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

2003

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning OCT 1, 2003 **and ending** SEP 30, 2004

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 (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G Website: ▶WWW.TBTS.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶

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 ▶ 2,980,149.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	719,224.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	**Total** (add lines 1a through 1c) (cash $ 719,224. noncash $)			1d	719,224.
	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	15,845.
	5	Dividends and interest from securities			5	10,167.
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d	
	9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	2,234,913.		
	b	Less direct expenses other than fundraising expenses	9b	283,673.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2			9c	1,951,240.
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
	11	Other revenue (from Part VII, line 103)			11	
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,696,476.
Expenses	13	Program services (from line 44, column (B))			13	1,874,303.
	14	Management and general (from line 44, column (C))			14	123,651.
	15	Fundraising (from line 44, column (D))			15	44,744.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses** (add lines 16 and 44, column (A))			17	2,042,698.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	653,778.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,360,913.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3			20	275.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	3,014,966.

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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 $1233034. noncash $	22	1,233,034.	1,233,034.	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	102,854.	82,283.	20,571.	0.
26 Other salaries and wages	26	265,357.	236,219.	8,886.	20,252.
27 Pension plan contributions	27				
28 Other employee benefits	28	26,332.	22,777.	2,107.	1,448.
29 Payroll taxes	29	31,595.	27,329.	2,528.	1,738.
30 Professional fundraising fees	30				
31 Accounting fees	31	19,517.		19,517.	
32 Legal fees	32				
33 Supplies	33	26,259.	14,442.	11,817.	
34 Telephone	34	8,335.	7,501.	834.	
35 Postage and shipping	35	13,206.	12,810.	396.	
36 Occupancy	36	42,147.	34,982.	7,165.	
37 Equipment rental and maintenance	37				
38 Printing and publications	38	6,446.	6,124.	322.	
39 Travel	39				
40 Conferences, conventions, and meetings	40	48,157.	47,048.	1,109.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	6,549.	4,060.	2,489.	
43 Other expenses not covered above (itemize)					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 4	43e	212,910.	145,694.	45,910.	21,306.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,042,698.	1,874,303.	123,651.	44,744.

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 $ 1,233,034.)	1,874,303.
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) ▶	1,874,303.

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			293,132.	45	89,647.
46 Savings and temporary cash investments			331,747.	46	1,071,551.
47 a Accounts receivable	47a				
b Less allowance for doubtful accounts	47b			47c	
48 a Pledges receivable	48a	200,000.			
b Less allowance for doubtful accounts	48b		100,000.	48c	200,000.
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			5,977.	53	6,396.
54 Investments - securities STMT 7 STMT 8 ▶ ☐ Cost ☒ FMV			1,632,335.	54	1,642,776.
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	76,650.			
b Less accumulated depreciation STMT 9	57b	64,022.	14,416.	57c	12,628.
58 Other assets (describe ▶ SEE STATEMENT 10)			3,739.	58	3,739.
59 **Total assets** (add lines 45 through 58) (must equal line 74)			2,381,346.	59	3,026,737.
Liabilities					
60 Accounts payable and accrued expenses			20,433.	60	11,771.
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 ▶)				65	
66 **Total liabilities** (add lines 60 through 65)			20,433.	66	11,771.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			2,123,025.	67	2,793,132.
68 Temporarily restricted			237,888.	68	221,834.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			2,360,913.	73	3,014,966.
74 **Total liabilities and net assets / fund balances** (add lines 66 and 73)			2,381,346.	74	3,026,737.

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	3,017,424.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $ 275.		
(2)	Donated services and use of facilities $ 37,000.		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) STMT 11 $ 283,673.		
	Add amounts on lines (1) through (4)	b	320,948.
c	Line a minus line b	c	2,696,476.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,696,476.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	2,363,371.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $ 37,000.		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) STMT 12 $ 283,673.		
	Add amounts on lines (1) through (4)	b	320,673.
c	Line a minus line b	c	2,042,698.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,042,698.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NEAL LEVITAN C/O THE BRAIN TUMOR SOCIETY 124 WATER WATERTOWN, MA 02472-2500	EXECUTIVE DIRECTOR 40+ PER/WK	102,854.	7,056.	0.
SEE ATTACHED SCHEDULE	DIRECTORS 2	0.	0.	0.

