The Commonwealth of Massachusetts
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

Form PC

Report for the Fiscal Period: 01/23/14 to 12/31/14
Attorney General's Account #: 056741
Federal ID #: 46-4619141

When did the organization first engage in charitable work in Massachusetts?
01/23/2014

Has the organization applied for or been granted IRS tax exempt status?
Yes □ No X

If yes, date of application OR date of determination letter:
08/14/2014

IRS Exemption under 501(c):
3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?
Yes □ No X

Organization Data

Name: BOSTON 2024 PARTNERSHIP, INC.
Mailing Address: ONE MARINA PARK DRIVE, 10TH FLOOR
City: BOSTON State: MA ZIP: 02210
Phone Number: (617) 236-4099 Fax Number: 
Email: EMURPHY@2024BOSTON.ORG Website: WWW.2024BOSTON.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter up to 2 codes from Table 3 for your organization's main purpose(s)

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>County (Table 1)</td>
<td>13</td>
<td>Organization Purpose Code 1</td>
<td>61</td>
</tr>
<tr>
<td>Type of Organization (Table 2)</td>
<td>23</td>
<td>Organization Purpose Code 2</td>
<td>55</td>
</tr>
</tbody>
</table>

Please check box if final return prior to dissolution: □
1. On what date was the organization created?  **01/23/2014**

2. Where was the organization created?  **MASSACHUSETTS**

3. What is the form of organization? (check one)

   - Corporation  **[X]**
   - Testamentary Trust  **[]**
   - Unincorporated Association  **[]**
   - Inter Vivos Trust  **[]**

   Other (please describe):  

4. Was your organization related to any other organization(s) during the reporting year (see definition of 'Related Organization')?  **If yes, please complete the Schedule RO on pages 13 and 14.**  
   - Yes  **[X]**  No  

5. Enter your summary of financial data:

<table>
<thead>
<tr>
<th>Financial Data</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Contributions, gifts, grants, and similar amounts received</td>
<td>6,583,103.</td>
</tr>
<tr>
<td>B. Gross support and revenue</td>
<td>6,584,171.</td>
</tr>
<tr>
<td>C. Program services and similar amounts paid out</td>
<td>5,319,090.</td>
</tr>
<tr>
<td>D. Fundraising expenses</td>
<td>119,805.</td>
</tr>
<tr>
<td>E. Management and general expenses</td>
<td>139,968.</td>
</tr>
<tr>
<td>F. Payments to affiliates</td>
<td>0.</td>
</tr>
<tr>
<td>G. Total expenses</td>
<td>5,578,863.</td>
</tr>
<tr>
<td>H. Net assets or fund balances at the end of the year</td>
<td>1,005,308.</td>
</tr>
</tbody>
</table>

6. List the total compensation you provided to your five highest paid employees:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Hrs/ Week</th>
<th>Salary and Other Income</th>
<th>Benefit Plans</th>
<th>Other Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANIEL O’CONNELL PRESIDENT</td>
<td>40.00</td>
<td>126,923.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ERIN MURPHY EXECUTIVE VICE PRESIDENT</td>
<td>40.00</td>
<td>102,981.</td>
<td>10,155.</td>
<td>0.</td>
</tr>
<tr>
<td>EMILEY LOCKHART</td>
<td>32.00</td>
<td>79,615.</td>
<td>15,694.</td>
<td>0.</td>
</tr>
<tr>
<td>MARIE NICOLE MENDOZA</td>
<td>30.00</td>
<td>58,173.</td>
<td>5,293.</td>
<td>0.</td>
</tr>
<tr>
<td>AMY SENNITT</td>
<td>40.00</td>
<td>33,993.</td>
<td>2,646.</td>
<td>0.</td>
</tr>
</tbody>
</table>

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6?  **If yes, please provide explanation (attach separate sheet).**  
   - Yes  **[X]**  No  

