

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

OMB No 1545-0047

**2004**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 **OCT 1, 2004** and ending **SEP 30, 2005****B** Check if  
applicable

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

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**THE BRAIN TUMOR SOCIETY, INC.**

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

**124 WATERTOWN STREET**

Room/suite

**3H**

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

**WATERTOWN, MA 02472-2500****D** Employer identification number**04-3068130****E** Telephone number**617-924-9997****F** Accounting method☐ Cash ☒ Accrual☐ Other  
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ)**H** and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No

(If "No," attach a list)

**H(d)** Is this a separate return filed by an or-  
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is **not** required to attach  
Sch B (Form 990, 990-EZ, or 990-PF)**G** Website ▶ **WWW.TBTS.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The  
organization need not file a return with the IRS, but if the organization received a Form 990 Package  
in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,821,851.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>	<b>560,020.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>560,020.</b> noncash \$ )			<b>1d</b>	<b>560,020.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>71,108.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	<b>26,995.</b>
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>Expenses</b>	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				
	<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 \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>3,135,953.</b>		
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	<b>277,477.</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)		<b>SEE STATEMENT 1</b>	<b>9c</b>	<b>2,858,476.</b>
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>27,775.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>3,544,374.</b>	
<b>Net Assets</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>2,500,600.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>91,546.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>117,984.</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>2,710,130.</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>834,244.</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>3,014,966.</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>&lt;692.&gt;</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>3,848,518.</b>

RCVD IN  
BATCHING JUN 16 2006  
SEE STATEMENT 2423001  
01-13-05

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

Form 990 (2004)

SCANNED JUL 28 2006

**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 \$ <u>1795792.</u> noncash \$ )	22 1,795,792.	1,795,792.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 108,500.	86,800.	21,700.	0.
26	Other salaries and wages	26 230,391.	206,341.	5,411.	18,639.
27	Pension plan contributions	27 4,404.	3,810.	352.	242.
28	Other employee benefits	28 21,848.	18,898.	1,748.	1,202.
29	Payroll taxes	29 27,842.	24,084.	2,227.	1,531.
30	Professional fundraising fees	30			
31	Accounting fees	31 20,587.		20,587.	
32	Legal fees	32			
33	Supplies	33 21,463.	16,097.	5,366.	
34	Telephone	34 6,159.	5,543.	616.	
35	Postage and shipping	35 13,264.	12,866.	398.	
36	Occupancy	36 45,127.	40,614.	4,513.	
37	Equipment rental and maintenance	37			
38	Printing and publications	38 5,913.	5,617.	296.	
39	Travel	39			
40	Conferences, conventions, and meetings	40 99,329.	99,041.	288.	
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 5,283.	3,275.	2,008.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e 304,228.	181,822.	26,036.	96,370.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,710,130.	2,500,600.	91,546.	117,984.

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 4**

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.)

<b>a SCIENTIFIC RESEARCH, EDUCATION, PATIENT, AND FAMILY SUPPORT.</b>		
	(Grants and allocations \$ 1,795,792.)	2,500,600.
<b>b</b>		
	(Grants and allocations \$ )	
<b>c</b>		
	(Grants and allocations \$ )	
<b>d</b>		
	(Grants and allocations \$ )	
<b>e Other program services (attach schedule)</b>		(Grants and allocations \$ )
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>2,500,600.</b>

**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	89,647.	45	61,207.
	46 Savings and temporary cash investments	1,071,551.	46	1,352,288.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	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	6,396.	53	6,328.
	54 Investments - securities	1,642,776.	54	3,350,532.
	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	78,024.		
b Less accumulated depreciation	57b	69,305.	57c	8,719.
58 Other assets (describe ► SEE STATEMENT 8)		3,739.	58	3,739.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,026,737.	59	4,782,813.
<b>Liabilities</b>	60 Accounts payable and accrued expenses	11,771.	60	34,436.
	61 Grants payable		61	899,859.
	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)		11,771.	66
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,793,132.	67	3,792,218.
	68 Temporarily restricted	221,834.	68	56,300.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	3,014,966.	73	3,848,518.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,026,737.	74	4,782,813.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	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 <input type="checkbox"/> exempt or <input type="checkbox"/> 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 3,247.		
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, 2004 90b 7		
91 The books are in care of NEAL LEVITAN 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		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	71,108.	
96 Dividends and interest from securities			14	26,995.	
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					2,858,476.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a RETURN OF UNEXPENDED					
b RESEARCH GRANT					27,775.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		98,103.	2,886,251.
105 Total (add line 104, columns (B), (D), and (E))					2,984,354.

