

**Return of Organization Exempt From Income Tax**

**2004**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2004 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.	<b>D Employer identification number</b> 75-2816066
	Please use IRS label or print or type See Specific Instructions <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 1609 GARDEN STREET	<b>E Telephone number</b> 805-560-8942
	<b>City or town, state or country, and ZIP + 4</b> SANTA BARBARA, CA 93101	<b>F Accounting method</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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:** HTTP://WWW.MARF.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.

**I** Group Exemption Number

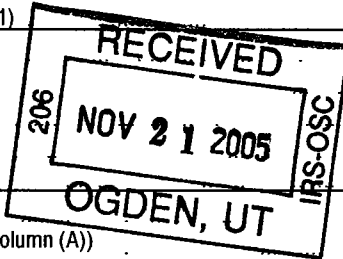
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,363,017.**

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

SCANNED DEC 21 2005

<b>Revenues</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	1a	1,443,869.	
	<b>b</b> Indirect public support	1b		
	<b>c</b> Government contributions (grants)	1c		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 1,443,869. noncash \$ )	1d		1,443,869.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2		35,258.
	<b>3</b> Membership dues and assessments	3		
	<b>4</b> Interest on savings and temporary cash investments	4		3,029.
	<b>5</b> Dividends and interest from securities	5		14,861.
	<b>6 a</b> Gross rents	6a		
	<b>b</b> Less: rental expenses	6b		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	6c		
<b>7</b> Other investment income (describe )	7			
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	866,000.	8a		
	866,000.	8b		
		8c		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	<b>b</b> Less: direct expenses other than fundraising expenses	9b		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
<b>10 a</b> Gross sales of inventory, less returns and allowances	10a			
	<b>b</b> Less: cost of goods sold	10b		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
<b>11</b> Other revenue (from Part VII, line 103)	11			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,497,017.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	13		1,314,531.
	<b>14</b> Management and general (from line 44, column (C))	14		30,033.
	<b>15</b> Fundraising (from line 44, column (D))	15		36,491.
	<b>16</b> Payments to affiliates (attach schedule)	16		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	17		1,381,055.
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	18		115,962.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,171,953.	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	20		0.	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,287,915.	



**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

75-2816066

**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 \$ <b>868,793.</b> noncash \$ _____)	22 868,793.	868,793.	<b>STATEMENT 6</b>	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	25 99,120.	85,000.	6,120.	8,000.
26	Other salaries and wages	26 75,312.	59,207.	9,368.	6,737.
27	Pension plan contributions				
28	Other employee benefits	28 5,396.	4,237.	755.	404.
29	Payroll taxes	29 14,902.	12,663.	1,021.	1,218.
30	Professional fundraising fees				
31	Accounting fees	31 1,200.	1,020.	84.	96.
32	Legal fees				
33	Supplies	33 2,176.	880.	1,270.	26.
34	Telephone	34 4,188.	3,610.	303.	275.
35	Postage and shipping	35 7,374.	4,070.	274.	3,030.
36	Occupancy	36 9,773.	8,307.	684.	782.
37	Equipment rental and maintenance				
38	Printing and publications	38 9,578.	7,671.	137.	1,770.
39	Travel	39 26,710.	24,791.	669.	1,250.
40	Conferences, conventions, and meetings	40 10,026.	10,026.		
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	42 1,161.		1,161.	
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e	245,346.	224,256.	8,187.
44	<b>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	44	1,381,055.	1,314,531.	30,033.

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 3**

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	<b>SEE STATEMENT 4</b>	(Grants and allocations \$ 868,793.)	1,059,652.
b	<b>SEE STATEMENT 5</b>	(Grants and allocations \$ _____)	209,557.
c	<b>ADVOCACY SERVICES - WORKED INTENSELY TO EDUCATE FEDERAL LEADERS ON NEED FOR FEDERAL MESOTHELIOMA RESEARCH FUNDING &amp; ON THE DETAILS OF AN EFFECTIVE FEDERAL MESOTHELIOMA RESEARCH PROGRAM.</b>	(Grants and allocations \$ _____)	45,322.
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	1,314,531.	

