \$35,750, although such accrued expenses were based on the best information available at that time	-35,750
The effect of such restatement is to decrease temporarily restricted net assets	
Total	-35,750

The Brazelton Foundation
EIN 04-3327682
Year Ended December 31, 2002

Schedule 1
Form 990, Part II, Line 22
Grants and Awards

Date Paid Amount

Touchpoints Project at Children's Hospital
Child Development Unit

1295 Boylston Street, Suite 320
Boston, MA 02215

Re CarePLus	12/23/2002	\$ 21,269
	Accrued	52,539

Re CLNBAS	12/23/2002	11,000
-----------	------------	--------

Re Rheedlen Center (Robin Hood Grant)	3/4/2002	58,127
	7/19/2002	10,000
	10/29/2002	10,000
	11/5/2002	20,000

Re ILT Decatur	7/19/2002	2,400
----------------	-----------	-------

Re Robinhood Grant	11/20/2002	144,000
--------------------	------------	---------

Re Max Stone Grant	2/27/2002	25,000
--------------------	-----------	--------

Brazelton Inst At Children's Hospital
Child Development Unit

1295 Boylston Street
Boston, MA 02215

Re Ronald McDonald Grants	1/30/2002	40,000
	2/14/2002	20,000

Total Grants and Allocations		<u>\$ 414,335</u>
------------------------------	--	-------------------

Schedule 2
Form 990, Part III
Statement of Program Service Accomplishments

Organization's Primary Exempt Purpose

The objective of The Brazelton Foundation is to continuously increase the number of emotionally and socially healthy children who are confident, caring, and hungry to learn through the broad adoption of the Brazelton philosophy of positive relationships between parents, providers, community, and the child

Organization's Exempt Purpose Achievement

a Brazelton Institute

The objective of the Institute is that all clinicians in the U S and abroad are using the Brazelton Neonatal Behavioral Assessment Scale (BNBAS), its adaptations, or its concepts to improve the healthy development of young children and their families. The program goals established for 2002 included increasing the number of BNBAS certified trainers, increasing the number of clinicians trained to apply the BNBAS to practice, developing standard curricula for presentation of BNBAS concepts, updating curriculum and training materials used to qualify trainers, and coordinating new research using the BNBAS. The Brazelton Foundation supported the Institute with funds to meet the goals established to develop and update training tools and curriculum (Grants and allocations \$0)

\$637

b Brazelton Touchpoints Center and Touchpoint Community Sites

The objective of the Touchpoints Project is that the Touchpoints philosophy is guiding the delivery of health and human services to U S children and their families. To achieve these objectives, the Foundation promotes programs funded by grants received from other organizations such as Black Trust, Robin Hood Foundation (for continued work at the Rheedlen Center for Children and Families). The Foundation also supported a major national initiative to bring Touchpoints trained professionals together for networking and further training through support of the Center as well as through local Touchpoints Community Site Grants (Grants and allocations \$414,335)

716,278

Total Program Service Expense

Total

\$716,915

The Brazelton Foundation, Inc.

4031 University Drive, Suite 200 □ Fairfax, Virginia 22030
(703) 934-2036 □ Fax (703) 273-4715 □ www.brazelton.org □ E-Mail: brazfound@aol.com

Preliminary Proposal Grant Application Packet

A. APPLICANT INFORMATION

Application Date. _____

- ☐ Individual as Applicant (please complete section "B" and "D" of this application)
☐ Organization as Applicant (please complete section "C" and "E" of this application)

B. INDIVIDUAL APPLICANT INFORMATION

Name of Requesting Individual	Social Security Number
Address	City State Zip
Phone Number	E-Mail Address
Facsimile (Fax) Number	Cellphone, pager or other contact (please specify)

C. ORGANIZATION APPLICANT INFORMATION

Name of Requesting Organization	Executive Director or President
Board President (if applicable)	Name of Primary Contact for this Application
Address	City State Zip
Phone Number	E-Mail Address
Facsimile (Fax) Number	Cellphone, pager or other contact (please specify)
Fiscal Sponsor or Agent (if applicable)	Founding Date of Organization

TAX STATUS ☐ Tax exempt, charitable organization, 501(c)3, specify type _____
☐ Government, tax exempt unit
☐ Other, please specify: _____

D. INDIVIDUAL APPLICANT PROJECT INFORMATION

One additional sheet of paper may be used if additional space is required Please use 12 point type and single spacing for all responses

1 Funding Amount Requested:
2. Proposed Funding Timeline:
3. Your discipline, occupation, or job classification:
4. Purpose for which funding is being requested:
5 Describe your practice/work setting.
6. Briefly describe your role in providing services and care for children and families, including the numbers of clients served:
7. If you receive funding, how will this impact you and the services you provide for children and families?
8. Why are you requesting funding support from the Brazelton Foundation?
9 In one sentence, explain why the Brazelton Foundation should provide this funding support to you:
10 Please attach a current Curriculum Vitae (C.V.) to this application.