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 & 103	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)

Please Sign Here	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.	
	Signature of officer <i>[Signature]</i>	Date <i>05/30/06</i>
Paid Preparer's Use Only	Type or print name and title <i>Neil E. Luntan, Treasurer</i>	
	Preparer's signature <i>[Signature]</i>	Date <i>05/30/06</i>
423161 01-13-05	Firm's name (or yours if self-employed), address, and ZIP + 4 MILLER WACHMAN LLP 10 ST. JAMES AVENUE, 16TH FLOOR BOSTON, MA 02116	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN <i>[Blank]</i>
	EIN <i>[Blank]</i>	Phone no <i>617-338-6800</i>

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2004

Name of the organization

THE BRAIN TUMOR SOCIETY, INC.

Employer identification number

04 3068130

## Part 1

### Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None".)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE -----				
----- -----				
----- -----				
----- -----				
----- -----				
----- -----				
Total number of other employees paid over \$50,000 ▶	0			

## Part II

### Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None".)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services	0	

**Part III** Statements About Activities (See page 2 of the instructions)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities: \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 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.)	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

SEE STATEMENT 14

**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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	719,224.	381,046.	771,822.	1,622,678.	3,494,770.
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	1,951,240.	924,636.	967,706.	951,297.	4,794,879.
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	26,012.	31,873.	32,840.	63,121.	153,846.
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		10.	SEE STATEMENT 15		10.
23 Total of lines 15 through 22	2,696,476.	1,337,565.	1,772,368.	2,637,096.	8,443,505.
24 Line 23 minus line 17	745,236.	412,929.	804,662.	1,685,799.	3,648,626.
25 Enter 1% of line 23	26,965.	13,376.	17,724.	26,371.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					72,973.
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					742,616.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3,648,626.
d Add: Amounts from column (e) for lines 18 153,846. 19 742,616.					896,472.
22 10.					2,752,154.
e Public support (line 26c minus line 26d total)					75.4299%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
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					N/A
17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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				

**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/>		
<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/>		
<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>	

Schedule A (Form 990 or 990-EZ) 2004





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

428102  
10-08-04

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

## 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
19	COMPUTER	020100	SL	5.00	16	685.			685.	639.		46.
20	COMPUTER	020100	SL	5.00	16	685.			685.	639.		46.
21	HARDWARE	090100	SL	5.00	16	1,475.			1,475.	1,205.		270.
22	SOFTWARE	033101	SL	5.00	16	8,063.			8,063.	4,857.		1,613.
23	HARDWARE	112800	SL	5.00	16	975.			975.	748.		195.
24	COMPUTER	032801	SL	5.00	16	1,870.			1,870.	1,309.		374.
25	COMPUTER	011701	SL	5.00	16	840.			840.	623.		168.
26	COMPUTER	101400	SL	5.00	16	500.			500.	400.		100.
27	DELL COMPUTER	012302	SL	5.00	16	1,075.			1,075.	573.		215.
28	DELL COMPUTER	022502	SL	5.00	16	1,133.			1,133.	586.		227.
29	PHONE VOICE MAIL	042302	SL	5.00	16	2,719.			2,719.	1,315.		544.
30	COMPUTERS	092603	200DB	5.00	17	987.			987.	424.		225.
31	COMPUTER SERVER	091703	200DB	5.00	17	509.			509.	218.		116.
32	COMPUTER SERVER	091703	200DB	5.00	17	640.			640.	275.		146.
33	SHARP COPIER	020904	SL	5.00	16	3,325.			3,325.	443.		665.
34	DELL COMPUTER	072504	SL	5.00	16	662.			662.	22.		132.
35	DELL LAPTOP	083004	SL	5.00	16	774.			774.	13.		155.
36	DELL COMPUTER	080505	SL	5.00	16	1,374.			1,374.			46.

438102  
10-08-04

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, 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
	* TOTAL 990 PAGE 2 DEPR					78,024.		0.	78,024.	64,022.	0.	5,283.

