

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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 Inspection

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

A For the 2006 calendar year, or tax year beginning _____ **and ending** _____

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

C Name of organization
THE PROGERIA RESEARCH FOUNDATION, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 3453
 City or town, state or country, and ZIP + 4
PEABODY, MA 01961-3453

D Employer identification number
04-3460220

E Telephone number
978-535-2594

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).

G Website: WWW.PROGERIARESEARCH.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,613,748.**

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 **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **N/A**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				1,534,298.							
c Indirect public support (not included on line 1a)											
d Government contributions (grants) (not included on line 1a)				25,000.							
e Total (add lines 1a through 1d) (cash \$ 1,559,298. noncash \$ _____) ...										1,559,298.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										2	
3 Membership dues and assessments										3	
4 Interest on savings and temporary cash investments										18,237.	
5 Dividends and interest from securities										5	
6 a 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	
8 a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
b Less: cost or other basis and sales expenses		8a		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). If any amount is from gaming, check here <input type="checkbox"/>											
a Gross revenue (not including \$ 0. of contributions reported on line 1b)		9a		36,213.							
b Less: direct expenses other than fundraising expenses		9b		5,552.							
c Net income or (loss) from special events. Subtract line 9b from line 9a				SEE STATEMENT 1						30,661.	
10 a 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 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										1,608,196.	
13 Program services (from line 44, column (B))										574,021.	
14 Management and general (from line 44, column (C))										86,779.	
15 Fundraising (from line 44, column (D))										29,511.	
16 Payments to affiliates (attach schedule)										16	
17 Total expenses. Add lines 16 and 44, column (A)										690,311.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										917,885.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										257,992.	
20 Other changes in net assets or fund balances (attach explanation)										0.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										1,175,877.	

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 462,076 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	462,076.	462,076.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 3	51,115.	20,446.	17,890.	12,779.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	55,781.	22,312.	33,469.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	6,168.	2,628.	3,254.	286.
30 Professional fundraising fees				
31 Accounting fees	2,030.		2,030.	
32 Legal fees				
33 Supplies	3,713.		3,713.	
34 Telephone				
35 Postage and shipping	9,813.	9,313.	500.	
36 Occupancy	8,100.	1,620.	6,480.	
37 Equipment rental and maintenance	6,159.		6,159.	
38 Printing and publications	30,378.	28,534.	1,844.	
39 Travel	8,376.	4,717.		3,659.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	450.		450.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	46,152.	22,375.	10,990.	12,787.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	690,311.	574,021.	86,779.	29,511.

Joint Costs. Check if you are following SOP 98-2.

Are 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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a "SEE ATTACHED"	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	574,021.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	574,021.

Part IV Balance Sheets (See the 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	98,923.	45		
	46 Savings and temporary cash investments	32,999.	46	1,037,091.	
	47 a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges			53	
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
	56 Investments - other	SEE STATEMENT 6	156,692.	56	161,100.
57 a Land, buildings, and equipment: basis	57a	5,562.			
b Less: accumulated depreciation STMT 7	57b	4,886.			
58 Other assets, including program-related investments (describe ▶		1,126.	57c	676.	
58			58		
59 Total assets (must equal line 74). Add lines 45 through 58		289,740.	59	1,198,867.	
Liabilities	60 Accounts payable and accrued expenses	29,030.	60	20,198.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ PAYROLL TAXES		2,718.	65	2,792.
66 Total liabilities. Add lines 60 through 65		31,748.	66	22,990.	
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	257,992.	67	1,050,877.	
	68 Temporarily restricted		68	125,000.	
	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 and column (B) must equal line 21)		257,992.	73	1,175,877.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		289,740.	74	1,198,867.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Row 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. Row 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? Row 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? Row 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row contains the word 'NONE' under column (A).

