

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No 1545-0047

2001Open to Public
Inspection**A** For the 2001 calendar year, or tax year period beginning **OCT 1, 2001** and ending **SEP 30, 2002****B** Check if
applicable:

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

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions**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 STREET

Room/suite

3H

City or town, state or country, and ZIP + 4

WATERTOWN, MA 02472-2500**D** Employer identification number**04-3068130****E** Telephone number**617-924-9997****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No" attach a list)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**G** Web site ▶ **WWW.TBTS.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**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.**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,876,794.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	771,822.	1d	771,822.
	a	Direct public support		1b		2	
	b	Indirect public support		1c		3	
	c	Government contributions (grants)				4	
	d	Total (add lines 1a through 1c) (cash \$ 771,822. noncash \$)				5	32,840.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				6a	
	3	Membership dues and assessments				6b	
	4	Interest on savings and temporary cash investments				6c	
	5	Dividends and interest from securities				7	
	6	Other investment income (describe ▶)				8d	
Expenses	8a	Gross amount from sale of assets other than inventory		(A) Securities	(B) Other	8a	
	b	Less cost or other basis and sales expenses		8b		8b	
	c	Gain or (loss) (attach schedule)		8c		8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	
	9	Special events and activities (attach schedule)				9c	967,706.
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)		9a	1,072,132.	9a	
	b	Less direct expenses other than fundraising expenses		9b	104,426.	9b	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		SEE STATEMENT 2		9c	
	10a	Gross sales of inventory, less returns and allowances		10a		10a	
	b	Less cost of goods sold		10b		10b	
Net Assets	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	1,772,368.
	13	Program services (from line 44, column (B))				13	1,700,544.
	14	Management and general (from line 44, column (C))				14	156,673.
	15	Fundraising (from line 44, column (D))				15	116,615.
	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses (add lines 16 and 44, column (A))				17	1,973,832.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	<201,464.>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	3,100,473.
20	Other changes in net assets or fund balances (attach explanation)		SEE STATEMENT 3		20	3,762.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	2,902,771.	

123001 01-04-02 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

11470508 758529 28051-01 2001.08000 THE BRAIN TUMOR SOCIETY, IN 28051-01

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 \$1034357. noncash \$	22 1,034,357.	1,034,357.	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 47,500.	38,000.	9,500.	0.
26 Other salaries and wages	26 143,905.	127,566.	5,812.	10,527.
27 Pension plan contributions	27			
28 Other employee benefits	28 15,161.	13,114.	1,213.	834.
29 Payroll taxes	29 18,216.	15,757.	1,457.	1,002.
30 Professional fundraising fees	30			
31 Accounting fees	31 16,589.		16,589.	
32 Legal fees	32			
33 Supplies	33 30,239.	16,631.	13,608.	
34 Telephone	34 8,249.	7,424.	825.	
35 Postage and shipping	35 14,352.	13,921.	431.	
36 Occupancy	36 48,842.	40,539.	8,303.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 980.	931.	49.	
39 Travel	39			
40 Conferences, conventions, and meetings	40 53,556.	39,000.	14,556.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 5,350.	3,317.	2,033.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 4	43e 536,536.	349,987.	82,297.	104,252.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 1,973,832.	1,700,544.	156,673.	116,615.

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 \$ _____, (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 \$ 1,034,357.)	1,700,544.
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)		1,700,544.

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	413,292.	45 304,090.
	46 Savings and temporary cash investments	318,318.	46 816,643.
	47 a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a 702,847.	48c
	b Less allowance for doubtful accounts	48b 2,960.	48c 699,887.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	1,338.	53 4,842.
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,139,004.	54 1,267,119.
	55 a Investments - land, buildings, and equipment basis	55a	55c
	b Less accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	57a 69,753.	57c	
b Less accumulated depreciation STMT 9	57b 51,533.	57c 18,220.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 10)	3,739.	58 3,739.	
59 Total assets (add lines 45 through 58) (must equal line 74)	3,126,782.	59 3,114,540.	
Liabilities	60 Accounts payable and accrued expenses	26,309.	60 211,769.
	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)	26,309.	66 211,769.	
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	1,356,516.	67 1,774,863.
	68 Temporarily restricted	1,743,957.	68 1,127,908.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,100,473.	73 2,902,771.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,126,782.	74 3,114,540.	

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.