## FORM 990

## SPECIAL EVENTS AND ACTIVITIES

## STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GERSON GALA MISSION	63,600.		63,600.		63,600.
RIDE FOR RESEARCH	1,130,308.		1,130,308.	29,366.	1,100,942.
DC 5K WALK	1,070,460.		1,070,460.	108,215.	962,245.
LINKS 2003 AND 2004	550.		550.	27.	523.
GERSON GALA	485,291.		485,291.	113,135.	372,156.
GERSON GALA LIVE AUCTION	130,092.		130,092.		130,092.
SKATE FOR BLAIR	25,893.		25,893.		25,893.
DC RACE FOR HOPE	73,101.		73,101.	18,490.	54,611.
MISC EVENTS	487.		487.		487.
NUTTER OPEN	885.		885.		885.
ESCARPMENT DAY HIKE	1,540.		1,540.		1,540.
MERGEE TREGER SHELL	1,610.		1,610.		1,610.
JACKIE GERARD	380.		380.		380.
WILLIAM CONNOLLY EVENT	3,245.		3,245.		3,245.
NOEL CONCERT	433.		433.	392.	41.
MOVEMENT MUSIC	141.		141.		141.
GLASSMAN DINNER	10,222.		10,222.	5,912.	4,310.
KAROL GALA	2,500.		2,500.	495.	2,005.
SWIM A THON	4,992.		4,992.		4,992.
NOTE CARDS	635.		635.		635.
RHEIN BERMUDA	2,540.		2,540.		2,540.
BILLY GRAY RIDE	48,820.		48,820.		48,820.
SSBTR	76,200.		76,200.	1,445.	74,755.
BUILDING #19 CONTEST	2,028.		2,028.		2,028.
TO FM 990, PART I, LINE 9	3,135,953.		3,135,953.	277,477.	2,858,476.

## FORM 990

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

## STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<692.>
TOTAL TO FORM 990, PART I, LINE 20	<692.>



FORM 990	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BANK CHARGES	8,031.		8,031.	
DEVELOPMENT	34,291.	17,146.	5,144.	12,001.
INSURANCE	8,171.		8,171.	
SYMPOSIUM	29,700.	29,700.		
NEWSLETTER	60,649.	54,585.	3,032.	3,032.
MERCHANT FEES	80,438.			80,438.
GRANT SELECTION EXPENSE	15,058.	15,058.		
RECRUITMENT FEES	150.	150.		
SUPPORT	14,076.	14,076.		
CONSULTANTS	1,569.		1,569.	
RESEARCH	49,405.	49,405.		
STAFF TRAINING	446.	446.		
DUES AND SUBSCRIPTIONS	446.	357.	89.	
ANNUAL REPORT	1,798.	899.		899.
TOTAL TO FM 990, LN 43	304,228.	181,822.	26,036.	96,370.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 4
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## EXPLANATION

THE SOCIETY STRIVES TO IMPROVE THE QUALITY OF LIFE OF BRAIN TUMOR PATIENTS, SURVIVORS, AND THEIR FAMILIES BY PROVIDING ACCESS TO PSYCHOSOCIAL SUPPORT, INFORMATION, AND RESOURCES. THE SOCIETY RAISES FUNDS TO ADVANCE CAREFULLY SELECTED RESEARCH PROJECTS TO ENHANCE TREATMENTS AND TO FIND A CURE FOR TUMORS.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT 5
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE ATTACHED SCHEDULE		NONE	1795792.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1795792.

FORM 990	GOVERNMENT SECURITIES			STATEMENT	6
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US OBLIGATIONS	FMV	54,608.		54,608.	
TOTAL TO FORM 990, LINE 54, COL B		54,608.		54,608.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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.	685.	0.
COMPUTER	685.	685.	0.
HARDWARE	1,475.	1,475.	0.
SOFTWARE	8,063.	6,470.	1,593.
HARDWARE	975.	943.	32.
COMPUTER	1,870.	1,683.	187.
COMPUTER	840.	791.	49.
COMPUTER	500.	500.	0.
DELL COMPUTER	1,075.	788.	287.
DELL COMPUTER	1,133.	813.	320.
PHONE VOICE MAIL	2,719.	1,859.	860.
COMPUTERS	987.	649.	338.
COMPUTER SERVER	509.	334.	175.
COMPUTER SERVER	640.	421.	219.
SHARP COPIER	3,325.	1,108.	2,217.
DELL COMPUTER	662.	154.	508.

DELL LAPTOP	774.	168.	606.
DELL COMPUTER	1,374.	46.	1,328.
TOTAL TO FORM 990, PART IV, LN 57	78,024.	69,305.	8,719.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT
DEPOSITS	3,333.
ACCRUED INTEREST RECEIVABLE	406.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	3,739.

FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	1,209,961.
CERTIFICATES OF DEPOSIT	FMV	2,085,963.
TO FORM 990, LINE 54, COL B		3,295,924.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
SPECIAL EVENTS	277,477.
TOTAL TO FORM 990, PART IV-A	277,477.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	11
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DESCRIPTION	AMOUNT
SPECIAL EVENTS	277,477.
TOTAL TO FORM 990, PART IV-B	277,477.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
RETURN OF UNEXPENDED RESEARCH GRANT	27,775.
TOTAL TO FORM 990, PART IV-A	27,775.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	13
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DESCRIPTION	AMOUNT
RETURN OF UNEXPENDED RESEARCH GRANT	27,775.
TOTAL TO FORM 990, PART IV-B	27,775.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3	STATEMENT	14
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THE SOCIETY PROVIDES GRANTS TO MEDICAL RESEARCHERS INVOLVED IN BASIC SCIENTIFIC INVESTIGATION FOR THE TREATMENT, CURE AND CAUSES OF BRAIN TUMOR DISEASE. ALL PARTICIPANTS MUST BE APPROVED BY THE BOARD OF DIRECTORS. RECIPIENTS MUST SUBMIT PERIODIC STATUS REPORTS TO THE ORGANIZATION.

SCHEDULE A	OTHER INCOME	STATEMENT	15
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DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	0.	10.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	10.	0.	0.

BTS Board of Directors

E.I. # 04-3068130

updated 10/7/2005

9/30/05 Form 990, Part V

**Denise Boucher** *Secretary*  
30 Lowden Ave.  
Somerville, MA 02143  
Work: (617) 551-4990 Fax: (617) 551-8899  
Home: (617) 666-5830 Email: Denise.Boucher@mpi.com

---

**Mary Catherine Calisto**  
41 Mitchell Grant Way  
Bedford, MA 01730  
Work: (781) 275-1468 Fax: 781-275-1298  
mary-catherine.calisto@lanxess.com

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**Lauren Corkin**  
71 William Street  
Needham, MA 02494  
Home: (781) 449-7733 Email: Laurencorkin@aol.com

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**Michael Corkin** *Treasurer*  
Corkin Insurance Agency  
180 Wells Avenue, Suite 301A  
Newton, MA 02489  
Work: (617) 796-0111x15 Fax: (617) 796-0110  
mcorkin@corkininsurance.com

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**Robin Boss Dorman**  
730 Elmgrove Ave.  
Providence, RI 02906  
Work: (401) 335-8526 Fax: (401) 333-3830  
Cell: (401) 965-8902 Home: (401) 273-4325  
rbdorman@cross.com

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**G. Bonnie Feldman** *Honorary Life Member*  
22 William Bradford Rd.  
North Dartmouth, MA 02747  
Work: (508) 997-6005 Fax: (508) 991-6066  
Cell: (508) 789-6005 Email: tbtsbons@aol.com

---

**Barry Glassman**  
Cassaday and Company, Inc  
8180 Greensboro Dr, #1180  
McLean, VA 22102  
Work: (703) 506-8200 Fax: (703) 506-8208  
barry@cassaday.com

---

**Mark Goldstein**  
11680 NW 71<sup>st</sup> Place  
Parkland, FL 33076  
Work: (954) 341-4606 Home: (954) 341-5532  
Cell: (954) 649-3779 Fax: (954) 341-2977  
Mark\_Goldstein@AcushnetGolf.com

---

**Daniel Greiff**  
55 Aldridge Rd.  
Needham, MA 02492  
Work: (781) 449-9994 Home: (781) 444-1818  
dgreiff18@aol.com

---

**Ken Grey**  
38 Fifth Ave  
Saratoga Springs, NY 12866  
Work: (518)-943-3900 Fax: (518)-943-1752  
Home: (518)-587-7211 Email:  
kgrey@marshallsterling.com

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**Jane Gumble, Esq.** *Vice Chair*  
160 Whitman St.  
Stow, MA 01775  
Work: (617) 573-1101 Fax: (617) 573-1120  
Home: (978) 562-0921 Email: jane.gumble@state.ma.us

---

**Steven Karol**  
17 Louisburg Square  
Boston, MA 02118  
Home: (617) 723-9446 /7 Email: sekarol@watermill.com

---

**Sheila Killeen**  
11 Academy St.  
Worcester, MA 01609  
Home: (508) 752-5345 Email: kiltydog@charter.net

---

**Jeffrey Kolodin**  
330 Oak Knoll Drive  
Rockville, MD 20850  
Home: (301) 424-4102 Work: (301) 502-9222  
Email: jkolodin@comcast.net

---

**Rabbi David Paskin**  
6 Roberts Road  
Canton, MA 02021  
Work: (781) 828-5250 Home: (781) 821-5543  
david@shirav.net

---

**Susan Pannullo, M.D.**  
New York-Presbyterian Hospital  
Neuro-Oncology Starr 651, Box 99  
525 East 68th Street  
New York, NY 10021  
Work: (212) 746-2438 Fax: (212) 746-7732  
susan@hopebtc.org

---

**Vincent Patrone, Esq.**  
127 Lawn Street  
Providence, RI 02908  
Home: (401) 831-5589 Fax: (401) 728-0182  
Work: (401) 728-1800 x114 Email:  
vrpatrone@msn.com

