Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2005**

Open to Public Inspection

**A For the 2005 calendar year, or tax year beginning and ending**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
PO BOX 91840

City or town, state or country, and ZIP + 4
SANTA BARBARA, CA 93190-1840

D Employer identification number
75-2816066

E Telephone number
805-563-8400

F Accounting method [X] 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 [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

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 [X] No

I Group Exemption Number ▶ N/A

**G Website:** ▶HTTP://WWW.MARF.ORG

**J Organization type** (check only one) ▶ [X] 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 chooses to file a return, be sure to file a complete return. **Some states require a complete return**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 4,305,941.

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

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| | a | Direct public support | 1a | 1,680,989. | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | **Total** (add lines 1a through 1c) (cash $ 1,680,989. noncash $ ) | | | 1d | 1,680,989. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 5,084. |
| | 5 | Dividends and interest from securities | | | 5 | 30,585. |
| | 6 a | Gross rents | 6a | | | |
| | b | Less: rental expenses | 6b | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | |
| | 7 | Other investment income (describe ▶ ) | | | 7 | |

| | | (A) Securities | | (B) Other |
|---|---|---|---|---|
| 8 a | Gross amount from sales of assets other than inventory | 2,245,558. | 8a | |
| b | Less: cost or other basis and sales expenses | 2,230,003. | 8b | |
| c | Gain or (loss) (attach schedule) | 15,555. | 8c | |

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 | | | 8d | 15,555. |
| | 9 | Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐ | | | | |
| | a | Gross revenue (not including $ 0. of contributions reported on line 1a) | 9a | 343,725. | | |
| | b | Less: direct expenses other than fundraising expenses | 9b | 137,523. | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2 | | | 9c | 206,202. |
| | 10 a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less: cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | |
| | 12 | **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 1,938,415. |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 1,419,797. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 42,174. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 55,292. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 1,517,263. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 421,152. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 1,287,915. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | 0. |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 1,709,067. |

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**Part II | Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|
| 22 Grants and allocations (attach schedule) (cash $844,596. noncash $ 0.) If this amount includes foreign grants, check here ▶ [X] | 22 | 844,596. | 844,596. | 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 | 157,000. | 129,796. | 13,940. | 13,264. |
| 26 Other salaries and wages | 26 | 130,597. | 107,967. | 11,596. | 11,034. |
| 27 Pension plan contributions | 27 | 10,727. | 9,115. | 735. | 877. |
| 28 Other employee benefits | 28 | 13,787. | 10,826. | 1,929. | 1,032. |
| 29 Payroll taxes | 29 | 19,144. | 16,267. | 1,312. | 1,565. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 9,197. | 7,816. | 645. | 736. |
| 32 Legal fees | 32 | 80,863. | 80,863. | | |
| 33 Supplies | 33 | 5,628. | 2,276. | 3,285. | 67. |
| 34 Telephone | 34 | 4,452. | 3,838. | 322. | 292. |
| 35 Postage and shipping | 35 | 7,834. | 4,324. | 291. | 3,219. |
| 36 Occupancy | 36 | 14,431. | 12,268. | 1,010. | 1,153. |
| 37 Equipment rental and maintenance | 37 | | | | |
| 38 Printing and publications | 38 | 21,318. | 17,080. | 313. | 3,925. |
| 39 Travel | 39 | 29,591. | 27,465. | 741. | 1,385. |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 1,629. | | 1,629. | |
| 43 Other expenses not covered above (itemize) | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g SEE STATEMENT 3 | 43g | 166,469. | 145,300. | 4,426. | 16,743. |
| 44 **Total functional expenses.** Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 1,517,263. | 1,419,797. | 42,174. | 55,292. |

**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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ; (iii) the amount allocated to Management and general $ N/A ; and (iv) the amount allocated to Fundraising $ N/A

Form 990 (2005)

