

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

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

OMB No 1545-0047

2000Open to Public
Inspection**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001****B** Check if applicable

- ☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return (use also for state reporting)

Please use IRS label or print or type See Specific Instructions

C Name of organization**THE BRAIN TUMOR SOCIETY, INC.**

Number and street (or P O box if mail is not delivered to street address)

124 WATERTOWN STREETRoom/suite
3H

City or town, state or country, and ZIP

WATERTOWN, MA 02472-2500**D** Employer identification number**04-3068130****E** Telephone number**617-924-9997****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527
OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** 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.

(H and I are not applicable to section 527 orgs.)

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? **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** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a	1,622,678.			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ 1,622,678. noncash \$)	1d	1,622,678.			
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	4				
5 Dividends and interest from securities	5	63,121.			
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 sale of assets other than inventory	(A) Securities		(B) Other		
	8a	279,000.			
b Less cost or other basis and sales expenses	8b	278,729.			
c Gain or (loss) (attach schedule)	8c	271.			
d Net gain or (loss) (combine line 8c columns (A) and (B)) STMT 1	8d	271.			
9 Special events and activities (attach schedule)					
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	1,066,896.			
b Less direct expenses other than fundraising expenses	9b	115,599.			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	951,297.			
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	1,740.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,639,107.			
13 Program services (from line 44, column (B))	13	1,084,831.			
14 Management and general (from line 44, column (C))	14	116,279.			
15 Fundraising (from line 44, column (D))	15	22,516.			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	1,223,626.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,415,481.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,681,342.			
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	3,650.			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,100,473.			

123001 LHA For Paperwork Reduction Act Notice, see page 1 of the separate Instructions

Form 990 (2000) 13

12060703 758529 28051-01 2000.09000 THE BRAIN TUMOR SOCIETY, IN 28051-01

SCANNED AUG 12 '02

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 (attach schedule) cash \$587,626. noncash \$	22 587,626.	587,626.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 69,907.	55,926.	13,981.	0.
26 Other salaries and wages	26 182,058.	162,024.	6,176.	13,858.
27 Pension plan contributions	27			
28 Other employee benefits	28 18,168.	15,716.	1,453.	999.
29 Payroll taxes	29 22,694.	19,630.	1,816.	1,248.
30 Professional fundraising fees	30			
31 Accounting fees	31 15,040.		15,040.	
32 Legal fees	32			
33 Supplies	33 28,247.	15,732.	12,515.	
34 Telephone	34 8,013.	7,212.	801.	
35 Postage and shipping	35 14,430.	13,997.	433.	
36 Occupancy	36 47,304.	39,262.	8,042.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 1,326.	1,260.	66.	
39 Travel	39 17.	17.		
40 Conferences, conventions and meetings	40 50,901.	37,763.	13,138.	
41 Interest	41			
42 Depreciation, depletion etc (attach schedule)	42 4,931.	3,057.	1,874.	
43 Other expenses (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 172,964.	125,609.	40,944.	6,411.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 1,223,626.	1,084,831.	116,279.	22,516.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

► ☐ 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 Accomplishments

What is the organization's primary exempt purpose? ► SEE STATEMENT 5

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.)

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

a BASIC SCIENTIFIC RESEARCH, EDUCATION, PATIENT, AND FAMILY SUPPORT.

(Grants and allocations \$ 587,626.) 1,084,831.

b

(Grants and allocations \$)

c

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule)

(Grants and allocations \$)

f Total of Program Service Expenses (should equal line 44, column (B) Program services)

► 1,084,831.

Part IV Balance Sheets

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	67,569.	45	413,292.
	46 Savings and temporary cash investments	208,231.	46	318,318.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a 1,235,408.		
	b Less allowance for doubtful accounts	48b 2,960.	451,882.	48c 1,232,448.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	1,950.	52	
	53 Prepaid expenses and deferred charges	4,543.	53	1,338.
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,032,896.	54	1,139,004.
	55 a Investments - land, buildings and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment basis	57a 64,826.			
b Less accumulated depreciation STMT 9	57b 46,183.	11,327.	57c 18,643.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	11,412.	58	3,739.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,789,810.	59	3,126,782.	
Liabilities	60 Accounts payable and accrued expenses	108,468.	60	26,309.
	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 <input type="checkbox"/>)		65	
66 Total liabilities (add lines 60 through 65)	108,468.	66	26,309.	
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	798,206.	67	1,356,516.
	68 Temporarily restricted	883,136.	68	1,743,957.
	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)	1,681,342.	73	3,100,473.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,789,810.	74	3,126,782.