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11210515 807818 BOSTON2024  
2014.03000 BOSTON 2024 PARTNERSHIP, IN BOSTON21
8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization’s five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel):

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Amount of Compensation</th>
<th>Type(s) of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELKUS MANFREDI ARCHITECTS</td>
<td>1,017,679</td>
<td>ARCHITECT</td>
</tr>
<tr>
<td>VHB, INC.</td>
<td>947,852</td>
<td>ENGINEERING</td>
</tr>
<tr>
<td>CBT, INC.</td>
<td>879,741</td>
<td>PLANNING</td>
</tr>
<tr>
<td>AUTODESK, INC.</td>
<td>510,732</td>
<td>IT CONSULTING</td>
</tr>
<tr>
<td>NEOSCAPE, INC.</td>
<td>200,300</td>
<td>DESIGN &amp; VISUALIZATION</td>
</tr>
</tbody>
</table>

9. Bank(s) in which the organization’s funds are deposited (Include bank addresses and phone numbers):

<table>
<thead>
<tr>
<th>Bank</th>
<th>Address</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>TD BANK</td>
<td>ONE PORTLAND SQUARE, PORTLAND, ME 04101</td>
<td>(802) 879-2173</td>
</tr>
</tbody>
</table>

10. What is the organization’s accounting method?  
☐ Cash  ☑ Accrual
☐ Other (specify): ____________

11. If organization’s mailing address is a P.O. Box, list the organization’s full street address:

Address: N/A

City: ___________________________ State: _______ ZIP Code: ________

12. Contact Person Name: ERIN MURPHY

Street Address: ONE MARINA PARK DRIVE, 10TH FL

City: BOSTON State: MA ZIP Code: 02110

Phone Number: (617) 236-4099
13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? □ Yes □ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? □ Yes □ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

□ a religious organization

□ an organization which: (a) does not raise more than $5,000 during a calendar year OR does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. STATEMENT 1

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization. STATEMENT 2

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records. STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? □ Yes □ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.
<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DANIEL O'CONNELL</td>
<td>PRESIDENT (9/1 - 12/31/14)</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>ERIN MURPHY</td>
<td>EXECUTIVE VP (EFF. 6/14)</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>EMILEY LOCKHART</td>
<td>VP &amp; GEN. COUNSEL (EFF. 6/14)</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>JOHN FISH</td>
<td>TREASURER &amp; CLERK</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>ROBERT KRAFT</td>
<td>BOARD MEMBER (THRU 6/14)</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>STEVE PAGLIUCA</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
<tr>
<td>GLORIA LARSON</td>
<td>BOARD MEMBER</td>
</tr>
<tr>
<td>ONE MARINA PARK DRIVE, 10TH FLOOR</td>
<td>BOSTON, MA 02210</td>
</tr>
</tbody>
</table>
NAME AND ADDRESS

DANIEL O'CONNELL
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

JOHN FISH
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

DANIEL O'CONNELL
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

JOHN FISH
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

BOARD OF DIRECTORS
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

KAREN HEGARTY
148 LINDEN STREET
WELLESLEY, MA 02482

DANIEL O'CONNELL
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

JOHN FISH
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

ERIN MURPHY
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

ERIN MURPHY
1 MARINA PARK DR, 10 FL
BOSTON, MA 02210

AREA OF RESPONSIBILITY

RESPONSIBLE FOR CUSTODY OF FUNDS

RESPONSIBLE FOR CUSTODY OF FUNDS

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

RESPONSIBLE FOR FUNDRAISING

CUSTODY OF FINANCIAL RECORDS

AUTHORIZED TO SIGN CHECKS

AUTHORIZED TO SIGN CHECKS

RESPONSIBLE FOR CUSTODY OF FUNDS

RESPONSIBLE FOR DISTRIBUTION OF FUNDS
20. Has this organization or any of its officers, directors, or employees:
   If yes, please attach an explanation.
   (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? □ Yes ☒ No
   (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? □ Yes ☒ No
   (c) Been the subject of a proceeding regarding any solicitation or registration? □ Yes ☒ No
   (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? □ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?
   If yes, please attach an explanation.
   □ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?
   If yes, please attach an explanation.
   □ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or $100,000, whichever dollar amount is less.
   (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? □ Yes ☒ No
   (b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? □ Yes ☒ No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.
BOSTON 2024 PARTNERSHIP, INC.  46-4619141