** SEE STATEMENT 4

523011 02-03-06

**Part III** **Statement of Program Service Accomplishments** *(See the instructions.)*

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

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| What is the organization's primary exempt purpose? ▶ SEE STATEMENT 7 | |
| 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.) | |
| **a** GROWTH OF RESEARCH GRANT PROGRAM CREATING INCREASED INTL. INTEREST IN MESO RESEARCHSCIENTIFIC PEER REVIEW OF 28 PROPOSED PROJECTS,SELECTION AND FUNDING OF 9 NEW PROJ. AND 9 ONGOING PROJECTS; ANNUAL RESEARCH AND EDUCATION SYMPOSIUM. | |
| (Grants and allocations $ 844,596. ) If this amount includes foreign grants, check here ▶ [X] | 1,010,606. |
| **b** SEE STATEMENT 6 | |
| (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ [ ] | 329,191. |
| **c** ADVOCACY SERVICES - WORKED INTENSELY TO EDUCATE FEDERAL LEADERS ON NEED FOR FEDERAL MESOTHELIOMA RESEARCH FUNDING & ON THE DETAILS OF AN EFFECTIVE FEDERAL MESOTHELIOMA RESEARCH PROGRAM. | |
| (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ [ ] | 80,000. |
| **d** | |
| (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ [ ] | |
| **e** Other program services (attach schedule) (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ [ ] | |
| **f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 1,419,797. |

**Part IV | Balance Sheets** *(See the instructions.)*

**Note:** *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

| Section | Line | Description | Sub-line | Sub-amount | (A) Beginning of year | Line | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 45 | Cash - non-interest-bearing | | | | 45 | 41,618. |
| | 46 | Savings and temporary cash investments | | | 747,381. | 46 | 548,290. |
| | 47 a | Accounts receivable | 47a | | | | |
| | b | Less. allowance for doubtful accounts | 47b | | 990. | 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 | | | | 53 | |
| | 54 | Investments - securities STMT 9 ▶ [X] Cost [ ] FMV | | | 584,322. | 54 | 1,110,110. |
| | 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 | 17,432. | | | |
| | b | Less accumulated depreciation STMT 8 | 57b | 8,383. | 7,542. | 57c | 9,049. |
| | 58 | Other assets (describe ▶ ) | | | 1,790. | 58 | |
| | 59 | **Total assets** (must equal line 74) Add lines 45 through 58 | | | 1,342,025. | 59 | 1,709,067. |
| Liabilities | 60 | Accounts payable and accrued expenses | | | 3,786. | 60 | |
| | 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 ▶ ) | | | 50,324. | 65 | |
| | 66 | **Total liabilities.** Add lines 60 through 65) | | | 54,110. | 66 | 0. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶** [ ] and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 | Unrestricted | | | | 67 | |
| | 68 | Temporarily restricted | | | | 68 | |
| | 69 | Permanently restricted | | | | 69 | |
| | | **Organizations that do not follow SFAS 117, check here ▶** [X] 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 | | | 626,050. | 72 | 1,047,202. |
| | 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) | | | 1,287,915. | 73 | 1,709,067. |
| | 74 | **Total liabilities and net assets/fund balances.** Add lines 66 and 73 | | | 1,342,025. | 74 | 1,709,067. |

## Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions )*

| | | | | | |
|---|---|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | | | a | 1,955,367. |
| b | Amounts included on line a but not on Part I, line 12. | | | | |
| 1 | Net unrealized gains on investments | b1 | 19,728. | | |
| 2 | Donated services and use of facilities | b2 | | | |
| 3 | Recoveries of prior year grants | b3 | | | |
| 4 | Other (specify) SEE STATEMENT 10 | b4 | 34,864. | | |
| | Add lines b1 through b4 | | | b | 54,592. |
| c | Subtract line b from line a | | | c | 1,900,775. |
| d | Amounts included on Part I, line 12, but not on line a: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify). SEE STATEMENT 12 | d2 | 37,640. | | |
| | Add lines d1 and d2 | | | d | 37,640. |
| e | **Total revenue** (Part I, line 12) Add lines c and d ▶ | | | e | 1,938,415. |

