

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)

OMB No 1545-0047

2002

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning **OCT 1, 2002** and ending **SEP 30, 2003****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 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 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**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)**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.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,530,568.****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****381,046.****b** Indirect public support**1b****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **381,046.** noncash \$)**1d****381,046.****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****31,873.****6a** Gross receipts**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****8a** Gross amount from sale of assets other than inventory**(A) Securities****(B) Other****8a****8b****8c****b** Less cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ **0.** of contributions reported on line 1a)**9a****1,117,639.****b** Less direct expenses other than fundraising expenses**9b****193,003.****c** Net income or (loss) from special events (subtract line 9b from line 9a)**SEE STATEMENT 2****9c****924,636.****10a** 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****10.****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12****1,337,565.****13** Program services (from line 44, column (B))**13****1,721,346.****14** Management and general (from line 44, column (C))**14****125,714.****15** Fundraising (from line 44, column (D))**15****31,138.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17****1,878,198.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18****<540,633.>****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****2,902,771.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 3****20****<1,225.>****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21****2,360,913.**233001
01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

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

Page 2

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 \$119,885.4 noncash \$	1,198,854.	1,198,854.	STATEMENT 6		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	96,250.	77,000.	19,250.	0.	
26	Other salaries and wages	159,276.	144,030.	1,192.	14,054.	
27	Pension plan contributions					
28	Other employee benefits	14,892.	12,881.	1,191.	820.	
29	Payroll taxes	22,864.	19,778.	1,829.	1,257.	
30	Professional fundraising fees					
31	Accounting fees	21,631.		21,631.		
32	Legal fees					
33	Supplies	13,223.	7,273.	5,950.		
34	Telephone	9,516.	8,564.	952.		
35	Postage and shipping	12,000.	11,640.	360.		
36	Occupancy	41,985.	34,848.	7,137.		
37	Equipment rental and maintenance					
38	Printing and publications	3,359.	3,191.	168.		
39	Travel					
40	Conferences, conventions, and meetings	73,780.	56,420.	17,360.		
41	Interest					
42	Depreciation, depletion, etc (attach schedule)	5,940.	3,683.	2,257.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 4	43e	204,628.	143,184.	46,437.	15,007.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,878,198.	1,721,346.	125,714.	31,138.	

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 AccomplishmentsWhat 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 \$ 1,198,854.)	1,721,346.
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)		1,721,346.

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	304,090.	45	293,132.	
	46 Savings and temporary cash investments	816,643.	46	331,747.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	100,000.		
	b Less allowance for doubtful accounts	48b	699,887.	48c	100,000.
	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		52		
	53 Prepaid expenses and deferred charges	4,842.	53	5,977.	
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,267,119.	54	1,632,335.	
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation	55b	55c		
56 Investments - other		56			
57 a Land, buildings, and equipment basis	57a	71,889.			
b Less accumulated depreciation STMT 9	57b	57,473.	57c	14,416.	
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)	3,114,540.	59	2,381,346.		
Liabilities	60 Accounts payable and accrued expenses	211,769.	60	20,433.	
	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)	211,769.	66	20,433.		
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	1,774,863.	67	2,123,025.	
	68 Temporarily restricted	1,127,908.	68	237,888.	
	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)	2,902,771.	73	2,360,913.	
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,114,540.	74	2,381,346.	

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 IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule ☐ Yes ☒ No

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

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Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion 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	31,873.	
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					924,636.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISC REVENUE					10.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		31,873.	924,646.
105 Total (add line 104, columns (B), (D), and (E))					956,519.

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 page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
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 page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge

05/13/04

Date

Neal P. Kenton, Esq. [Signature]

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

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

2002

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 i 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 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.)
- 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) 2002

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	771,822.	1,622,678.	666,573.	760,709.	3,821,782.
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	32,840.	63,121.	53,628.	30,162.	179,751.
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.	967,706.	951,297.	SEE STATEMENT 14 866,239.	463,190.	3,248,432.
23 Total of lines 15 through 22	1,772,368.	2,637,096.	1,586,440.	1,254,061.	7,249,965.
24 Line 23 minus line 17	1,772,368.	2,637,096.	1,586,440.	1,254,061.	7,249,965.
25 Enter 1% of line 23	17,724.	26,371.	15,864.	12,541.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	144,999.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	26b	411,002.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	26c	7,249,965.
d Add: Amounts from column (e) for lines 18 <u>179,751.</u> 19 <u> </u> 22 <u>3,248,432.</u> 26b <u>411,002.</u>	26d	3,839,185.
e Public support (line 26c minus line 26d total)	26e	3,410,780.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	47.0455%

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

(2001) (2000) (1999) (1998)

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

(2001) (2000) (1999) (1998)

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 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/> <hr/> <hr/>		
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d	
<hr/>		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/>		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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) 2002

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 -	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 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 of the instructions)

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

- (i) Cash**

- (ii) Other assets

- b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization**

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements**

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations**

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

- b If "Yes," complete the following schedule**

N/A

[illegible]

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	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.	1,118.		305.
16	OFFICE EQUIPMENT	061599SL		5.00	16	3,125.			3,125.	2,083.		625.
17	OFFICE EQUIPMENT	061599SL		5.00	16	2,487.			2,487.	1,657.		497.
18	OFFICE EQUIPMENT	093099SL		5.00	16	2,011.			2,011.	1,206.		402.