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.

	N/A	Yes	No
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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

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					
96 Dividends and interest from securities			14	63,121.	
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			18	271.	
101 Net income or (loss) from special events					951,297.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISC REVENUE					1,740.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		63,392.	953,037.
105 Total (add line 104, columns (B), (D), and (E))					1,016,429.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

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)
101	ACTIVITIES SPONSORED BY THE ORGANIZATION HELPED RAISE AWARENESS OF THE ORGANIZATION'S PURPOSE AND BEING.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

- (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

accompanying schedules and statements and to the best of my knowledge and belief it is true, information of which preparer has any knowledge (Important: See General Instruction W)

2/15/02 Michael E Corkin, Treas

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

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

OMB No 1545-0047

2000

Name of the organization

THE BRAIN TUMOR SOCIETY, INC.

Employer identification number

04 3068130

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 & deferred compensation	(e) Expense account and other allowances
ROBERTA CALHOUN C/O THE BRAIN TUMOR SOCIETY, INC.	SOCIAL WORKER 40	52,028.	4,918.	
Total number of other employees paid over \$50,000	2			

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	0	

Part III Statements About Activities

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: \$ _____ 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 of its 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?			
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)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X	
4 a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	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. (See page 2 of the instructions.) SEE STATEMENT 13			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the 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, page 5.)
- 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 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 page 5 of the 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 page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2000

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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	666,573.	760,709.	874,893.	712,984.	3,015,159.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose					
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	53,628.	30,162.	28,331.	35,701.	147,822.
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.	866,239.	463,190.	SEE STATEMENT 14 225,421.	148,065.	1,702,915.
23 Total of lines 15 through 22	1,586,440.	1,254,061.	1,128,645.	896,750.	4,865,896.
24 Line 23 minus line 17	1,586,440.	1,254,061.	1,128,645.	896,750.	4,865,896.
25 Enter 1% of line 23	15,864.	12,541.	11,286.	8,968.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
					26a 97,318.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.			SEE STATEMENT 15		26b 145,289.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 4,865,896.
d Add: Amounts from column (e) for lines	18 147,822.	19			
	22 1,702,915.	26b 145,289.			26d 1,996,026.
e Public support (line 26c minus line 26d total)					26e 2,869,870.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 58.9793%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year.				
	(1999) N/A	(1998)	(1997)	(1996)	
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) 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.	(1999) N/A	(1998)	(1997)	(1996)	
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 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V**Private School Questionnaire**

(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?

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?

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

35

Schedule A (Form 990 or 990-EZ) 2000

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here ☐ If the organization belongs to an affiliated groupCheck here ☐ If you checked "a" above 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 -		
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 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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)

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)

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

Schedule B
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

THE BRAIN TUMOR SOCIETY, INC.

Employer identification number
04-3068130

Organization type (check one)-Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ) Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000 aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note. You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

THE BRAIN TUMOR SOCIETY, INC.

04-3068130

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>100,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>76,400.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>50,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ <u>100,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ <u>100,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 15
INCLUDED ON PART IV, LINE 26B

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	240,413.	143,095.
	99,512.	2,194.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		145,289.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE EQUIPMENT	061590SL		5.00	19	9,690.			9,690.	9,690.		0.
2	OFFICE EQUIPMENT	061593SL		5.00	19	7,100.			7,100.	6,406.		694.
3	EQUIPMENT	061592SL		5.00	19	1,699.			1,699.	1,699.		0.
4	EQUIPMENT	061593SL		5.00	19	1,950.			1,950.	1,917.		33.
5	TELEPHONE	061592SL		5.00	19	1,051.			1,051.	1,051.		0.
6	TELEPHONE	061593SL		5.00	19	1,325.			1,325.	1,302.		23.
7	SOFTWARE	120695SL		3.00	19	3,500.			3,500.	3,500.		0.
8	SOFTWARE	091296SL		3.00	19	300.			300.	293.		7.
9	HARDWARE	120795SL		5.00	19	1,902.			1,902.	1,552.		350.
10	HARDWARE	122895SL		5.00	19	4,489.			4,489.	4,265.		224.
11	HARDWARE	011796SL		5.00	19	910.			910.	865.		45.
12	HARDWARE	012296SL		5.00	19	3,036.			3,036.	2,883.		153.
13	HARDWARE	020796SL		5.00	19	1,883.			1,883.	1,758.		125.
14	HARDWARE	072496SL		5.00	19	1,750.			1,750.	1,458.		292.
15	TELEPHONE	020399SL		5.00	19	1,525.			1,525.	508.		305.
16	OFFICE EQUIPMENT	061599SL		5.00	19	3,125.			3,125.	833.		625.
17	OFFICE EQUIPMENT	061599SL		5.00	19	2,487.			2,487.	663.		497.
18	OFFICE EQUIPMENT	093099SL		5.00	19	2,011.			2,011.	402.		402.