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Row 76: Did the organization make a change in its activities or methods of conducting activities? Row 77: Were any changes made in the organizing or governing documents but not reported to the IRS? Row 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Row 78b: If "Yes," has it filed a tax return on Form 990-T for this year? Row 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? Row 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? Row 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. Row 81a: Enter direct or indirect political expenditures. Row 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82 a 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?
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
88 a 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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911
89 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?
90 a List the states with which a copy of this return is filed
91 a The books are in care of
91 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

Yes No

If "Yes," enter the name of the foreign country N/A

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 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					18,237.
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					30,661.
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))		0.		0.	48,898.
105 Total (add line 104, columns (B), (D), and (E))					48,898.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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).

95 INTEREST ON CASH USED TO PROVIDE FOR PROGRAM ACCOMPLISHMENTS

101 CASH USED TO PROVIDE FOR PROGRAM ACCOMPLISHMENTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

				Yes	No
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date 11/13/07 Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **MATRIX FINANCIAL LLC**
60 WALNUT STREET
WELLESLEY, MA 02481

Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____

Phone no. **781-943-4100**

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 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

2006

Name of the organization

THE PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04: 3460220

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	1	X
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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	403,337.	472,644.	261,758.	237,318.	1,375,057.
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	190,986.	43,429.	124,764.	18,500.	377,679.
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	8,981.	8,077.	5,389.	8,313.	30,760.
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	603,304.	524,150.	391,911.	264,131.	1,783,496.
24 Line 23 minus line 17	412,318.	480,721.	267,147.	245,631.	1,405,817.
25 Enter 1% of line 23	6,033.	5,242.	3,919.	2,641.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 28,116.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 418,992.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,405,817.
d Add: Amounts from column (e) for lines: 18 30,760. 19 _____ 22 _____ 26b 418,992.					26d 449,752.
e Public support (line 26c minus line 26d total)					26e 956,065.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 68.0078%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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?		
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?		
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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations												
	N/A													
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 -														
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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													
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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization

THE PROGERIA RESEARCH FOUNDATION, INC.

Employer identification number

04-3460220

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions
for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization THE PROGERIA RESEARCH FOUNDATION, INC.	Employer identification number 04-3460220
---	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AMERIGO BASSO	\$ 50,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	HAROLD KUSHNER	\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ANNOYMOUS DONOR	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ROBERT K AND GRETCHEN MORRISON	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE YAWKEY FOUNDATION	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	YEAR ONE INC	\$ 82,476.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MANAGEMENT AND GENERAL EQUIPMENT	06/10/12	DB	7.00	17	5,562.			5,562.	4,436.		450.
	* 990 PAGE 2 TOTAL					5,562.		0.	5,562.	4,436.	0.	450.
	* GRAND TOTAL 990 PAGE 2 DEPR					5,562.		0.	5,562.	4,436.	0.	450.

(D) - Asset disposed

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

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SPECIAL EVENTS	36,213.		36,213.	5,552.	30,661.	
TO FM 990, PART I, LINE 9	36,213.		36,213.	5,552.	30,661.	

FORM 990	OTHER EXPENSES				STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
INSURANCE	3,256.		3,256.			
OFFICE EXPENSE	4,622.			4,622.		
DUES & MEMEBERSHIPS	869.		869.			
CONSULTANTS	13,787.	12,267.	1,520.			
COMPUTER EXPENSES	115.		115.			
PROFESSIONAL DEVELOPMENT	490.		490.			
ONLINE BILLING COMMUNICATIONS	1,600.		1,600.			
TAX - OTHER	8,212.	5,322.	2,890.			
PROGRAM ADMIN SOFTWARE	250.		250.			
	4,786.	4,786.				
	8,165.			8,165.		
TOTAL TO FM 990, LN 43	46,152.	22,375.	10,990.	12,787.		