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

<table>
<thead>
<tr>
<th>During the year:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>B. Has your organization leased assets to or leased assets from a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>C. Has your organization been indebted to a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>D. Has your organization allowed a related party to be indebted to it?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>E. Has your organization made or held an investment in a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>F. Has your organization furnished goods, services, or facilities to a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>G. Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>H. Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>I. Has your organization transferred income or assets to or for use by a related party?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>J. Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director, or trustee receive anything of value not reported as compensation?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>K. Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>L. Is any property of the organization held in the name of or commingled with the property of any other person or organization?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>M. Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors, or trustees has a relationship?</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

STATEMENT 4

11210515 807818 BOSTON2024  2014.03000 BOSTON 2024 PARTNERSHIP, IN BOSTON21
NAME AND ADDRESS

DANIEL O'CONNELL
ONE MARINA PARK DRIVE, 10TH FL
BOSTON, MA 02210

NATURE OF TRANSACTION

PRESIDENT SALARY

PROCEDURE FOLLOWED

BOARD APPROVED

AMOUNT INVOLVED

126,923.

NAME AND ADDRESS

ERIN MURPHY
ONE MARINA PARK DRIVE, 10TH FL
BOSTON, MA 02210

NATURE OF TRANSACTION

EXECUTIVE VICE PRESIDENT SALARY AND BENEFITS

PROCEDURE FOLLOWED

BOARD APPROVED

AMOUNT INVOLVED

113,136.

NAME AND ADDRESS

EMILEY LOCKHART
ONE MARINA PARK DRIVE, 10TH FL
BOSTON, MA 02210

NATURE OF TRANSACTION

VICE PRESIDENT & GENERAL COUNSEL SALARY AND BENEFITS

PROCEDURE FOLLOWED

BOARD APPROVED

AMOUNT INVOLVED

95,309.
Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: [Signature] Date: 5/15/15

Printed Name: RICHARD DAVEY

Title: CHIEF EXECUTIVE OFFICER

Name of Preparer: SMITH, SULLIVAN & BROWN, P.C.

Address 80 FLANDERS ROAD - SUITE #200

City WESTBOROUGH State MA ZIP Code 01581

Phone Number (508) 871-7178
List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BOSTON 2024

BOSTON 2024 OLYMPICS ORGANIZING COMMITTEE

Types of solicitation activities in which you expect to engage (check all that apply):

- Mass Mailing  
- Door-to-door  
- Entertainment event  
- Telemarketing without sale of goods or ads  
- Telemarketing with sale of goods  
- Other (specify):

Identify the method or methods you expect to use for the fundraising (check all that apply):

- Professional solicitor*  
- Professional fundraising counsel*  
- Commercial co-venturer*  
- Own employees  
- Volunteers

* Provide applicable names and addresses:

Professional Solicitor Name: ________________________________
Address ________________________________
City __________________ State __________ ZIP Code __________

Professional Fundraising Counsel Name: SCR & ASSOCIATES, LLC
Address 100 TRADE CENTER, SUITE G-77
City WOBURN State MA ZIP Code 01801

Commercial Co-Venturer Name: ________________________________
Address ________________________________
City __________________ State __________ ZIP Code __________
BOSTON 2024 PARTNERSHIP, INC. 46-4619141
Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