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 [X] No

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?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
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?	80a		X
b	If "Yes," enter the name of the organization ▶ ____ and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions — 81a: 0.			
b	Did the organization file Form 1120-POL for this year?	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?	82a	X	
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) — 82b: 37,000.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	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*			
c	Dues, assessments, and similar amounts from members — 85c: N/A			
d	Section 162(e) lobbying and political expenditures — 85d: N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	*501(c)(7) organizations.* Enter a Initiation fees and capital contributions included on line 12 — 86a: N/A			
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A			
87	*501(c)(12) organizations.* Enter a Gross income from members or shareholders — 87a: N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) — 87b: N/A			
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	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, 2003 — 90b: 7

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 page 33 of the instructions.)

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
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			14	15,845.	
96 Dividends and interest from securities			14	10,167.	
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					1,951,240.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		26,012.	1,951,240.
105 **Total** (add line 104, columns (B), (D), and (E))				▶	1,977,252.

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 34 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 34 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 34 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).*

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

[redacted] 5/13/05 ▶ Michael E Corkin
Date Type or print name and title Treas

[redacted] Date Check if self- Preparer's SSN or PTIN

[redacted]

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

2003

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
THOMAS LEAVITT CO TBTS 124 WATERTOWN ST WATERTOWN,MA	DIR OF DEVEL. 40	75,000.	0.	0.
SARA DUGGAN CO TBTS 124 WATERTOWN ST WATERTOWN,MA	DIR. OF EDUC. 40	51,802.	0.	0.

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 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 13	3a	X	
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

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)

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	381,046.	771,822.	1,622,678.	666,573.	3,442,119.
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	31,873.	32,840.	63,121.	53,628.	181,462.
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	924,646.	967,706.	SEE STATEMENT 14 951,297.	866,239.	3,709,888.
23 Total of lines 15 through 22	1,337,565.	1,772,368.	2,637,096.	1,586,440.	7,333,469.
24 Line 23 minus line 17	1,337,565.	1,772,368.	2,637,096.	1,586,440.	7,333,469.
25 Enter 1% of line 23	13,376.	17,724.	26,371.	15,864.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 146,669.

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 1999 through 2002 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 384,396.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 7,333,469.

d Add Amounts from column (e) for lines: 18 181,462. 19 ______ 22 3,709,888. 26b 384,396. ▶ 26d 4,275,746.

e Public support (line 26c minus line 26d total) ▶ 26e 3,057,723.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 41.6955 %

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

(2002) (2001) (2000) (1999)

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

(2002) (2001) (2000) (1999)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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)

			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?	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		

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 group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -	41		
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		

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

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)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(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.	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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of.			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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· N/A

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

323151
12-05-03

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	061590	SL	5.00	16	9,690.			9,690.	9,690.		0.
2	OFFICE EQUIPMENT	061593	SL	5.00	16	7,100.			7,100.	7,100.		0.
3	EQUIPMENT	061592	SL	5.00	16	1,699.			1,699.	1,699.		0.
4	EQUIPMENT	061593	SL	5.00	16	1,950.			1,950.	1,950.		0.
5	TELEPHONE	061592	SL	5.00	16	1,051.			1,051.	1,051.		0.
6	TELEPHONE	061593	SL	5.00	16	1,325.			1,325.	1,325.		0.
7	SOFTWARE	120695	SL	3.00	16	3,500.			3,500.	3,500.		0.
8	SOFTWARE	091296	SL	3.00	16	300.			300.	300.		0.
9	HARDWARE	120795	SL	5.00	16	1,902.			1,902.	1,902.		0.
10	HARDWARE	122895	SL	5.00	16	4,489.			4,489.	4,489.		0.
11	HARDWARE	011796	SL	5.00	16	910.			910.	910.		0.
12	HARDWARE	012296	SL	5.00	16	3,036.			3,036.	3,036.		0.
13	HARDWARE	020796	SL	5.00	16	1,883.			1,883.	1,883.		0.
14	HARDWARE	072496	SL	5.00	16	1,750.			1,750.	1,750.		0.
15	TELEPHONE	020399	SL	5.00	16	1,525.			1,525.	1,423.		102.
16	OFFICE EQUIPMENT	061599	SL	5.00	16	3,125.			3,125.	2,708.		417.
17	OFFICE EQUIPMENT	061599	SL	5.00	16	2,487.			2,487.	2,154.		333.
18	OFFICE EQUIPMENT	093099	SL	5.00	16	2,011.			2,011.	1,608.		403.