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

| | | | | | |
|---|---|---|---|---|---|
| a | Total expenses and losses per audited financial statements | | | a | 1,601,212. |
| b | Amounts included on line a but not on Part I, line 17 | | | | |
| 1 | Donated services and use of facilities | b1 | | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | | |
| 3 | Losses reported on Part I, line 20 | b3 | | | |
| 4 | Other (specify): SEE STATEMENT 11 | b4 | 84,864. | | |
| | Add lines b1 through b4 | | | b | 84,864. |
| c | Subtract line b from line a | | | c | 1,516,348. |
| d | Amounts included on Part I, line 17, but not on line a: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify) SEE STATEMENT 13 | d2 | 915. | | |
| | Add lines d1 and d2 | | | d | 915. |
| e | **Total expenses** (Part I, line 17) Add lines c and d ▶ | | | e | 1,517,263. |

## Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated ) *(See the instructions )*

| (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 plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 14 | | 157,000. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 75 a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 8 | | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | | X |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? | 75c | | X |
| | **Note.** Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. | | | |
| d | Does the organization have a written conflict of interest policy? | 75d | | X |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |

**Part VI Other Information** *(See the instructions.)*

| | | | 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 ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures (See line 81 instructions.) 81a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 81b | | X |

| Part VI | Other Information (continued) | | | Yes | No |
|---|---|---|---|---|---|
| 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 34,576. | | | |
| 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? | 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 ▶ CA

b Number of employees employed in the pay period that includes March 12, 2005 | 90b | 3

91 a The books are in care of ▶ ACCOUNTABILITY PLUS Telephone no. ▶ (805) 560 8942

Located at ▶ 1522 OLIVE STREET, SANTA BARBARA, CA ZIP + 4 ▶ 93101

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A<br>See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts | 91b | | X |
| c | At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A | 91c | | X |

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 the instructions)

| Note: Enter gross amounts unless otherwise indicated | Unrelated business income (A) Business code | Unrelated business income (B) Amount | Excluded by section 512, 513, or 514 (C) Exclusion code | Excluded by section 512, 513, or 514 (D) Amount | (E) Related or exempt function income |
|---|---|---|---|---|---|
| 93 Program service revenue | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 5,084. | |
| 96 Dividends and interest from securities | | | 14 | 30,585. | |
| 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 | | | 18 | 15,555. | |
| 101 Net income or (loss) from special events | | | | | 206,202. |
| 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. | | 51,224. | 206,202. |

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 257,426.

**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 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 | NET REGISTRATION INCOME FROM PARTICIPANTS TO FURTHER THE SCIENTIFIC |
| 101 | RESEARCH & DEVELOPMENT AND AWARENESS AT THE SYMPOSIUM. |

## Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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

▶ Christopher E Hahn — Signature of officer | 11/15/06 — Date | ▶ Christopher E Hahn Executive Director — Type or print name and title.

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ [signature] | Date 11/15/06 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN P00161999 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MACFARLANE, FALETTI & CO. LLP 115 E. MICHELTORENA ST. #200 SANTA BARBARA, CA 93101 | | EIN ▶ | Phone no. ▶ 805 966-4157 |

523163 02-03-06

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2005**

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 |
|---|---|---|---|---|
| ROB GRAYSON<br>PO BOX 91840, SANTA BARBARA, CA 93190 | ASST DIRECTOR<br>40.00 | 62,500. | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ▶ | 0 | | | |

## Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over $50,000 for other 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 ▶ $ 10,000. $ 10,000. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) VI-A, LINE 38A VI-A, LINE 38B | 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-A, FORM 990 | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3 a | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 15 | 3a | X | |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | X | |
| c | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | | 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)(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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

| **(a)** Name(s) of supported organization(s) | **(b)** Line number from above |
|---|---|
| | |
| | |
| | |