FORM 990	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	AMOUNT	
ANNUITY INVESTMENT	MARKET VALUE	161,100.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		161,100.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	5,562.	4,886.	676.
TOTAL TO FORM 990, PART IV, LN 57	5,562.	4,886.	676.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SCOTT BERNS, MD, MPH 19 MITCHELL DRIVE FOXBORO, MA 02035-2701	DIRECTOR 1.00	0.	0.	0.
CARL ALVITI, CPA 5 LEBLANC DRIVE PEABODY, MA 01960	DIRECTOR 1.00	0.	0.	0.
MONICA KLEINMAN, MD 77 RICHARDS AVE SHARON, MA 02067	DIRECTOR 1.00	0.	0.	0.
AUDREY GORDON 17 PINE STREET PEABODY, MA 01960	PRESIDENT 40.00	45,000.	6,115.	0.
CARL ALVITI 5 LEBLANC DRIVE PEABODY, MA 01960	TREASURER 1.00	0.	0.	0.

BARBARA GORDON 16 NEPTUNE STREET BEVERLY, MA 01915	CLERK 2.00	0.	0.	0.
HAROLD KUSHNER 20 ROBIN HOOD ROAD NATICK, MA 01760	DIRECTOR 1.00	0.	0.	0.
SUZETTE KUSHNER 20 ROBIN HOOD ROAD NATICK, MA 01760	DIRECTOR 1.00	0.	0.	0.
LESLIE GORDON 19 MITCHELL DRIVE FOXBORO, MA 02035-2701	DIRECTOR 1.00	0.	0.	0.
JOHN J SENG SPECTRUM SCIENCE COMMUNICATIONS, 2000 K STREET, NW, 2ND FL WASHINGTON, DC 02067	DIRECTOR 1.00	0.	0.	0.
MARCIA SHAPIRO 149 POND STREET SHARON, MA 02067	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>45,000.</u>	<u>6,115.</u>	<u>0.</u>

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 9

INDIVIDUAL'S NAME

TITLE OR ROLE

AUDREY GORDON

PRESIDENT

INDIVIDUAL'S NAME

TITLE OR ROLE

LESLIE GORDON

DIRECTOR

EXPLANATION OF RELATIONSHIP

SISTERS

INDIVIDUAL'S NAME

TITLE OR ROLE

BARBARA GORDON

CLERK

INDIVIDUAL'S NAME

TITLE OR ROLE

AUDREY GORDON

PRESIDENT

EXPLANATION OF RELATIONSHIP

MOTHER/DAUGHTER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
BARBARA GORDON	CLERK

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
LESLIE GORDON	DIRECTOR

EXPLANATION OF RELATIONSHIP
MOTHER/DAUGHTER

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
SCOTT BERNS	DIRECTOR

<u>INDIVIDUAL'S NAME</u>	<u>TITLE OR ROLE</u>
LESLIE GORDON	DIRECTOR

EXPLANATION OF RELATIONSHIP
HUSBAND & WIFE

THE PROGERIA RESEARCH FOUNDATION
2006 FORM 990
PART III I(a)
STATEMENT 10

2006 Grants Supported by The Progeria Research Foundation

December 2004 – November 2006: To Robert D. Goldman, PhD and Dale Shumaker, PhD, Northwestern University Medical School, Chicago, Illinois
The Effects of the Major Mutation on Human Lamin A's Function in DNA Replication

Drs. Goldman and Shumaker seek to determine the molecular basis by which the Progeria gene mutations alter nuclear function to cause the premature aging effects seen in children with Progeria. This will shed light on the basic mechanisms responsible for the age-related disorders in the children, information critical to determining ways to combat the progression of the disease.

January 2005 – December 2006: To Stephen Young, PhD:
"Genetic Experiments in Mice to Understand Progeria".