E. -- ORGANIZATION APPLICANT PROJECT INFORMATION

Two additional sheets of paper may be used if additional space is required Please use 12 point type and single spacing for all responses

1 Describe Title of Project (10 words or less)·

2. Summary or Abstract of Proposed Project (150 words of less)·

3. Please identify the catchment area in which this project will be implemented, and describe the demographics of the population within this catchment area·

4 What proposed impact will this project have on service and care to children and families?

5 What will happen if this funding request is not granted?

6 What is your project timeline?

7 What are the proposed outcome measures and how will you determine the impact of this project?

Cont.

E. ORGANIZATION APPLICANT PROJECT INFORMATION

8 Funding amount requested: \$

9. Total project budget, if different from #8: \$

10. Your organization's total operating budget for:

Fiscal Year	Dates of Fiscal Year	Total Operating Budget
(a) Current Fiscal Year	_____ to _____	\$ _____
(b) Past Fiscal Year	_____ to _____	\$ _____
(c) Projected Next Fiscal Year	_____ to _____	\$ _____

11. Describe the principle sources of funding/revenue for your organization:

12 Do you have a yearly independent fiscal audit? If yes, by whom:

13. What other grants or allocations did you receive in the past fiscal year and do you anticipate the same, new, or different sources in the current and the next fiscal year?

14 Will additional sources of funding be sought for this proposed project? If yes, from what funding sources?

15 Will you have partner organizations in this project? If yes, what is their funding commitment?

16. Please attach a copy of your Internal Revenue Service Determination Letter (if applicable)

Brazelton Foundation Request for Proposals Touchpoints Community Site Grants

FOR: Touchpoints National Networking Conference
April 29-30, 1999
Napa, California

Purpose	The 1999 Touchpoints Community Site Conference Funding Initiative is designed to encourage long-term involvement by site leaders in future project directions and to provide the opportunity for critically important networking with Touchpoints faculty, staff, and other trained professionals. In so doing, it is believed that the development of Touchpoints at the community level will be markedly enhanced; thereby increasing the level of quality, preventive services for all children and families.
Background	It is understood that one of the greatest obstacles to participating in ongoing training experiences is the ability of the site leaders to access funds. Representing a variety of institutions and organizations, the typical community-based team has little in the way of fundraising resources for registrations and travel costs. Without funding, promising Touchpoints sites may be unable to participate in the Conference and the opportunity for innovative, quality, preventive services for families is jeopardized.
Program Description	<p>In support of the 1999 National Networking Conference and to encourage and strengthen the outstanding efforts of local Touchpoints site leaders, the Foundation has established a Community Site Grant Fund for the 1999 Conference. This funding program is consistent with the Foundation's objective to continuously increase the number of emotionally and socially healthy children who are confident, caring, and hungry to learn through broad adoption of the Brazelton philosophy of positive relationships between parents, providers, community, and the child.</p> <p>The Foundation desires to promote long-lasting community support for quality, preventive care based on training health and child care professionals in how to use effective and proven tools to support infants and parents at the beginning of their lives together. This is at the heart of the Touchpoints Community Site program.</p>
Financial Support	Through this funding initiative, the Brazelton Foundation will provide up to \$1,000 per Touchpoints Community Site. Preference will be given to funding registration fees for Touchpoints trained site coordinators and other identified leaders. In some cases, where the reason is clearly identified (e.g. working with underserved and at-risk populations), a portion of the funds may be available for other expenses associated with Conference attendance such as travel and lodging. No funds will be available for per diems or other ancillary expenses.

Additional information on reverse

Funding Guidelines	<p>The proposal must be submitted by a Touchpoints-trained Community Site Coordinator and approved by the Touchpoints Training Director.</p> <p>The proposal must be completed in full and include documentation of other sources of funding for conference attendance (e.g. personal, organizational, other, or a combination).</p> <p>Applications must include a statement of need for the funds, along with a budget for how the funds will be used. Grant funds must be used for the purpose stated and must be returned if not used for that purpose.</p>
Application Procedures	<p>(1) Complete the attached application in full.</p> <p>(2) Return by mail or fax to:</p> <p style="padding-left: 40px;">Brazelton Foundation 1999 Community Site Networking Conference Application 4031 University Drive, Suite 200 Fairfax, VA 22030</p>
Application Timeframe	<p>Applications for funding for the 1999 National Networking Conference in Napa, California will be accepted on a continuous basis from February 8 through March 15, 1999. Notification of approval, in writing, will be within one week following receipt of the application.</p>

By vote of our Board of Directors, the Brazelton Foundation will support each Touchpoints Community Site with funds not to exceed \$1,000 per site.