328102
05-01-03

(D) - Asset disposed

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

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	020100	SL	5.00	16	685.			685.	502.		137.
20	COMPUTER	020100	SL	5.00	16	685.			685.	502.		137.
21	HARDWARE	090100	SL	5.00	16	1,475.			1,475.	910.		295.
22	SOFTWARE	033101	SL	5.00	16	8,063.			8,063.	3,244.		1,613.
23	HARDWARE	112800	SL	5.00	16	975.			975.	553.		195.
24	COMPUTER	032801	SL	5.00	16	1,870.			1,870.	935.		374.
25	COMPUTER	011701	SL	5.00	16	840.			840.	455.		168.
26	COMPUTER	101400	SL	5.00	16	500.			500.	300.		100.
27	DELL COMPUTER	012302	SL	5.00	16	1,075.			1,075.	358.		215.
28	DELL COMPUTER	022502	SL	5.00	16	1,133.			1,133.	359.		227.
29	PHONE VOICE MAIL	042302	SL	5.00	16	2,719.			2,719.	771.		544.
30	COMPUTERS	092603	200DB	5.00	17	987.			987.	49.		375.
31	COMPUTER SERVER	091703	200DB	5.00	17	509.			509.	25.		193.
32	COMPUTER SERVER	091703	200DB	5.00	17	640.			640.	32.		243.
33	SHARP COPIER	020904	SL	5.00	16	3,325.			3,325.			443.
34	DELL COMPUTER	072504	SL	5.00	16	662.			662.			22.
35	DELL LAPTOP	083004	SL	5.00	16	774.			774.			13.
	* TOTAL 990 PAGE 2 DEPR					76,650.		0.	76,650.	57,473.	0.	6,549.

(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 9/30/04:
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
CROSS COUNTRY RIDE	30,295.		30,295.		30,295.
RIDE FOR RESEARCH	628,163.		628,163.	38,257.	589,906.
DC 5K WALK	707,341.		707,341.	107,796.	599,545.
LINKS 2003 AND 2004	134,935.		134,935.	72,849.	62,086.
GERSON GALA	363,019.		363,019.	24,398.	338,621.
RJF BENEFIT	625.		625.		625.
SKATE FOR BLAIR	21,100.		21,100.		21,100.
BERNON GALA	237,545.		237,545.	34,267.	203,278.
BRAIN TUMOR SOCIETY WALK A THON	52,543.		52,543.	753.	51,790.
FRIENDS OF CRAIG GOLF TOURNAMENT	10,750.		10,750.	41.	10,709.
TED FRIEDBERG BOWLING EVENT	23,410.		23,410.	5,242.	18,168.
THE BLUE NOTE	7,237.		7,237.		7,237.
OTHER SPECIAL EVENTS	3,375.		3,375.	52.	3,323.
WILLIAM CONNOLLY EVENT	4,071.		4,071.		4,071.
ANGELS FOR CYNTHIA	3,255.		3,255.	18.	3,237.
JACK SKEADAS EVENT	3,210.		3,210.		3,210.
BETHESDA ROTARY	2,100.		2,100.		2,100.
DEVILS PATH DAY	1,939.		1,939.		1,939.
TO FM 990, PART I, LINE 9	2,234,913.		2,234,913.	283,673.	1,951,240.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	275.
TOTAL TO FORM 990, PART I, LINE 20	275.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	19,786.		19,786.	
DEVELOPMENT	42,418.	21,209.	6,363.	14,846.
INSURANCE	6,662.		6,662.	
SYMPOSIUM	7,141.	7,141.		
NEWSLETTER	51,548.	46,393.	2,577.	2,578.
TEMPORARY HELP	14,929.	5,225.	5,822.	3,882.
GRANT SELECTION EXPENSE	2,874.	2,874.		
RECRUITMENT FEES	935.	935.		
SUPPORT	20,297.	20,297.		
CONSULTANTS	4,700.		4,700.	
RESEARCH	41,375.	41,375.		
STAFF TRAINING	245.	245.		
TOTAL TO FM 990, LN 43	212,910.	145,694.	45,910.	21,306.