**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

Form 990 (2004)

75-2816066 Page 3

**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
<b>Assets</b>	45 Cash - non-interest-bearing	14,288.	45	
	46 Savings and temporary cash investments	875,159.	46	747,381.
	47 a Accounts receivable	47a 990.		
	b Less: allowance for doubtful accounts	47b	660.	47c 990.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	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			53
	54 Investments - securities <b>STMT 7</b> <b>STMT 8</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	279,391.	54	584,322.
	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 14,296.			
b Less: accumulated depreciation <b>STMT 9</b>	57b 6,754.	7,143.	57c 7,542.	
58 Other assets (describe <b>▶ DEPOSITS</b> )		2,565.	58 1,790.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		1,179,206.	59	1,342,025.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	7,253.	60	3,786.
	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 <b>▶ CREDIT CARDS</b> )			65	50,324.
<b>66 Total liabilities</b> (add lines 60 through 65)		7,253.	66	54,110.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds	661,865.	70	661,865.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72 Retained earnings, endowment, accumulated income, or other funds	510,088.	72	626,050.
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,171,953.	73	1,287,915.
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		1,179,206.	74	1,342,025.

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.

**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

Form 990 (2004)

75-2816066 Page 4

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p><b>a</b> Total revenue, gains, and other support per audited financial statements <span style="float:right">▶</span></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ _____</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) <span style="float:right">▶</span></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> <span style="float:right">▶</span></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) <span style="float:right">▶</span></p> <p><b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b>) <span style="float:right">▶</span></p>	<p><b>a</b> Total expenses and losses per audited financial statements <span style="float:right">▶</span></p> <p><b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ _____</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) through (4) <span style="float:right">▶</span></p> <p><b>c</b> Line <b>a</b> minus line <b>b</b> <span style="float:right">▶</span></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b>:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): _____ \$ _____</p> <p>Add amounts on lines (1) and (2) <span style="float:right">▶</span></p> <p><b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b>) <span style="float:right">▶</span></p>

<b>Part V List of Officers, Directors, Trustees, and Key Employees</b> (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
DR. ROBERT B. CAMERON P.O. BOX 951741 LOS ANGELES, CA 90095	BOARD MEMBER 7	0.	0.	0.
DR. MICHAEL HARBUT 118 N. WASHINGTON AVE. ROYAL OAK, MI 48067	BOARD MEMBER 7	0.	0.	0.
SUSAN VENTO 553 DEER RIDGE LANE MAPLEWOOD, MN 55119	BOARD MEMBER 7	0.	0.	0.
DR. NICHOLAS J. VOGELZANG 5481 S. MARYLAND AVE, MC 1140 CHICAGO, IL 60637	BOARD MEMBER 7	0.	0.	0.
ROGER G. WORTHINGTON 26502 AVENIDA LAS PALMAS CAPISTRANO BEACH, CA 92624	PRESIDENT/TREASURER 25	0.	0.	0.
ULF JUNGNELIUS M.D. 1609 GARDEN STREET SANTA BARBARA, CA 93101	BOARD MEMBER 5	0.	0.	0.
MATTHEW P. BERGMAN PO BOX 2010 VASHON, WA 98070	BOARD MEMBER 7	0.	0.	0.
CHRISTOPHER HAHN 1609 GARDEN STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40	99,120.	0.	0.
M. ANN ABBE 1609 GARDEN STREET SANTA BARBARA, CA 93101	BOARD MEMBER 7	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  No

**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

Form 990 (2004)