228102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	COMPUTER	020100SL		5.00	16	685.			685.	365.		137.
20	COMPUTER	020100SL		5.00	16	685.			685.	365.		137.
21	HARDWARE	090100SL		5.00	16	1,475.			1,475.	615.		295.
22	SOFTWARE	033101SL		5.00	16	8,063.			8,063.	1,631.		1,613.
23	HARDWARE	112800SL		5.00	16	975.			975.	358.		195.
24	COMPUTER	032801SL		5.00	16	1,870.			1,870.	561.		374.
25	COMPUTER	011701SL		5.00	16	840.			840.	287.		168.
26	COMPUTER	101400SL		5.00	16	500.			500.	200.		100.
27	DELL COMPUTER	012302SL		5.00	16	1,075.			1,075.	143.		215.
28	DELL COMPUTER	022502SL		5.00	16	1,133.			1,133.	132.		227.
29	PHONE VOICE MAIL	042302SL		5.00	16	2,719.			2,719.	227.		544.
30	COMPUTERS	092603200DB5.00		19B		987.			987.			49.
31	COMPUTER SERVER	091703200DB5.00		19B		509.			509.			25.
32	COMPUTER SERVER	091703200DB5.00		19B		640.			640.			32.
* TOTAL 990 PAGE 2 DEPR						71,889.		0.	71,889.	51,533.	0.	5,940.

225102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

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
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
JOSEPH LEPORE GOLF TOURNAMANT	5,296.		5,296.		5,296.
RIDE FOR RESEARCH	599,663.		599,663.	38,773.	560,890.
5K WALK	266,850.		266,850.	64,397.	202,453.
LINKS 2002 AND 2003	173,460.		173,460.	86,473.	86,987.
B. GLASSMAN DINNER	5,800.		5,800.	2,791.	3,009.
RJF BENEFIT	1,275.		1,275.		1,275.
SKATE FOR BLAIR	22,938.		22,938.		22,938.
BRAIN TUMOR SOCIETY WALK A THON	28,206.		28,206.	569.	27,637.
MARINE CORPS MARCH	3,492.		3,492.		3,492.
FRIENDS OF CRAIG GOLF TOURNAMENT	3,000.		3,000.		3,000.
NUTTER OPEN	4,900.		4,900.		4,900.
JEFF LANE COMEDY	1,564.		1,564.		1,564.
OTHER SPECIAL EVENTS	1,195.		1,195.		1,195.
TO FM 990, PART I, LINE 9	1,117,639.		1,117,639.	193,003.	924,636.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<1,225.>
TOTAL TO FORM 990, PART I, LINE 20	<1,225.>

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ANNUAL REPORT	5,866.	2,932.		2,934.
BANK CHARGES	5,934.		5,934.	
DEVELOPMENT	22,934.	11,467.	3,440.	8,027.
DUES AND SUBSCRIPTIONS	532.	426.	106.	
INSURANCE	5,949.		5,949.	
SYMPOSIUM	2,594.	2,594.		

NEWSLETTER	35,378.	31,840.	1,769.	1,769.
TEMPORARY HELP	8,755.	3,064.	3,414.	2,277.
GRANT SELECTION				
EXPENSE	3,602.	3,602.		
RECRUITMENT FEES	27,983.	2,983.	25,000.	
SUPPORT	41,722.	41,722.		
CONSULTANTS	825.		825.	
RESEARCH	40,256.	40,256.		
STAFF TRAINING	2,298.	2,298.		
TOTAL TO FM 990, LN 43	204,628.	143,184.	46,437.	15,007.

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	1198854.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1198854.

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				1,577,310.	1,577,310.
TO 990, LN 54 COL B				1,577,310.	1,577,310.

FORM 990	GOVERNMENT SECURITIES		STATEMENT	8
DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US OBLIGATIONS	55,025.		55,025.	
TOTAL TO FORM 990, LINE 54, COL B	55,025.		55,025.	

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.	1,423.	102.	
OFFICE EQUIPMENT	3,125.	2,708.	417.	
OFFICE EQUIPMENT	2,487.	2,154.	333.	
OFFICE EQUIPMENT	2,011.	1,608.	403.	
COMPUTER	685.	502.	183.	
COMPUTER	685.	502.	183.	
HARDWARE	1,475.	910.	565.	
SOFTWARE	8,063.	3,244.	4,819.	
HARDWARE	975.	553.	422.	
COMPUTER	1,870.	935.	935.	
COMPUTER	840.	455.	385.	
COMPUTER	500.	300.	200.	
DELL COMPUTER	1,075.	358.	717.	
DELL COMPUTER	1,133.	359.	774.	
PHONE VOICE MAIL	2,719.	771.	1,948.	
COMPUTERS	987.	49.	938.	
COMPUTER SERVER	509.	25.	484.	
COMPUTER SERVER	640.	32.	608.	
TOTAL TO FORM 990, PART IV, LN 57	71,889.	57,473.	14,416.	