The aim of this research project is to use mouse models to build an intellectual foundation for designing appropriate therapies for Hutchinson-Gilford Progeria Syndrome caused by the accumulation of a mutant prelamin A (frequently called "progerin") within cells. Dr. Young's laboratory will create a mouse model of Progeria and use that model to understand how the genetic change in Progeria leads to heart disease. As concluded from the **BMT workshop**, the study of mouse models is a critical next-step in the process to discover treatments and the cure for Progeria. Dr. Young writes, "During the past few years, we have created several animal models to explore lamin A/C biology...We are absolutely convinced that thorough analyses of these mouse models will yield insights relevant to the design of therapies for HGPS.

April 2004 – March 2006: To Monica Mallampalli, Ph D, and Susan Michaelis, PhD: "Structure, Location and Phenotypic Analysis of Progerin, the mutant form of prelamin A in HGPS"

This project aims to define the structure of progerin (the abnormal protein in HGPS), develop a cell culture system that allows them to study localization of progerin; and generate progerin-specific antibodies and aptamers for the analysis of function and distribution of progerin in cells and tissues of HGPS patients. Understanding progerin structure and determining how progerin gives rise to the disease state will help reveal the molecular mechanism of HGPS, facilitating rational approaches for the development of treatments.

January 2005 – December 2006: To Dr. Karima Djabali, PhD, Columbia University, New York, NY:

Defining progerin dominant negative effects on the nuclear functions in HGPS cells
Dr. Djabali will conduct a fascinating series of experiments aimed at demonstrating the direct relationship of the genetic defect in Hutchinson Gilford Progeria Syndrome to numerous important binding partners in order to characterize the biological basis of

disease in Progeria. This work will provide the basic data needed to lead to potential treatments.

June 2005 – May 2007: To Lucio Comai, PhD, University of Southern California, Los Angeles, CA *“Functional Analysis of Hutchinson-Gilford Progeria Syndrome”*

Dr. Comai hypothesizes that expression of the mutant Lamin A protein progerin (that causes Progeria) results in premature aging and cardiac disease as a consequence of altered composition and function of Lamin A-containing complexes within the nucleus. To test this hypothesis, he will seek to identify cellular factors that differentially interact with lamin A and progerin. These studies will provide critical information on the molecular defects of Progeria, as we work toward developing treatments at the cellular level.

June 2005 – May 2007: To Loren G. Fong, PhD, University of California, Los Angeles, CA

New Mouse Models to Study the Cause of Hutchinson-Gilford Progeria Syndrome

Since the discovery of the Progeria gene mutation more than 2 years ago, efforts have gone on in several laboratories to create a mouse that produces the "bad" lamin A (progerin) made in Progeria. Dr. Fong and his colleagues have succeeded in doing this, and now will investigate the effects of mouse progerin on the growth and metabolic properties of cells, the development of atherosclerosis, bone abnormalities and lipodystrophy in the whole animal, and finally to test whether any abnormalities can be reversed by farnesyl transferase inhibitors, at present the leading candidates for treatment of Progeria.

August 2006 – July 2008: To Zhongjun Zhou, PhD, University of Hong Kong, China *Stem cell therapy of Laminopathy-based Premature Aging*

Stem cells are the cells that can self-renew and differentiate into a variety of different cell types. They are important because they replace the worn-out cells in the body and maintain the functional integrity of our body. The various tissues in our bodies are rapidly renewed by stem cells and it is common that stem cells decline in aged people. We hypothesize that potential of stem cells in HGPS patients are compromised and cannot provide enough new cells for the renewal of various tissues, therefore leading to accelerated ageing processes. In this project, Dr. Zhou will use a mouse model for HGPS to test if the number and the functions of stem cells in HGPS mice are declined and whether stem cells (bone marrow) derived from healthy mice will rescue the ageing phenotypes in HGPS mice. He will also investigate how the stem cells are affected in HGPS. This work directly tests the feasibility of a potential therapeutic strategy for laminopathy-based premature aging.