FORM 990 PAGE 2

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Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction in Basis - IRC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Or Depreciation
19	COMPUTER	02/01/00	SL	5.00	19	685.			685.	91.		137.
20	COMPUTER	02/01/00	SL	5.00	19	685.			685.	91.		137.
21	HARDWARE	09/01/00	SL	5.00	19	1,475.			1,475.	25.		295.
22	SOFTWARE	03/31/01	SL	5.00	19	8,063.			8,063.			18.
23	HARDWARE	11/28/00	SL	5.00	19	975.			975.			163.
24	COMPUTER	03/28/01	SL	5.00	19	1,870.			1,870.			187.
25	COMPUTER	01/17/01	SL	5.00	19	840.			840.			119.
26	COMPUTER	10/14/00	SL	5.00	19	500.			500.			100.
* TOTAL 990 PAGE 2 DEPR						64,826.		0.	64,826.	41,252.	0.	4,931.

(D) - Asset disposed

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED CORPORATE BONDS	279,000.	278,729.	0.	271.
TO FORM 990, PART I, LINE 8	279,000.	278,729.	0.	271.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
JOSEPH LEPORE GOLF TOURNAMANT	35,205.		35,205.		35,205.
RILEY'S WALK	38,652.		38,652.		38,652.
RIDE FOR RESEARCH 2001	523,031.		523,031.	31,943.	491,088.
5K 2001 WALK	267,043.		267,043.	42,329.	224,714.
LINKS 2001	104,542.		104,542.	14,368.	90,174.
MARINO RAINBOW	16,381.		16,381.		16,381.
MARATHON	11,972.		11,972.		11,972.
SHAVE RAVE EVENT	57,259.		57,259.		57,259.
OTHER SPECIAL EVENTS	12,811.		12,811.	26,959.	<14,148.>
TO FM 990, PART I, LINE 9	1,066,896.		1,066,896.	115,599.	951,297.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,650.
TOTAL TO FORM 990, PART I, LINE 20	3,650.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ANNUAL REPORT	337.	0.	337.	
BANK CHARGES	1,585.	0.	1,585.	
DEVELOPMENT	39,052.	19,527.	13,668.	5,857.
DUES AND SUBSCRIPTIONS	11,649.	9,319.	2,330.	
INSURANCE	4,461.	0.	4,461.	
SYMPOSIUM	10,388.	10,388.		
NABT COALITION	15,338.	15,338.		
WORKSHOP	4,235.	0.	4,235.	
NEWSLETTER	43,037.	30,126.	12,911.	
STAFF TRAINING	100.	100.		
TEMPORARY HELP	2,133.	747.	832.	554.
GRANT SELECTION EXPENSE	30,371.	30,371.		
RECRUITMENT FEES	670.	670.		
SUPPORT	7,408.	7,408.		
BAD DEBT EXPENSE	250.	250.		
MISCELLANEOUS	1,950.	1,365.	585.	
TOTAL TO FM 990, LN 43	172,964.	125,609.	40,944.	6,411.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
	PART III		

EXPLANATION

TO PROVIDE FUNDS FOR BASIC SCIENTIFIC RESEARCH TO FIND A CURE FOR BRAIN TUMORS AND TO PROVIDE EDUCATIONAL INFORMATION AND SUPPORT TO BRAIN TUMOR PATIENTS AND THIER FAMILIES.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
			NONE	587,626.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				587,626.