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		193,003.	
TOTAL TO FORM 990, PART IV-A		193,003.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	12
DESCRIPTION		AMOUNT	
SPECIAL EVENTS		193,003.	
TOTAL TO FORM 990, PART IV-B		193,003.	

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	13
	PART III, LINE 3		

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	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
SPECIAL EVENTS	967,706.	951,297.	866,239.	463,190.
TOTAL TO SCHEDULE A, LINE 22	967,706.	951,297.	866,239.	463,190.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2002
Attachment
Sequence No 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

THE BRAIN TUMOR SOCIETY, INC.

FORM 990 PAGE 2

04-3068130

Part I Election To Expense Certain Tangible Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount. See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	5,834.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,136.	5 YRS.	MQ	200DB	106.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	5,940.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year:					
43 Amortization of costs that began before your 2002 tax year					43
44 Total. Add amounts in column (f). See instructions for where to report					44

The Brain Tumor Society
04-3068130

2003 Research Grant Recipients – Audit Information

Dan Fults, M.D.

University of Utah School of Medicine

Department of Neurosurgery

1471 Federal Way

Salt Lake City, UT 84102

Project: Kinase inhibitor therapy using a switchable allele of EGFR

Amount: \$100,000

Suyun Huang, M.D., Ph.D.

University of Texas-MD Anderson Cancer Center

Department of Neurosurgery-442

1515 Holcombe Boulevard

Houston, TX 77030

Project: Critical role of NF- κ B activation in necrosis formation in human glioblastoma

Amount: \$99,820

Michael C. Jensen, M.D.

City of Hope National Medical Center

Beckman Research Institute

1500 E. Duarte Road

Duarte, CA 91010-3000

Project: Enhancing survival and function of glioma-specific T-cells in the tumor microenvironment

Amount \$100,000

Xin Liu, M.D., Ph.D.

University of California, Los Angeles

Department of Pathology

Box 951735, 23-264 CHS

650 CE Young Drive

Los Angeles, CA 90095-1735

Project: The role of PTEN tumor suppressor in regulating neural stem cells and tumorigenesis

Amount: \$100,000

Maiken Nedergaard, M.D., Ph.D.

New York Medical College

Department of Cell Biology and Anatomy

Valhalla, NY 10595

Project: Glutamate receptor antagonists and malignant gliomas

Amount: \$100,000

Luis F. Parada, Ph.D.

The University of Texas Southwestern Medical Center
6000 Harry Hines Boulevard
Dallas, TX 75390-9133

Project: A tumor suppressor mouse model of glioblastoma
Amount: \$100,000

Jacqueline Parker, Ph.D.

Children's Harbor Building, Room 118, 1600 6th Avenue South, Birmingham, AL 35233.
Department of Pediatrics, BBRB 313
Birmingham, AL 35294-2170

*Project: Immunotherapy of malignant gliomas using cytokine-producing gamm-1
34.5 deleted HSV*
Amount: \$99,034

John H. Sampson, M.D., Ph.D.

Duke University Medical Center
Department of Surgery and Pathology
Box 3807
Durham, NC 27710

Project: Antiangiogenetic immunotherapy of malignant brain tumors
Amount: \$100,000

David T. Scadden, M.D.

Harvard Medical School
Experimental Hematology
149 13th Street, Room 5212D
Charlestown, MA 02129

Project: Recruitment of stem/progenitor cells to brain tumor vasculature
Amount: \$100,000

Hong Sun, Ph.D.

Yale University School of Medicine
Department of Genetics
333 Cedar Street
New Haven, CT 06520

*Project: Identification of novel molecules that function in the PTEN/PI 3-kinase
regulated signaling pathway in human glioblastoma cells*
Amount: \$100,000

Robert J. Wechsler-Reya, Ph.D.

Duke University Medical Center
Department of Pharmacology and Cancer Biology
Box 3813, C303 LSRC Building
Durham, NC 27710

*Project: Mice, chickens, and hedgehogs: A new transgenic system to study
medulloblastoma oncogenes*

Amount: \$100,000

William A. Weiss, M.D., Ph.D.

University of California
Department of Neurology
521 Parnassaus Avenue, Room C-215
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Project: Kinase inhibitor therapy using a switchable allele of EGFR

Amount: \$100,000

Total 1,198,854

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Application 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 THE BRAIN TUMOR SOCIETY, INC.	Employer identification number 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 17, 2004** 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, 2002**, and ending **SEP 30, 2003**.

2 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 ▶ *Paul J. Cahill* Title ▶ CPA Date ▶ 2/11/04
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)