### Part I Summary

1. Briefly describe the organization’s mission or most significant activities:
   
   **To aid those impacted by rare disabilities and diseases with a goal to help them achieve success and to fund a cure**

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

3. Number of voting members of the governing body (Part IV, line 1a) ......... 3

4. Number of independent voting members of the governing body (Part VI, line 1b) ......... 4

5. Total number of individuals employed in calendar year 2015 (Part V, line 2a) ......... 3

6. Total number of volunteers (estimate if necessary) ......... 32

7a. Total unrelated business revenue from Part VIII, column (C), line 12 ......... 0

    7b. Net unrelated business taxable income from Form 990-T, line 34 ......... 0

8. Contributions and grants (Part VIII, line 1h) ............... 251,725

9. Program service revenue (Part VIII, line 2g) ............... 2,151,146

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) ............... 26,644

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ............... 3,725

12. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ............... 3,725

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) ............... 26,644

14. Benefits paid to or for members (Part IX, column (A), lines 4) ............... 2,024

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ............... 219,170

16a. Professional fundraising fees (Part IX, column (A), line 11a) ............... 1,708

    b. Total fundraising expenses (Part IX, column (D), line 25) ............... 2,922

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ............... 29,566

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ............... 43,469

19. Net assets or fund balances. Subtract line 18 from line 12 ............... 17,706

### Part II Signature Block

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

**Signature of officer**

**Date**

**Davey M. Sehwani, Chairman**

**Type or print name and title**

**Firm's name**

**Firm's EIN**

**Phone no.**

**Paid Preparer Use Only**

**Firm's name**

**Firm's address**

**Check if self-employed**

**PTIN**

**Check if self-employed**

**Yes**

**No**

May the IRS discuss this return with the preparer shown above? (see instructions)