PROGRAM GRANTS
Request for Funds

Project Information

Name of Project _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____

Fax _____

Grant Request Information

Amount of Financial Request _____

Request Summary _____

Grant Dispensation Information

Amount Funded _____

Check Date _____

Notes _____

Please attach receipts and other pertinent information.

Brazelton Foundation Request for Proposals
Community-Based Touchpoints Training Funding Initiative

Purpose	<p>The Brazelton Foundation Touchpoints Training Funding Initiative is designed to encourage local, long-term support for community-based, interdisciplinary training in Touchpoints as a way to build alliances between children, parents, and providers; thereby, continuously increasing the number of emotionally and socially healthy children who are confident, caring, and hungry to learn through broad adoption of the Brazelton philosophy of positive relationships between parents, providers, community, and the child. <u>In this matching grants program, the Brazelton Foundation will become a</u></p>
	<p>funding partner with local agencies and/or philanthropies (foundations, corporations, and other funding sources) to support training of a local interdisciplinary team of professionals who are devoted to the care of young children and their parents. The Touchpoints train-the-trainers model provides a framework and skills that can be incorporated into individual practices, across institutions, and at a community level. The training program offerings are flexible and designed to meet the varied needs of healthcare providers and allied professionals. Training teams must be approved by the Touchpoints faculty.</p>
Background	<p>The greatest obstacle to receiving Touchpoints training is the ability of the approved team to garner the necessary funds to support the comprehensive training and year-long supervision required. Representing a variety of institutions and organizations, the typical community-based team has little in the way of fundraising resources. Currently, training takes place at the Children's Hospital, Boston, Child Development Unit. To receive training, the local interdisciplinary team is required to incur travel and lodging costs as well as tuition.</p> <p>Without funding, promising local Touchpoints projects may be unable to participate and the opportunity for innovative, quality, preventive healthcare for children and their parents in the community is jeopardized.</p>
Program Description	<p>The Brazelton Foundation is establishing this funding partner/matching grants program to provide seed money for approved interdisciplinary teams, thereby enhancing the team's ability to raise local funds. This funding program is consistent with the Foundation's purpose to provide financial support for:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Quality pediatric and family support education programs that are grounded in preventive methods; <input type="checkbox"/> Ongoing research and evaluation to promote the healthy development of infants and families; and, <input type="checkbox"/> Community- and corporate-based professional and family training programs based on the Touchpoints model. <p>The Foundation desires to promote long-lasting community support for quality, preventive care based on training healthcare and allied professionals in how to use effective and proven tools to support infants and parents at the beginning of their lives together. The Touchpoints model, developed by Dr. T. Berry Brazelton, aims to build alliances between parents and professionals around key points in the development of young children. "Touchpoints" are predictable periods in a child's development that can disrupt family relations, but can also provide an opportunity for practitioners to connect with parents.</p>

Touchpoints Training Faculty	The Touchpoints faculty are leaders in infant and family healthcare. They include: T. Berry Brazelton, M.D ; John Hornstien, M.Ed ; Constance Keefer, M.D., Maureen O'Brien, Ph.D , Ann Stadtler, M S N., C.P.N P ; and Edward Tronick, Ph.D.
Financial Support	Through this funding partner/matching grants program, the Brazelton Foundation will provide, in the first year (beginning September 1998), up to ten approved local training team matching grants of \$15,000 - \$20,000 each which must be matched dollar-for-dollar by local funding sources. In unusual cases, which must be thoroughly documented, the Foundation may grant a higher portion of the \$30,000 for training by health and allied professionals, especially those working with underserved and at-risk populations.
Funding Guidelines	<p>The proposal must be submitted by a training team that has been approved in advance by the Touchpoints Training Director, having met all the necessary requirements as outlined through the Touchpoints Training Project. A letter of approval must be submitted with the application.</p> <p>Approved teams must state, in writing, with their application, the intention to secure the necessary funding (\$15,000-\$20,000) to match the Brazelton Foundation grant. A list of potential local funders should be included. In-kind services cannot be counted in lieu of dollars.</p> <p>Upon approval of the application, the local team will be provided a grant approval letter to use as documentation for seeking matching funds. Funds for the training will not be dispersed until the Foundation receives written confirmation from the local funder(s) matching the funds.</p> <p>In addition to selection criteria provided by the Touchpoints Training Project, applications must include a statement of need for the funds, along with a budget for how the funds will be used. Grant funds must be used for Touchpoints Training tuition, travel, and per diem. In cases where it is deemed necessary, the request for additional funds can be used for staff salaries, supplies, and other costs associated with time spent on training, local project training and other critical program costs. Grant funds will not be approved for capital costs, ongoing general operating expenses or existing deficits, or to substitute for funds currently supporting similar services.</p>
Application Procedures	<p>(1) Secure an application form from the Brazelton Foundation by sending a request to the Executive Office of the Foundation at 4031 University Drive, Suite 200, Fairfax, VA 22030 or by calling 703-934-2036. This form provides space for entering critical project and team data, budget criteria, and listing of potential local funding sources.</p> <p>(2) Obtain a letter of approval for training from the Touchpoints Director, Children's Hospital Child Development Unit, 1295 Boylston Street, Boston, MA 02215.</p> <p>Proposals will be reviewed by a select committee of the Foundation Board of Directors and the Executive Director.</p>
Application Timeframe	Applications for funding in 1998 will be accepted beginning in September, 1998 on a rolling basis. Approval for matching funds will be issued quarterly beginning in December, 1998.