75-2816066 Page 5

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? <span style="float: right;">N/A</span>	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 <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a 0.</span>		
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.) <span style="float: right;">82b N/A</span>		
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?	83b	X
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? <span style="float: right;">N/A</span>	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	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 <span style="float: right;">85c N/A</span>		
d Section 162(e) lobbying and political expenditures <span style="float: right;">85d N/A</span>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e N/A</span>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f N/A</span>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	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? <span style="float: right;">N/A</span>	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a N/A</span>		
b Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b N/A</span>		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float: right;">87a N/A</span>		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b N/A</span>		
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 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 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 <span style="float: right;">0.</span>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">0.</span>		
90 a List the states with which a copy of this return is filed <input checked="" type="checkbox"/> CALIFORNIA		
b Number of employees employed in the pay period that includes March 12, 2004 <span style="float: right;">90b 2</span>		
91 The books are in care of <input checked="" type="checkbox"/> ACCOUNTABILITY PLUS Telephone no. <input checked="" type="checkbox"/> (805) 560 8942		
Located at <input checked="" type="checkbox"/> 1522 OLIVE STREET, SANTA BARBARA, CA ZIP + 4 <input checked="" type="checkbox"/> 93101		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">92 N/A</span>		

423041  
01-13-05

Form 990 (2004)

THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.

Form 990 (2004)

75-2816066 Page 6

**Part VII Analysis of Income-Producing Activities** (See page 33 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SYMPOSIUM INCOME					35,258.
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	3,029.	
96 Dividends and interest from securities			14	14,861.	
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					
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.		17,890.	35,258.
105 Total (add line 104, columns (B), (D), and (E))					53,148.

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).
93A	REGISTRATION INCOME FROM PARTICIPANTS TO FURTHER THE SCIENTIFIC RESEARCH & DEVELOPMENT AND AWARENESS.

**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).

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

Date: 11/15/05  
 Type or print name and title: Christopher E. Ibbin, Executive Director  
 Date: 11/15/05  
 Check if self-employed:   
 Preparer's SSN or PTIN: PC0161999

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

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

Name of the organization **THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.** Employer identification number **75 2816066**

**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
<u>ROB GRAYSON</u> 1609 GARDEN STREET, SANTA BARBARA, CA 93101	ASST DIRECTOR 40	60,000.		
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
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

**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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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)? <b>SEE PART V, FORM 990</b>	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.) ... <b>SEE STATEMENT 11</b>	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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)(v). (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.)

THE MESOTHELIOMA APPLIED RESEARCH

<b>Part IV-A Support Schedule</b> (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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	488,838.	588,833.	536,911.	622,626.	2,237,208.
16 Membership fees received			0.	0.	
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			0.	0.	
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	20,488.	22,992.	34,504.	22,059.	100,043.
19 Net income from unrelated business activities not included in line 18		0.	0.	0.	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		0.	0.	0.	
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		0.	0.	0.	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	509,326.	611,825.	571,415.	644,685.	2,337,251.
24 Line 23 minus line 17	509,326.	611,825.	571,415.	644,685.	2,337,251.
25 Enter 1% of line 23	5,093.	6,118.	5,714.	6,447.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 46,745.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 372,850.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,337,251.
d Add: Amounts from column (e) for lines: 18 100,043. 19 _____ 22 _____ 26b 372,850.					26d 472,893.
e Public support (line 26c minus line 26d total)					26e 1,864,358.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.7671%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
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 2000 through 2003, 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				

**THE MESOTHELIOMA APPLIED RESEARCH**

**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
<b>29</b> 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?	<b>29</b>		
<b>30</b> 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?	<b>30</b>		
<b>31</b> 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.)	<b>31</b>		
<hr/> <hr/> <hr/>			
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> 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.)	<b>32d</b>		
<hr/> <hr/> <hr/>			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	<b>33h</b>		
<hr/> <hr/> <hr/>			
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>		
<b>b</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.	<b>34b</b>		
<b>35</b> 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	<b>35</b>		

**THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.**

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.
38	Total lobbying expenditures (add lines 36 and 37)	38	0.
39	Other exempt purpose expenditures	39	0.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	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
41		41	0.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

**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 (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001		
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.)

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:	N/A		
	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.



**Depreciation and Amortization 990**  
 (Including Information on Listed Property)

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

Name(s) shown on return <b>THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>75-2816066</b>
--	---	---

**Part I Election To Expense Certain 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	102,000.
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	410,000.
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	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the 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 2003 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 2005. 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	692.