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**
**Note:** *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 1,443,869. | 488,838. | 588,833. | 536,911. | 3,058,451. |
| 16 Membership fees received | | | | 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 | 35,258. | | | 0. | 35,258. |
| 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 | 17,890. | 20,488. | 22,992. | 34,504. | 95,874. |
| 19 Net income from unrelated business activities not included in line 18 | | | 0. | 0. | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | 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. | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets | | | | | |
| 23 Total of lines 15 through 22 | 1,497,017. | 509,326. | 611,825. | 571,415. | 3,189,583. |
| 24 Line 23 minus line 17 | 1,461,759. | 509,326. | 611,825. | 571,415. | 3,154,325. |
| 25 Enter 1% of line 23 | 14,970. | 5,093. | 6,118. | 5,714. | |

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 63,087.

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 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 390,738.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 3,154,325.

d Add: Amounts from column (e) for lines: 18 95,874. 19 ______ 22 ______ 26b 390,738. ▶ 26d 486,612.

e Public support (line 26c minus line 26d total) ▶ 26e 2,667,713.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 84.5732%

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

(2004) (2003) (2002) (2001)

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 11b, 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

(2004) (2003) (2002) (2001)

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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

**Part V** **Private School Questionnaire** (See page 7 of the instructions.) N/A

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

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | | | |
| 32 | Does the organization maintain the following: | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a [X] if the organization belongs to an affiliated group. Check ▶ b [ ] if you checked "a" and "limited control" provisions apply.

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred.) | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|---|---|
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | 10,000. | 10,000. |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | 0. | 0. |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | 10,000. | 10,000. |
| 39 Other exempt purpose expenditures | 39 | 1,507,263. | 1,507,263. |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | 1,517,263. | 1,517,263. |
| 41 Lobbying nontaxable amount. Enter the amount from the following table - | 41 | 225,863. | 225,863. |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | 56,466. | 56,466. |
| 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | 0. | 0. |
| 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | 0. | 0. |

| If the amount on line 40 is - | The lobbying nontaxable amount is - |
|---|---|
| Not over $500,000 | 20% of the amount on line 40 |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500 000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1 000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**Caution:** *If there is an amount on either line 43 or line 44, you must file Form 4720*

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|---|---|---|---|---|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | 225,863. | | | | 225,863. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 338,795. |
| 47 Total lobbying expenditures | 10,000. | | | | 10,000. |
| 48 Grassroots nontaxable amount | 56,466. | | | | 56,466. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 84,699. |
| 50 Grassroots lobbying expenditures | 10,000. | | | | 10,000. |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

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

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

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

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

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

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

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

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

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

523151
02-03-06

| Asset Number | Description of property / Date placed in service | Method/ IRC sec. | Life or rate | Line No. | Cost or other basis | Basis reduction | Accumulated depreciation/amortization | Current year deduction |
|---|---|---|---|---|---|---|---|---|
| | FIXED ASSETS | | | | | | | |
| 1 | SOFTWARE | | | | | | | |
| | 010100 | SL | 3.00 | 16 | 3,290. | | 3,290. | 0. |
| 2 | VIDEOTEX | | | | | | | |
| | 010100 | 200DB | 7.00 | 17 | 764. | | 593. | 68. |
| 5 | COMPUTER | | | | | | | |
| | 070104 | SL | 5.00 | 16 | 1,560. | | 156. | 312. |
| 9 | FURNITURE | | | | | | | |
| | 070105 | SL | 5.00 | 16 | 1,454. | | | 145. |
| 10 | DELL COMPUTER | | | | | | | |
| | 070105 | SL | 5.00 | 16 | 1,682. | | | 168. |
| | * 990 PAGE 2 TOTAL - FIXED ASSETS | | | | | | | |
| | | | | | 8,750. | 0. | 4,039. | 693. |
| | COMPUTER EQUIPMENT | | | | | | | |
| 4 | DELL COMPUTER | | | | | | | |
| | 082503 | SL | 5.00 | 16 | 2,682. | | 715. | 536. |
| | * 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT | | | | | | | |
| | | | | | 2,682. | 0. | 715. | 536. |
| | INTANGIBLE ASSETS | | | | | | | |
| 3 | OTHER INTANGIBLE ASSETS | | | | | | | |
| | 010100 | | 180M | 43 | 6,000. | | 2,000. | 400. |
| | * 990 PAGE 2 TOTAL - INTANGIBLE ASSETS | | | | | | | |
| | | | | | 6,000. | 0. | 2,000. | 400. |
| | * GRAND TOTAL 990 PAGE 2 DEPR & AMORT | | | | | | | |
| | | | | | 17,432. | 0. | 6,754. | 1,629. |