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

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	1233034.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1233034.

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				1,587,476.	1,587,476.
TO 990, LN 54 COL B				1,587,476.	1,587,476.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US OBLIGATIONS	55,300.		55,300.
TOTAL TO FORM 990, LINE 54, COL B	55,300.		55,300.

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.	1,525.	0.
OFFICE EQUIPMENT	3,125.	3,125.	0.
OFFICE EQUIPMENT	2,487.	2,487.	0.
OFFICE EQUIPMENT	2,011.	2,011.	0.
COMPUTER	685.	639.	46.
COMPUTER	685.	639.	46.

HARDWARE	1,475.	1,205.	270.
SOFTWARE	8,063.	4,857.	3,206.
HARDWARE	975.	748.	227.
COMPUTER	1,870.	1,309.	561.
COMPUTER	840.	623.	217.
COMPUTER	500.	400.	100.
DELL COMPUTER	1,075.	573.	502.
DELL COMPUTER	1,133.	586.	547.
PHONE VOICE MAIL	2,719.	1,315.	1,404.
COMPUTERS	987.	424.	563.
COMPUTER SERVER	509.	218.	291.
COMPUTER SERVER	640.	275.	365.
SHARP COPIER	3,325.	443.	2,882.
DELL COMPUTER	662.	22.	640.
DELL LAPTOP	774.	13.	761.
TOTAL TO FORM 990, PART IV, LN 57	76,650.	64,022.	12,628.

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	283,673.
TOTAL TO FORM 990, PART IV-A	283,673.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
SPECIAL EVENTS	283,673.
TOTAL TO FORM 990, PART IV-B	283,673.

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 THR ORGANIZATION.

SCHEDULE A OTHER INCOME STATEMENT 14

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
SPECIAL EVENTS	924,636.	967,706.	951,297.	866,239.
MISCELLANEOUS	10.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	924,646.	967,706.	951,297.	866,239.

BTS Board of Directors EIN# 04-3068130

Last updated 12/10/2004

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The Brain Tumor Society, Inc
EIN # 04-3068130

Section 3.3 Election and Term.

A candidate for directorship shall be nominated by the Leadership Committee of the Board and considered for election by the then existing Board of Directors at any regular meeting of the Board of Directors for which notice of the consideration of such nomination was given. Such new Director, if elected on or before the regular March meeting of the Board of Directors of any calendar year, shall serve until the annual meeting of the Board of Directors in the second calendar year following the year of such election. If elected after the regular March meeting of the Board of Directors of any calendar year, such new Director shall serve until the annual meeting of the Board of Directors in the third calendar year following the year of such election. Each Director shall hold office for the term of his or her directorship and until his or her successor is elected and qualified, unless he or she shall sooner die, resign, be removed or become disqualified.

Section 3.4 Committees.

The Board of Directors may designate or create committees of the Board and may delegate to any such committees any or all of its powers except those which by law, by the Articles of Organization or by these by-laws, may not be delegated. Except as provided in the previous sentence, members of committees shall not have any voting powers simply by virtue of their serviceship on any committee. All committees shall serve at the discretion of the Board, and shall report regularly to the Board.

Amended 10/20/03
Implemented

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The Brain Tumor Society
124 Watertown Street
Suite 3H
Watertown, MA 02472-2500
EIN: 04-3068130
Y/E 6/30/04

STATEMENT ATTACHED TO AMENDED AND RESTATED BY-LAWS

The attached amended and restated by-laws are a complete and accurate copy of the original documents.

X ________________________
Officer

X Treas
Title