Brazelton Foundation, Inc.
Community-Based Touchpoints Training Funding Initiative

APPLICATION FOR FUNDING

Community Information:

City _____

State _____

Contact Information:

Name _____

Title _____

Affiliation _____

Street/Mailing Address _____

Telephone _____

City _____

State _____

Postal Code _____

Fax _____

Request for Funding:

Describe in the space below the need for funds

Describe below the potential sources for local matching funds. If contact has already been made with the prospective funder, please indicate

Contact
yes no

Contact
yes no

(1) _____

(6) _____

(2) _____

(7) _____

(3) _____

(8) _____

(4) _____

(9) _____

(5) _____

(10) _____

over

Budget Worksheet:

Prospective Income Sources		Projected Expenses	
Total Local Funding	\$ _____	Total Touchpoints Training Expenses	\$ _____
(1)	\$ _____	Tuition	\$ _____
(2)	\$ _____		
(3)	\$ _____	Travel to Boston	\$ _____
(4)	\$ _____		
(5)	\$ _____	Lodging/Meals	\$ _____
Brazelton Foundation	\$ _____	Local Training	
		Workshops/Seminars	\$ _____
Other	\$ _____	Travel	\$ _____
		Other (please list)	
		(1)	\$ _____
		(2)	\$ _____
		(3)	\$ _____
		(4)	\$ _____
TOTAL PROSPECTIVE INCOME	\$ _____	TOTAL PROJECTED EXPENSES	\$ _____

TOTAL FUNDS REQUESTED \$ _____

Please provide any additional information that you would like to have considered in determining your community's need for funding

Please attach a letter of approval for training from the Touchpoints Project Director.

If known, please indicate the training dates for which you have been approved: _____

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box ☒

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

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

Additional (not automatic) 3-Month Extension of Time – Must File Original and One Copy.

Type or print	Name of Exempt Organization	Employer identification number
	The Brazelton Foundation	04-3327682
	Number, street, and room or suite number. If a P.O. box, see instructions	For IRS Use Only
	c/o Goulston & Storrs, 400 Atlantic Avenue.	
File by the extended due date for filing the return. See instructions	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	Boston MA 02110-3333	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

Stop. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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

- 4 I request an additional 3 month extension of time until Nov 17, 2003
- 5 For calendar year 2002, or other tax year beginning , 20 and ending , 20
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension The information necessary to assure the filing of a complete and accurate return has not yet been obtained. Once this information is made available, the return will be filed.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature A. Langan Title CPA Date 08/07/03

Notice to Applicant – To be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address – Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Type or print	Name
	Langan Associates, P.C.
	Number and street (Include suite, room, or apartment number) or a P.O. box number
	2900 South Quincy Street, Suite 150
	City or town, province or state, and country (Including postal or ZIP code)
	Arlington VA 22206

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note.** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	The Brazelton Foundation		04-3327682	
	Number, street and room or suite number. If a P.O. box, see instructions			
	1295 Boylston Street, #320			
City, town or post office. For a foreign address, see instructions		state	ZIP code	
Boston		MA	02215	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until Aug 15, 20 03, to file the exempt organization return for the organization named above. The extension is for the organization's return for▶ ☒ calendar year 20 02 or▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____**Signature and Verification**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶

A. Simmons

Title ▶ CPA

Date ▶

5/13/03

BAA For Paperwork Reduction Act Notice, see instructions

Form 8868 (12-2000)