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year?	78a 78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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? b If "Yes," enter the name of the organization	80a	X
81 a Enter direct or indirect political expenditures. See line 81 instructions. b Did the organization file Form 1120-POL for this year?	81a 81b	X
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? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82a 82b	X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a 83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84a 84b	X
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85a 85b	X
c Dues, assessments, and similar amounts from members	85c	
d Section 162(e) lobbying and political expenditures	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	86a 86b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87a 87b	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0., section 4912 0., section 4955 0. b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89a 89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed MASSACHUSETTS b Number of employees employed in the pay period that includes March 12, 2001	90b	8

91 The books are in care of CORPORATION Telephone no 617-924-9997
 Located at 124 WATERTOWN ST., STE 3H WATERTOWN, MA ZIP + 4 02472-2500

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 Specific Instructions on page 32.)

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					
96 Dividends and interest from securities			14	32,840.	
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					967,706.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISC REVENUE					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		32,840.	967,706.
105 Total (add line 104, columns (B), (D), and (E))					1,000,546.

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 (See Specific Instructions on page 32.)

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 (See Specific Instructions on page 33.)

(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 Specific Instructions on page 33.)

- (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

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, and the information of which preparer has any knowledge.

Michael R. Cohen

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

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 page 1 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 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 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 1 of Part VI-B)

1 X

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

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

a Sale, exchange, or leasing of property?

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?

2e X

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

3 X

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

4 X

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

SEE STATEMENT 13

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)
- 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 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2001

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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,622,678.	666,573.	760,709.	874,893.	3,924,853.
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					
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	63,121.	53,628.	30,162.	28,331.	175,242.
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.	951,297.	866,239.	SEE STATEMENT 14 463,190.	225,421.	2,506,147.
23 Total of lines 15 through 22	2,637,096.	1,586,440.	1,254,061.	1,128,645.	6,606,242.
24 Line 23 minus line 17	2,637,096.	1,586,440.	1,254,061.	1,128,645.	6,606,242.
25 Enter 1% of line 23	26,371.	15,864.	12,541.	11,286.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 132,125.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 243,550.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 6,606,242.
d Add: Amounts from column (e) for lines 18 <u>175,242.</u> 19 <u>2,506,147.</u> 22 <u>243,550.</u>					26d 2,924,939.
e Public support (line 26c minus line 26d total)					26e 3,681,303.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 55.7246%
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	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2000)	(1999)	(1998)	(1997)	
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					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 1997 through 2000, 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.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

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

29

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

30

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

31

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

32 Does the organization maintain the following

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

32a

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

32b

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

32c

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

32d

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

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

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

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

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

34a

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

34b

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

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

35

Schedule A (Form 990 or 990-EZ) 2001

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 groupCheck ☐ 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 -		
If the amount on line 40 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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 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

- 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
		0.

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	16	9,690.			9,690.	9,690.		0.
2	OFFICE EQUIPMENT	061593SL		5.00	16	7,100.			7,100.	7,100.		0.
3	EQUIPMENT	061592SL		5.00	16	1,699.			1,699.	1,699.		0.
4	EQUIPMENT	061593SL		5.00	16	1,950.			1,950.	1,950.		0.
5	TELEPHONE	061592SL		5.00	16	1,051.			1,051.	1,051.		0.
6	TELEPHONE	061593SL		5.00	16	1,325.			1,325.	1,325.		0.
7	SOFTWARE	120695SL		3.00	16	3,500.			3,500.	3,500.		0.
8	SOFTWARE	091296SL		3.00	16	300.			300.	300.		0.
9	HARDWARE	120795SL		5.00	16	1,902.			1,902.	1,902.		0.
10	HARDWARE	122895SL		5.00	16	4,489.			4,489.	4,489.		0.
11	HARDWARE	011796SL		5.00	16	910.			910.	910.		0.
12	HARDWARE	012296SL		5.00	16	3,036.			3,036.	3,036.		0.
13	HARDWARE	020796SL		5.00	16	1,883.			1,883.	1,883.		0.
14	HARDWARE	072496SL		5.00	16	1,750.			1,750.	1,750.		0.
15	TELEPHONE	020399SL		5.00	16	1,525.			1,525.	813.		305.
16	OFFICE EQUIPMENT	061599SL		5.00	16	3,125.			3,125.	1,458.		625.
17	OFFICE EQUIPMENT	061599SL		5.00	16	2,487.			2,487.	1,160.		497.
18	OFFICE EQUIPMENT	093099SL		5.00	16	2,011.			2,011.	804.		402.