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	7
DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES	
MONEY MARKET FUNDS				1,086,517.	1,086,517.	
TO FM 990, LN 54 COL B				1,086,517.	1,086,517.	

FORM 990	GOVERNMENT SECURITIES			STATEMENT	8
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES		
US OBLIGATIONS	52,487.		52,487.		
TOTAL TO FORM 990, LINE 54, COL B	52,487.		52,487.		

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	9
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE		
OFFICE EQUIPMENT	9,690.	9,690.	0.		
OFFICE EQUIPMENT	7,100.	7,100.	0.		
EQUIPMENT	1,699.	1,699.	0.		
EQUIPMENT	1,950.	1,950.	0.		
TELEPHONE	1,051.	1,051.	0.		
TELEPHONE	1,325.	1,325.	0.		
SOFTWARE	3,500.	3,500.	0.		
SOFTWARE	300.	300.	0.		
HARDWARE	1,902.	1,902.	0.		
HARDWARE	4,489.	4,489.	0.		
HARDWARE	910.	910.	0.		
HARDWARE	3,036.	3,036.	0.		
HARDWARE	1,883.	1,883.	0.		
HARDWARE	1,750.	1,750.	0.		
TELEPHONE	1,525.	813.	712.		
OFFICE EQUIPMENT	3,125.	1,458.	1,667.		
OFFICE EQUIPMENT	2,487.	1,160.	1,327.		
OFFICE EQUIPMENT	2,011.	804.	1,207.		
COMPUTER	685.	228.	457.		
COMPUTER	685.	228.	457.		

HARDWARE	1,475.	320.	1,155.
SOFTWARE	8,063.	18.	8,045.
HARDWARE	975.	163.	812.
COMPUTER	1,870.	187.	1,683.
COMPUTER	840.	119.	721.
COMPUTER	500.	100.	400.
TOTAL TO FORM 990, PART IV, LN 57	64,826.	46,183.	18,643.

FORM 990	OTHER ASSETS	STATEMENT 10
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DESCRIPTION	AMOUNT
DEPOSITS	3,333.
ACCRUED INTEREST RECEIVABLE	406.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,739.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
SPECIAL EVENTS	115,599.
TOTAL TO FORM 990, PART IV-A	115,599.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
SPECIAL EVENTS	115,599.
TOTAL TO FORM 990, PART IV-B	115,599.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 4	STATEMENT 13
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THE SOCIETY PROVIDES GRANTS TO MEDICAL RESEARCHERS INVOLVED IN BASIC SCIENTIFIC INVESTIGATION FOR THE TREATMENT, CURE AND CAUSES OF BRAIN TUMOR DISEASE. ALL PARTICIPANTS MUST BE APPROVED BY THE BOARD OF DIRECTORS. RECIPIENTS MUST SUBMIT PERIODIC STATUS REPORTS TO THE ORGANIZATION.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
SPECIAL EVENTS	866,239.	463,190.	225,421.	148,065.
TOTAL TO SCHEDULE A, LINE 22	866,239.	463,190.	225,421.	148,065.

TBTS Board of Directors

F/Y/E 9/30/01

04-3068130

Last updated January 8, 2002

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TBTS Board of Directors

04-3068130

Last updated January 8, 2002

F/Y/E 9/30/01

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• 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)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy

Type or print	Name of Exempt Organization THE BRAIN TUMOR SOCIETY, INC.	Employer identification number 04-3068130
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 124 WATERTOWN STREET, NO. 3H	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WATERTOWN, MA 02472-2500	

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

☒ Form 990 ☐ Form 990 EZ ☐ Form 990 T (sec 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990 BL ☐ Form 990 PF ☐ Form 990 T (trust other than above) ☐ Form 4720 ☐ 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 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 AUGUST 15, 2002
 5 For calendar year _____, or other tax year beginning OCT 1, 2000 and ending SEP 30, 2001
 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
IMPORTANT INFORMATION NECESSARY TO FILE A FAIR AND ACCURATE RETURN IS NOT YET AVAILABLE.

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 \$ 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 it.

Signature [Signature] Title CPA Date 5/10/02

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 the 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 5/10/02

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 MILLER WACHMAN, LLP
	Number and street (include suite, room, or apt. no.) Or a P O box number 40 BROAD STREET SUITE 925
	City or town, province or state, and country (including postal or ZIP code) BOSTON, MA 02109-4317