516261 05-01-05 # - Current year section 179 (D) - Asset disposed

## 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 INVESTMENTS | 2,245,558. | 2,230,003. | 0. | 15,555. |
| TO FORM 990, PART I, LINE 8 | 2,245,558. | 2,230,003. | 0. | 15,555. |

## FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|---|---|---|---|---|---|
| SYMPOSIUM | 343,725. | | 343,725. | 137,523. | 206,202. |
| TO FM 990, PART I, LINE 9 | 343,725. | | 343,725. | 137,523. | 206,202. |

## FORM 990 OTHER EXPENSES STATEMENT 3

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|---|---|---|---|---|
| ADVERTISING | 18,892. | 17,726. | 39. | 1,127. |
| COMPUTER & INTERNET SERVICES | 12,307. | 9,597. | 431. | 2,279. |
| NEWSLETTER | 26,212. | 23,435. | | 2,777. |
| OFFICE SUPPLIES | 8,002. | 6,898. | 579. | 525. |
| MEALS | 3,842. | 2,786. | 896. | 160. |
| STIPENDS | 46,700. | 46,700. | | |
| EVENT SUPPLIES | 11,600. | 6,161. | | 5,439. |
| MISCELLANEOUS | 1,002. | 1,002. | | |
| BANK CHARGES | 2,739. | | 439. | 2,300. |
| FILING FEES | 185. | | 185. | |
| INVESTMENT FEES | 8,377. | 8,377. | | |
| PROFESSIONAL SERVICES | 22,684. | 19,281. | 1,588. | 1,815. |
| WORKERS COMP | 3,927. | 3,337. | 269. | 321. |
| TOTAL TO FM 990, LN 43 | 166,469. | 145,300. | 4,426. | 16,743. |

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 4
PART II, LINE 25

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---|---|---|---|---|
| CHRIS HAHN | 157,000. | | | 157,000. |
| A. PROGRAM SERVICES | 130,310. | | | 130,310. |
| B. MANAGEMENT AND GENERAL | 14,130. | | | 14,130. |
| C. FUNDRAISING | 12,560. | | | 12,560. |

| | |
|---|---|
| TOTAL PROGRAM SERVICES | 130,310. |
| TOTAL MANAGEMENT AND GENERAL | 14,130. |
| TOTAL FUNDRAISING | 12,560. |
| TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B | 157,000. |