**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 2004	17	69.
18 If you are electing under section 168(f)(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 2004 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						
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 2004 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	761.
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	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
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? <b>Note:</b> 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 2004 tax year:					
43 Amortization of costs that began before your 2004 tax year				43	400.
44 Total. Add amounts in column (f). See instructions for where to report				44	400.

2004 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
	MANAGEMENT AND GENERAL											
1	SOFTWARE	010100	SL	3.00	16	3,290.			3,290.	3,290.		0.
2	VIDEOTEX	010100	200DB	7.00	17	764.			764.	524.		69.
3	OTHER INTANGIBLE ASSETS	010100		180M	43	6,000.			6,000.	1,600.		400.
4	DELL COMPUTER	082503	SL	5.00	16	2,682.			2,682.	179.		536.
5	COMPUTER	070104	SL	5.00	16	1,560.			1,560.			156.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					14,296.		0.	14,296.	5,593.	0.	1,161.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					14,296.		0.	14,296.	5,593.	0.	1,161.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF BONDS	866,000.	866,000.	0.	0.
TO FORM 990, PART I, LINE 8	866,000.	866,000.	0.	0.

FORM 990	OTHER EXPENSES				STATEMENT 2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	13,514.	12,537.	33.	944.	
PUBLIC RELATIONS	1,200.	1,200.			
COMPUTER & INTERNET SERVICES	16,717.	13,035.	586.	3,096.	
NEWSLETTER	11,460.	7,586.		3,874.	
OFFICE SUPPLIES	2,596.	2,245.	164.	187.	
MEALS	986.	715.	230.	41.	
MOVING EXPENSE	290.		290.		
STIPENDS	33,000.	33,000.			
EVENT SUPPLIES	7,290.	3,872.		3,418.	
MISCELLANEOUS	150.		150.		
BANK CHARGES	255.		255.		
FILING FEES	25.		25.		
DUES AND SUBSCRIPTIONS	72.	61.	5.	6.	
PROFESSIONAL SERVICES	23,738.	17,289.	6,449.		
CC PROCESSING FEES	1,337.			1,337.	
EVENT LOCATION RENTAL	130,404.	130,404.			
MARKETING	2,312.	2,312.			
TOTAL TO FM 990, LN 43	245,346.	224,256.	8,187.	12,903.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

PROMOTE MESOTHELIOMA (CANCER) RESEARCH, EDUCATION AND AWARENESS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

GROWTH OF RESEARCH GRANT PROGRAM CREATING INCREASED INTL. INTEREST IN MESO RESEARCHSCIENTIFIC PEER REVIEW OF 32 PROPOSED PROJECTS, SELECTION AND FUNDING OF 11 NEW PROJ. AND 6 ONGOING PROJECTS; ANNUAL RESEARCH AND EDUCATION SYMPOSIUM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	868,793.	1,059,652.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE TWO

EDUCATION & AWARENESS SERVICE CONSISTING OF PROVIDING PATIENT PATIENTS & FAMILIES WITH SUPPORT & INFO ON RESEARCH, AVAILABLE TREATMENTS, CLINICAL TRIALS & CENTERS WITH EXPERTISE; SYMPOSIUM, DIST.OF ED. BROCHURES; WEB SITE DEV & MAINTENANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		209,557.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
MEDICAL RESEARCH	PAUL BAAS, MD, PHD	121 PLESMANLAAN, AMSTERDAM, NETHERLANDS	NONE	50,000.
MEDICAL RESEARCH	BRAD BLACK, MD	308 LOUISIANA AVENUE, LIBBY, MT 89923	NONE	49,100.
MEDICAL RESEARCH	CECILIA CAMACHO-HUBNER, MD	51-53 BARTHOLOMEW CLOSE, LONDON, ENGLAND	NONE	50,000.
MEDICAL RESEARCH	ROBERT CAMERON, MD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	90,000.
MEDICAL RESEARCH	DAVID GOLDMAN, MD	1300 MORRIS PARK AVENUE, BRONX, NY 10461-1602	NONE	50,000.
MEDICAL RESEARCH	RICHARD KORNBLOUTH, MD, PHD	3350 LA JOLLA VILLAGE DRIVE - 111F	NONE	50,000.
MEDICAL RESEARCH	BIN LIU, PHD	1001 POTRERO AVENUE, RM 3C38, SAN FRANCISCO, CA	NONE	49,569.
MEDICAL RESEARCH	GREGORY OTTERSON	1960 KENNY RD, COLUMBUS, OH 43221	NONE	50,000.
MEDICAL RESEARCH	RAVI SALGIA, MD, PHD	5841 SOUTH MARYLAND AVENUE, MC 2115, CHICAGO,	NONE	50,000.
MEDICAL RESEARCH	BERNADETTE SCOTT, PHD	27-31 WRIGHT STREET, CLAYTON, AUSTRALIA	NONE	48,096.
MEDICAL RESEARCH	HARVEY PASS, MD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	45,000.
MEDICAL RESEARCH	DAVID T CURIEL, PHD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	50,000.