August 2006 – July 2008: To Michael Sinensky, PhD, East Tennessee State University, Johnson City, TN *Effect of FTIs' on the Structure and Activity of Progerin*

Hutchinson-Gilford Progeria Syndrome (HGPS) arises from a novel mutation in the gene encoding the protein prelamin A. Normally, prelamin A undergoes a series of biochemical alterations which allow it to form a part of a structure in the nucleus called the nuclear lamina. The mutant prelamin A formed in HGPS (called progerin) is defective in the last of these biochemical alterations leading to accumulation of an intermediate molecule bearing a lipid group referred to as farnesyl. Compounds, called FTIs, which block the formation of this lipid bearing version of progerin have been postulated to be of therapeutic use in the treatment of HGPS. In this proposal we describe tests of the hypothesis that progerin exhibits novelties in its molecular structure that are secondary to adding farnesyl, particularly addition of phosphate. This hypothesis will be tested as will the effects of FTIs on these postulated additions of phosphate

June 2006 – July 2008: To Jan Lammerding, PhD, Brigham and Women's Hospital, Cambridge, MA

The role of nuclear mechanics and mechanotransduction in Hutchinson-Gilford Progeria syndrome and the effect of farnesyltransferase inhibitor treatment

Hutchinson-Gilford Progeria Syndrome (HGPS) is caused by mutations in the gene encoding lamin A/C. Dr. Lammerding recently demonstrated that cells lacking lamin A/C are mechanically more fragile and have increased cell death and decreased protective cellular signaling in response to mechanical stimulation. Abnormal mechanical sensitivity in response to blood flow and vessel expansion could render blood vessels more susceptible to atherosclerosis, the leading cause of death in HGPS. Furthermore, increased sensitivity to mechanical stress could also contribute to bone and muscle abnormalities seen in HGPS patients. In this project, Dr. Lammerding will conduct a series of experiments to evaluate if cells from Hutchinson-Gilford Progeria syndrome patients are more susceptible to damage through mechanical stimulation. In addition, Dr. Lammerding's experiments will test if treatment with farnesyl-transferase inhibitors (FTI), a promising new drug for HGPS, can reverse the mechanical deficiencies in HGPS cells and thus lead to a reversal of some of the tissue-specific disease phenotypes.

June 2006 – May 2008: To Tom Misteli, PhD, National Cancer Institute, NIH, Bethesda, MD

Molecular Therapy Approaches for HGPS via correction of pre-mRNA Splicing

Dr. Misteli and his team are developing novel therapeutic strategies for progeria. His group's work focuses on interfering with the production of the progerin protein using highly specific molecular tools and to find novel small molecules to counteract the detrimental effects of the progerin protein in patient cells. These efforts will lead to a detailed cell biological understanding of progeria cells and bring us closer to a molecularly based therapy for progeria.

Hutchinson-Gilford Progeria Syndrome (HGPS) arises from a novel mutation in the gene encoding the protein prelamin A. Normally, prelamin A undergoes a series of biochemical alterations which allow it to form a part of a structure in the nucleus called the nuclear lamina. The mutant prelamin A formed in HGPS (called progerin) is defective in the last of these biochemical alterations leading to accumulation of an intermediate molecule bearing a lipid group referred to as farnesyl. Compounds, called FTIs, which block the formation of this lipid bearing version of progerin have been postulated to be of therapeutic use in the treatment of HGPS. In this proposal we describe tests of the hypothesis that progerin exhibits novelties in its molecular structure that are secondary to adding farnesyl, particularly addition of phosphate. This hypothesis will be tested as will the effects of FTIs on these postulated additions of phosphate

June 2006 – July 2008: To Jan Lammerding, PhD, Brigham and Women's Hospital, Cambridge, MA

The role of nuclear mechanics and mechanotransduction in Hutchinson-Gilford Progeria syndrome and the effect of farnesyltransferase inhibitor treatment