FORM 990 PAGE 2

990

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
19	COMPUTER	020100SL		5.00	16	685.			685.	228.		137.
20	COMPUTER	020100SL		5.00	16	685.			685.	228.		137.
21	HARDWARE	090100SL		5.00	16	1,475.			1,475.	320.		295.
22	SOFTWARE	033101SL		5.00	16	8,063.			8,063.	18.		1,613.
23	HARDWARE	112800SL		5.00	16	975.			975.	163.		195.
24	COMPUTER	032801SL		5.00	16	1,870.			1,870.	187.		374.
25	COMPUTER	011701SL		5.00	16	840.			840.	119.		168.
26	COMPUTER	101400SL		5.00	16	500.			500.	100.		100.
27	DELL COMPUTER	012302SL		5.00	16	1,075.			1,075.			143.
28	DELL COMPUTER	022502SL		5.00	16	1,133.			1,133.			132.
29	PHONE VOICE MAIL	042302SL		5.00	16	2,719.			2,719.			227.
* TOTAL 990 PAGE 2 DEPR						69,753.		0.	69,753.	46,183.	0.	5,350.

128102
10-03 01

(D) - Asset disposed

FOOTNOTES

STATEMENT 1

IN ACCORDANCE WITH INTERNAL REVENUE CODE SEC. 168(K)
(III) THE TAXPAYER HEREBY ELECTS NOT TO CLAIM THE
30% ADDITIONAL DEPRECIATION FOR THE FOLLOWING
CLASSES OF PROPERTY FOR THE YEAR ENDED 9/30/02:
CLASS (ES) OF PROPERTY FOR WHICH AN ELECTION OUT IS
MADE 3,5,7,10 AND 15 YEAR PROPERTY

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
JOSEPH LEPORE GOLF TOURNAMENT	14,820.		14,820.	11,787.	3,033.	
RILEY'S WALK	2,490.		2,490.		2,490.	
RIDE FOR RESEARCH	601,514.		601,514.		601,514.	
5K WALK	250,507.		250,507.	42,337.	208,170.	
LINKS 2001 AND 2002	142,468.		142,468.	50,302.	92,166.	
MARINO RAINBOW	1,650.		1,650.		1,650.	
SHAVE RAVE EVENT	700.		700.		700.	
OTHER SPECIAL EVENTS	55,163.		55,163.		55,163.	
PINNACLE HS WALK	2,820.		2,820.		2,820.	
TO FM 990, PART I, LINE 9	1,072,132.		1,072,132.	104,426.	967,706.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES				STATEMENT	3
DESCRIPTION					AMOUNT	
UNREALIZED GAIN ON INVESTMENTS					3,762.	
TOTAL TO FORM 990, PART I, LINE 20					3,762.	

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
ANNUAL REPORT	8,687.	4,343.		4,344.		
BANK CHARGES	3,991.		3,991.			
DEVELOPMENT	266,668.	133,334.	40,000.	93,334.		
DUES AND SUBSCRIPTIONS	286.	229.	57.			
INSURANCE	4,701.		4,701.			
SYMPOSIUM	76,004.	76,004.				
NABT COALITION	1,213.	1,213.				
WORKSHOP	5,200.	5,200.				
NEWSLETTER	48,903.	41,567.	2,446.	4,890.		
TEMPORARY HELP	6,477.	2,267.	2,526.	1,684.		
GRANT SELECTION EXPENSE	8,811.	8,811.				

RECRUITMENT FEES	-	10,869.	10,869.	
SUPPORT		8,099.	8,099.	
CONSULTANTS		17,226.		17,226.
RESEARCH		24,001.	24,001.	
INTERIM EXECUTIVE DIRECTOR		45,400.	34,050.	11,350.
TOTAL TO FM 990, LN 43		536,536.	349,987.	82,297. 104,252.

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

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE ATTACHED SCHEDULE		NONE	1034357.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1034357.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MONEY MARKET FUNDS				1,210,869.	1,210,869.
TO 990, LN 54 COL B				1,210,869.	1,210,869.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	8
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US OBLIGATIONS	56,250.		56,250.
TOTAL TO FORM 990, LINE 54, COL B	56,250.		56,250.

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.	1,118.	407.
OFFICE EQUIPMENT	3,125.	2,083.	1,042.
OFFICE EQUIPMENT	2,487.	1,657.	830.
OFFICE EQUIPMENT	2,011.	1,206.	805.
COMPUTER	685.	365.	320.
COMPUTER	685.	365.	320.
HARDWARE	1,475.	615.	860.
SOFTWARE	8,063.	1,631.	6,432.
HARDWARE	975.	358.	617.
COMPUTER	1,870.	561.	1,309.
COMPUTER	840.	287.	553.
COMPUTER	500.	200.	300.
DELL COMPUTER	1,075.	143.	932.
DELL COMPUTER	1,133.	132.	1,001.
PHONE VOICE MAIL	2,719.	227.	2,492.
TOTAL TO FORM 990, PART IV, LN 57	69,753.	51,533.	18,220.