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

| 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 | XIABAO CAO - TEXAS A&M | 702 SW HK DODGEN LOOP, TEMPLE, TX 46504 | NONE | 48,000. |
| MEDICAL RESEARCH | CECILIA CAMACHO-HUBNER, MD | 51-53 BARTHOLOMEW CLOSE, LONDON, ENGLAND | NONE | 50,000. |
| MEDICAL RESEARCH | ROBERT CAMERON, MD | PO BOX 951741, LOS ANGELES, CA 90095-1741 | NONE | 54,096. |
| 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, SAN DIEGO, | NONE | 50,000. |
| MEDICAL RESEARCH | BIN LIU, PHD | 1001 POTRERO AVENUE, RM 3C38, SAN FRANSISCO, CA | NONE | 50,000. |
| MEDICAL RESEARCH | ITE-LAIRD-OFFRINGA | 1441 EAST LAKE AVENUE, LOS ANGELES, CA | 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 | 50,000. |
| MEDICAL RESEARCH | GIOVANNI GAUDINO, MD | 6 VIA BOVO, NOVARA NO 28100 ITALY | NONE | 42,500. |
| MEDICAL RESEARCH | TAN INCE, PHD | 75 FRANCIS STREET, BOSTON, MA 02115 | NONE | 50,000. |
| MEDICAL RESEARCH | PASI JANNE | 44 BINNEY STREET SUITE 1234, BOSTON, MA 02115 | NONE | 50,000. |
| MEDICAL RESEARCH | BNM LAMBRECHT, MD | 50 ROTTERDAM 3015GE, THE NETHERLANDS | NONE | 50,000. |
| MEDICAL RESEARCH | DELIA NELSON, MD | KENT STREET - BENTLEY PERTH, WESTERN AUSTRALIA | NONE | 50,000. |
| MEDICAL RESEARCH | JILL OHAR, MD | 10441 WEST TWAIN AVENUE, LAS VEGAS, NV 89135 | NONE | 50,000. |
| MEDICAL RESEARCH | ANIL VACHANI, MD | 3615 CIVIC CENTER BLVD, PHILADELPHIA, PA | NONE | 50,000. |

TOTAL INCLUDED ON FORM 990, PART II, LINE 22 844,596.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

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 | | 329,191. |

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 7

EXPLANATION

PROMOTE MESOTHELIOMA (CANCER) RESEARCH, EDUCATION AND AWARENESS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|---|---|---|---|
| SOFTWARE | 3,290. | 3,290. | 0. |
| VIDEOTEX | 764. | 661. | 103. |
| OTHER INTANGIBLE ASSETS | 6,000. | 2,400. | 3,600. |
| DELL COMPUTER | 2,682. | 1,251. | 1,431. |
| COMPUTER | 1,560. | 468. | 1,092. |
| FURNITURE | 1,454. | 145. | 1,309. |
| DELL COMPUTER | 1,682. | 168. | 1,514. |
| TOTAL TO FORM 990, PART IV, LN 57 | 17,432. | 8,383. | 9,049. |

| FORM 990 | OTHER SECURITIES | STATEMENT 9 |
|---|---|---|

| SECURITY DESCRIPTION | COST/FMV | OTHER SECURITIES |
|---|---|---|
| MUNDER INDEX 500 FUND | COST | 569,110. |
| CERTIFICATES OF DEPOSIT | COST | 541,000. |
| TO FORM 990, LINE 54, COL B | | 1,110,110. |

| FORM 990 | OTHER REVENUE NOT INCLUDED ON FORM 990 | STATEMENT 10 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| IN-KIND DONATION OF COSTS PAID BY A BOARD MEMBER | 34,864. |
| TOTAL TO FORM 990, PART IV-A | 34,864. |

| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT 11 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| IN-KIND DONATION OF COSTS PAID BY A BOARD MEMBER | 34,864. |
| CURRENT YEAR GRANT PAYABLE | 50,000. |
| TOTAL TO FORM 990, PART IV-B | 84,864. |

| FORM 990 | OTHER REVENUE INCLUDED ON FORM 990 | STATEMENT 12 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| SPECIAL EVENTS EXPENSES ACCRUED | 12,640. |
| PRIOR YEAR ACCOUNTS RECEIVABLE | 25,000. |
| TOTAL TO FORM 990, PART IV-A | 37,640. |

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 13

| DESCRIPTION | AMOUNT |
|---|---|
| DIFFERENCE BETWEEN ACCRUAL VERSUS CASH EXPENSES | 915. |
| TOTAL TO FORM 990, PART IV-B | 915. |