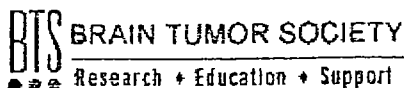
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**Dennis Roth** *Chair*  
26 Schoolhouse Lane  
Morristown, NJ 07960  
Work: (212) 354-8670 Fax: (212) 869-1835  
Home: (973) 895-2240 Cell: (973) 769-6511  
Ellie6r@aol.com

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E. I # 04-3068130

9/30/05



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## Research Grant Program

### 2005 Research Grant Recipients

*Click on the title of any project to download a PDF of the research summary. You may request a complimentary copy of the 2005 Research Grant Booklet through the [Contact Us](#) page.*

#### Thomas Biederer, PhD

Molecular analysis of the SynCAM family of tumor suppressors in the brain

Yale University  
New Haven, Connecticut

#### Xandra O. Breakfield, PhD

Targeting, imaging and therapy of gliomas via expression of recombinant biotinylated receptors

Massachusetts General Hospital  
Boston, Massachusetts

#### Brent H. Cochran, PhD

STAT3 as therapeutic target for glioblastoma

Tufts University School of Medicine  
Boston, Massachusetts

#### Gerard I. Evan, PhD

Defining the role of p53 in the suppression of glioblastoma

University of California, San Francisco  
San Francisco, California

#### Matthias Gromeier, MD

Molecular targeting of malignant glioma at the level of translation control

Duke University Medical Center  
Durham, North Carolina

#### John Y.H. Kim, MD, PhD

JUN- and MEF2-mediated apoptosis in medulloblastoma

Baylor College of Medicine  
Houston, Texas

#### Anna M. Krichevsky, PhD

Defining microRNA signaling in malignant gliomas

Brigham and Women's Hospital  
Boston, Massachusetts

**Calvin Kuo, MD, PhD**

Regulation of brain tumor angiogenesis by G-protein coupled receptors

Stanford University  
Stanford, California

**John Laterra, MD, PhD**

Anti-HGF monoclonal antibody therapy for malignant glioma

Kennedy Krieger Research Institute  
Baltimore, Maryland

**Boris R. Minev, MD**

A new target for immunotherapy of glioma

University of California, San Diego  
San Diego, California

**Duane A. Mitchell, MD, PhD**

Identification and immunologic targeting of HCMV antigens expressed in malignant gliomas

Duke University Medical Center  
Durham, North Carolina

**Dimitar Nikolov, PhD**

Structural and biophysical investigation of plexin and the semaphorin system, as receptor-ligand complex indicated in the progression of brain tumors

Memorial Sloan Kettering Institute for Cancer Research  
New York, New York

**Samuel D. Rabkin, PhD**

Dendritic cells, oncolytic HSV vectors and brain tumor immunotherapy

Massachusetts General Hospital  
Charlestown, Massachusetts

**John H. Sampson, MD, PhD**

Reconstitution of anti-tumor immunity in lymphopenic hosts with malignant gliomas

Duke University Medical Center  
Durham, North Carolina

**Adrienne C. Scheck, PhD**

t(11,22) in recurrent malignant glioma provides a novel therapeutic target

Barrow Neurological Institute  
Phoenix, Arizona

**Terry A. Van Dyke, PhD**

Modeling progression from low grade astrocytoma to GBM in genetically engineered mice

University of North Carolina at Chapel Hill  
Chapel Hill, North Carolina

**William A. Weiss, MD, PhD**

P13- and MEK kinase blockade in glioma  
University of California, San Francisco  
San Francisco, California

**Yuan Zhu, PhD**

Identification of molecular and cellular targets of malignant astrocytoma in a mouse model  
University of Michigan  
Ann Arbor, Michigan

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**The family and friends of Sam Gerson dedicate this Website in celebration of his remarkable life, his accomplishments and his contributions.**

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Phone 800 770 8287 Fax 617 924 9998



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

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

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

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

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

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

☒ 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 **NEAL LEVITAN**

Telephone No **617-924-9997**

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 **AUGUST 15, 2006**

5 For calendar year ☐, or other tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

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 INFORMATION IS NECESSARY IN ORDER TO PREPARE  
A COMPLETE AND ACCURATE TAX 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 **Mark J. Cohen** Title **CPA**

Date **5/10/06**

**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.	Name
	MILLER WACHMAN LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	10 ST. JAMES AVENUE, 16TH FLOOR
	City or town, province or state, and country (including postal or ZIP code)
	BOSTON, MA 02116

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01-10-05