Hutchinson-Gilford Progeria Syndrome (HGPS) is caused by mutations in the gene encoding lamin A/C. Dr. Lammerding recently demonstrated that cells lacking lamin A/C are mechanically more fragile and have increased cell death and decreased protective cellular signaling in response to mechanical stimulation. Abnormal mechanical sensitivity in response to blood flow and vessel expansion could render blood vessels more susceptible to atherosclerosis, the leading cause of death in HGPS. Furthermore, increased sensitivity to mechanical stress could also contribute to bone and muscle abnormalities seen in HGPS patients. In this project, Dr. Lammerding will conduct a series of experiments to evaluate if cells from Hutchinson-Gilford Progeria syndrome patients are more susceptible to damage through mechanical stimulation. In addition, Dr. Lammerding's experiments will test if treatment with farnesyl-transferase inhibitors (FTI), a promising new drug for HGPS, can reverse the mechanical deficiencies in HGPS cells and thus lead to a reversal of some of the tissue-specific disease phenotypes.

June 2006 – May 2008: To Tom Misteli, PhD, National Cancer Institute, NIH, Bethesda, MD

Molecular Therapy Approaches for HGPS via correction of pre-mRNA Splicing

Dr. Misteli and his team are developing novel therapeutic strategies for progeria. His group's work focuses on interfering with the production of the progerin protein using highly specific molecular tools and to find novel small molecules to counteract the detrimental effects of the progerin protein in patient cells. These efforts will lead to a detailed cell biological understanding of progeria cells and bring us closer to a molecularly based therapy for progeria.

2006 Research-Related Projects Supported by PRF

- ❖ **Cell & Tissue Bank:** The PRF Cell & Tissue Bank provides medical researchers with genetic and biological material from Progeria patients and their families, so that research on Progeria and other aging-related diseases can be performed to bring us closer to finding the cure. PRF has collected 65 cell lines from affected children worldwide (with ages ranging from 8 months to 17 years), and 40 lines from their immediate relatives.
- ❖ **Medical & Research Database:** The database is an archive of medical records of Progeria patients from all over the world. The data is rigorously analyzed to determine the best course of treatments to improve the patient's quality of life. This information is invaluable for the attending physician to guide the family through the best course of action. To date, PRF has enrolled 70 children in the program, and published three formal healthcare recommendations: Cardiac Care, Nutrition, and Occupational Therapy/Physical Therapy.
- ❖ **Diagnostic Testing:** PRF developed a diagnostic test for Progeria in the wake of the 2003 gene discovery so that children, their families and medical caretakers can for the first time be given a definitive, scientific diagnosis. This can translate into earlier diagnosis, fewer misdiagnoses and early medical intervention to ensure a better quality of life for the children.

The Principal Investigator for the three programs described above is Leslie B. Gordon, MD, PhD, PRF's Medical Director, and the Project Coordinator is Susan Campbell, MA, from Brown University's center for Gerontology.

- ❖ **Scientific Workshops on Progeria:** PRF has organized four scientific conferences that have brought together scientists and clinicians from all over the world to share their expertise and cutting edge scientific data, and foster collaboration in the fight against this devastating lethal disease.
- ❖ **Research Grants:** PRF has awarded 23 research grants through peer review by our volunteer Medical Research Committee. Awards of up to \$100,000, for up to two years, have allowed innovative new research in Progeria to thrive.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II		Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	THE PROGERIA RESEARCH FOUNDATION, INC.		04-3460220
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3453		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PEABODY, MA 01961-3453		

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 (sec. 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.

- The books are in the care of **CARL ALVITI, CPA**
Telephone No. **781-943-4100** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**

5 For calendar year **2006**, or other tax year beginning _____, and ending _____.

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
ADDITIONAL TIME IS NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN

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.	8a	\$	
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.	8b	\$	
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.	8c	\$	N/A

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 Title Date

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 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 extended 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 MATRIX FINANCIAL LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 60 WALNUT STREET
	City or town, province or state, and country (including postal or ZIP code) WELLESLEY, MA 02481

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