**DANIEL O'CONNELL**
Name and Title: **PRESIDENT**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**

**JOHN FISH**
Name and Title: **TREASURER AND CLERK**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**

**ERIN MURPHY**
Name and Title: **EXECUTIVE VICE PRESIDENT**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

**DANIEL O'CONNELL**
Name and Title: **PRESIDENT**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**

**JOHN FISH**
Name and Title: **TREASURER AND CLERK**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**

**ERIN MURPHY**
Name and Title: **EXECUTIVE VICE PRESIDENT**
Address: **ONE MARINA PARK DRIVE, 10TH FL**
City: **BOSTON** State: **MA** ZIP Code: **02210**
List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

BOSTON 2024

BOSTON 2024 OLYMPICS ORGANIZING COMMITTEE

Types of solicitation activities in which you expect to engage (check all that apply):

<table>
<thead>
<tr>
<th>Activity</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mass Mailing</td>
<td>☐</td>
</tr>
<tr>
<td>Door-to-door</td>
<td>☐</td>
</tr>
<tr>
<td>Entertainment event</td>
<td>☐</td>
</tr>
<tr>
<td>Telemarketing without sale of goods or ads</td>
<td>☐</td>
</tr>
<tr>
<td>Telemarketing with sale of goods</td>
<td>☐</td>
</tr>
<tr>
<td>Telemarketing with sale of ads</td>
<td>☐</td>
</tr>
<tr>
<td>Via the Internet</td>
<td>☑</td>
</tr>
<tr>
<td>Raffle, beano, bingo or gaming event</td>
<td>☐</td>
</tr>
<tr>
<td>Sale of goods other than by telephone</td>
<td>☐</td>
</tr>
<tr>
<td>Individual Mailings</td>
<td>☐</td>
</tr>
<tr>
<td>Corporate solicitations</td>
<td>☐</td>
</tr>
<tr>
<td>Grant Proposals</td>
<td>☐</td>
</tr>
</tbody>
</table>

Other (specify): ______________________________________________________________________

Identify the method or methods you expect to use for the fundraising (check all that apply):

<table>
<thead>
<tr>
<th>Method</th>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional solicitor*</td>
<td>☐</td>
</tr>
<tr>
<td>Professional fundraising counsel*</td>
<td>☑</td>
</tr>
<tr>
<td>Commercial co-venturer*</td>
<td>☐</td>
</tr>
<tr>
<td>Own employees</td>
<td>☑</td>
</tr>
<tr>
<td>Volunteers</td>
<td>☑</td>
</tr>
</tbody>
</table>

* Provide applicable names and addresses:

Professional Solicitor Name: ____________________________________________________________

Address _____________________________

City _____________________________ State ______________ ZIP Code __________

Professional Fundraising Counsel Name: SCR & ASSOCIATES, LLC

Address 100 TRADE CENTER, SUITE G-77

City WOBURN State MA ZIP Code 01801

Commercial Co-Venturer Name: _________________________________________________________

Address _____________________________

City _____________________________ State ______________ ZIP Code __________
BOSTON 2024 PARTNERSHIP, INC. 46-4619141
Schedule A-2 ctd.
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity’s custody of contributions:

ERIN MURPHY
Name and Title: EXECUTIVE VICE PRESIDENT
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210

STEVE PAGLIUCA
Name and Title: VICE CHAIRMAN
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210

RICHARD DAVEY
Name and Title: CHIEF EXECUTIVE OFFICER
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210

Identify the individuals who will have final responsibility for the charity’s distribution of contributions:

ERIN MURPHY
Name and Title: EXECUTIVE VICE PRESIDENT
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210

STEVE PAGLIUCA
Name and Title: VICE CHAIRMAN
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210

RICHARD DAVEY
Name and Title: CHIEF EXECUTIVE OFFICER
Address: ONE MARINA PARK DRIVE, 10TH FL
City: BOSTON State: MA ZIP Code: 02210
Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: ____________________________ Date: 5/15/15
Print Name: RICHARD DAVEY
Title: CHIEF EXECUTIVE OFFICER

Signature: ____________________________ Date: 5/15/15
Print Name: JOHN FISH
Title: TREASURER & CLERK