THE MESOTHELIOMA APPLIED RESEARCH FOUNDA

75-2816066

MEDICAL RESEARCH	GAVIN GORDON, PHD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	50,000.
MEDICAL RESEARCH	BNM LAMBRECHT, MD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	37,028.
MEDICAL RESEARCH	BO LU, MD, PHD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	50,000.
MEDICAL RESEARCH	JILL OHAR, MD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	50,000.
MEDICAL RESEARCH	ITE LAIRD-OFFRINGA, MD	1609 GARDEN STREET, SANTA BARBARA, CA 93101	NONE	50,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				868,793.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
BEST BUY STOCK	COST	5,191.			5,191.
TO FORM 990, LINE 54, COL B		5,191.			5,191.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY BONDS	COST	121,766.		121,766.
TOTAL TO FORM 990, LINE 54, COL B		121,766.		121,766.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	3,290.	3,290.	0.
VIDEOTEX	764.	593.	171.
OTHER INTANGIBLE ASSETS	6,000.	2,000.	4,000.
DELL COMPUTER	2,682.	715.	1,967.
COMPUTER	1,560.	156.	1,404.
TOTAL TO FORM 990, PART IV, LN 57	14,296.	6,754.	7,542.

FORM 990 OTHER SECURITIES STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUNDER INDEX 500 FUND	COST	457,365.
TO FORM 990, LINE 54, COL B		457,365.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11  
PART III, LINE 3

THE ORGANIZATION HAS A STANDING COMMITTEE THAT EVALUATES MEDICAL RESEARCH GRANT APPLICATIONS WITH THE PURPOSE OF ENSURING THAT GRANTEES RECEIVE SUCH GRANTS SPECIFICALLY TO FURTHER THE ORGANIZATION'S CHARITABLE PURPOSE. THE ORGANIZATION ALSO RECEIVES FROM GRANTEES PERIODIC REPORTS AS TO THE USE OF GRANT MONIES, WHICH ARE REVIEWED TO ENSURE USE OF FUNDS FOR THEIR INTENDED PURPOSE.

## Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.</b>	Employer identification number <b>75-2816066</b>
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. <b>1609 GARDEN STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93101</b>	

**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 |

- The books are in the care of ▶ **ACCOUNTABILITY PLUS**  
 Telephone No. ▶ **(805) 560 8942** FAX No. ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2004** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 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**

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note:** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.</b>	Employer identification number <b>75-2816066</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1609 GARDEN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANTA BARBARA, CA 93101</b>	

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

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
 Form 990-PF   
 Form 990-T (trust other than above)   
 Form 4720   
 Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **ACCOUNTABILITY PLUS**  
Telephone No. **(805) 560 8942** FAX No. \_\_\_\_\_
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2005.**
- 5 For calendar year **2004**, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO GATHER ALL INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *[Handwritten Signature]* Title **CPA** Date **7/27/05**

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  423832 01-10-05	Name <b>MACFARLANE, FALETTI &amp; CO. LLP</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>115 E. MICHELTORANA ST. #200</b>
	City or town, province or state, and country (including postal or ZIP code) <b>SANTA BARBARA, CA 93101</b>