FORM 990	OTHER ASSETS	STATEMENT 10
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
DESCRIPTION		AMOUNT
SPECIAL EVENTS		104,426.
TOTAL TO FORM 990, PART IV-A		104,426.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
SPECIAL EVENTS		104,426.
TOTAL TO FORM 990, PART IV-B		104,426.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3	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	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
SPECIAL EVENTS	951,297.	866,239.	463,190.	225,421.
TOTAL TO SCHEDULE A, LINE 22	951,297.	866,239.	463,190.	225,421.

THE BRAIN TUMOR SOCIETY

Committed to a cure through research, education and support

04-306 8130

FYE 9/30/02

Mary Catherine Calisto Chairman
41 Mitchell Grant Way
Bedford, MA 01730

Jane Gumble
160 Whitman Street
Stow, MA 01775

G Bonnie Feldman President
22 William Bradford Rd.
North Dartmouth, MA 02747

Steven Karol
17 Louisburg Square
Boston, MA 02118

Sheila Killeen Vice President
11 Academy St
Worcester, MA 01609

Richard Mann
196 Bridle Trail Road
Needham, MA 02492

Michael Corkin Treasurer
71 William St
Needham, MA 02494

John Marshall
15 Jenkins Rd
Andover, MA 01810

Vincent Patrone Secretary
127 Lawn Street
Providence, RI 02908

Dennis Roth
26 Schoolhouse Lane
Morristown, NJ 07960

Robin Boss Dorman
730 Elmgrove Ave
Providence, RI 02906

Denise Stevens
30 Lowden Ave
Somerville, MA 02143

Mark Goldstein
10 Barefoot Hill Rd
Sharon, MA 02067

Daniel Greiff
55 Aldridge Rd.
Needham, MA 02492

Kenneth Grey
38 Fifth Ave
Saratoga Springs, NY 12866

Michael Gruber, M.D.
NYU Medical Center School of
Medicine
530 First Avenue, Suite 9S
New York, NY 10016

Board of Directors

TBTS Research Grants

04-3068130

FYE 9/30/02

\$100,000

Dr Daniel W Fults
University of Utah
Department of Neurosurgery
1471 Federal Way
Salt Lake City, UT 84102

\$87,961 50

Dr Jacqueline Parker
University of Alabama at Birmingham
Department of Pediatrics, BBRB 313
Birmingham, AL 35294-2170

\$100,000

Dr Xin Liu
University of California – Los Angeles
Department of Pathology
Box 951735, 23-264 CHS
Los Angeles, CA 90095-1735

\$50,000

Dr Arturo Alvarez-Buylla
University of California – San Francisco
Box 0520
10 Kirkham Street, Room K130
San Francisco, CA 94143

\$100,000

Dr Maiken Nedergaard
New York Medical College
Department of Cell biology and Anatomy
Valhalla, NY 10595

\$50,000

Dr Bob Carter
Massachusetts General Hospital
VBK 730
Fruit Street
Boston, MA 02114

\$100,000

Dr John H Sampson
Duke University Medical Center
Department of Surgery and Pathology
Box 3807
Durham, NC 27710

\$50,000

Dr Erwin G Van Meir
Emory University
Winship Cancer Institute – Room B5103
1365-B Clifton Road, N E
Atlanta, GA 30322

\$100,000

Dr David T Scadden
Harvard Medical Center
Experimental Hematology
149 13th Street, Room 5212D
Charlestown, MA 02129

\$50,000

Dr Minghian James You
Dana-Farber Cancer Institute
Mayer 413
44 Binney Street
Boston, MA 02115

\$100,000

Dr William A Weiss
University of California
Department of Neurology
521 Parnassus Avenue, room C-215
San Francisco, CA 94142-0114

\$49,995

Dr Evan M Hersh
University of Arizona
1515 N Campbell Avenue
Tucson, AZ 85724

\$96,400

Dr Suyun Huang
U T M D Anderson Cancer Center
Department of Neurosurgery-442
1515 Holcombe Blvd
Houston, TX 77030

Total

\$1,034,356.50

THE BRAIN TUMOR SOCIETY

Committed to a cure through research, education and support

8868

(December 2000)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No 1545 1709

File a separate application for each return

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

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

Type or print	Name of Exempt Organization	Employer identification number
	THE BRAIN TUMOR SOCIETY, INC.	04-3068130
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	124 WATERTOWN STREET, NO. 3H	
	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)

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

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

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until MAY 15, 2003

to file the exempt organization return for the organization named above The extension is for the organization's return for

calendar year _____ or

tax year beginning OCT 1, 2001, and ending SEP 30, 20022 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

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

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)