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| DR. ROBERT B. CAMERON<br>P.O. BOX 951741<br>LOS ANGELES, CA 90095 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| DR. MICHAEL HARBUT<br>118 N. WASHINGTON AVE.<br>ROYAL OAK, MI 48067 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| SUSAN VENTO<br>553 DEER RIDGE LANE<br>MAPLEWOOD, MN 55119 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| DR. NICHOLAS J. VOGELZANG<br>5481 S. MARYLAND AVE, MC 1140<br>CHICAGO, IL 60637 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| ROGER G. WORTHINGTON<br>26502 AVENIDA LAS PALMAS<br>CAPISTRANO BEACH, CA 92624 | PRESIDENT/TREASURER<br>2.00 | 0. | 0. | 0. |
| ULF JUNGNELIUS M.D.<br>1609 GARDEN STREET<br>SANTA BARBARA, CA 93101 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| MATTHEW P. BERGMAN<br>PO BOX 2010<br>VASHON, WA 98070 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| CHRISTOPHER HAHN<br>1609 GARDEN STREET<br>SANTA BARBARA, CA 93101 | EXECUTIVE DIRECTOR<br>40.00 | 157,000. | 0. | 0. |

| | | | | |
|---|---|---|---|---|
| M. ANN ABBE<br>1609 GARDEN STREET<br>SANTA BARBARA, CA 93101 | BOARD MEMBER<br>2.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 157,000. | 0. | 0. |

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 15
PART III, LINE 3A

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.

Form **4562** (Rev January 2006) Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0172 **2005** Attachment Sequence No 67

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

**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 the instructions for a higher limit for certain businesses | 1 | 105,000. |
| 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 | 420,000. |
| 4 | Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property Enter 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 2004 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 2006. 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 1,161. |

**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 2005 | 17 | 68. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐ | | |

**Section B - Assets Placed in Service During 2005 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 2005 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 | 1,229. |
| 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 | |

516251 01-05-06 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2005) (Rev 1-2006)

**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 the 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | 25 | | |
| **26** Property used more than 50% in a qualified business use | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| **27** Property used 50% or less in a qualified business use | | | | | | | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| | | % | | | | S/L - | | |
| **28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 | | | | | | 28 | | |
| **29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 | | | | | | | 29 | |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **30** Total business/investment miles driven during the year (**do not** include commuting miles) | | | | | | | | | | | | |
| **31** Total commuting miles driven during the year | | | | | | | | | | | | |
| **32** Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| **33** Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| **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 the instructions for vehicles used by corporate officers, directors, or 1% or more owners | | |
| **39** Do you treat all use of vehicles by employees as personal use? | | |
| **40** Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? | | |
| **41** Do you meet the requirements concerning qualified automobile demonstration use? | | |

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

**Part VI** **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---|---|---|---|---|
| **42** Amortization of costs that begins during your 2005 tax year | | | | | |
| | | | | | |
| | | | | | |
| **43** Amortization of costs that began before your 2005 tax year | | | | 43 | 400. |
| **44** **Total.** Add amounts in column (f) See the instructions for where to report | | | | 44 | 400. |

- 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<br>THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. | Employer identification number<br>75-2816066 |
|---|---|---|
| | Number, street, and room or suite no If a P O box, see instructions<br>PO BOX 91840 | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>SANTA BARBARA, CA 93190-1840 | |

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

[X] 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, 2006

5 For calendar year 2005 , 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 ▶ Title ▶ CPA Date ▶

## 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<br>MACFARLANE, FALETTI & CO. LLP |
|---|---|
| | Number and street (include suite, room, or apt no.) or a P.O. box number<br>115 E. MICHELTORENA ST. #200 |
| 523832 05-01-05 | City or town, province or state, and country (including postal or ZIP code)<br>SANTA BARBARA, CA 93101 |

- 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: THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. | Employer identification number: 75-2816066 |
| | Number, street, and room or suite no If a P O box, see instructions: 1609 GARDEN STREET | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions: SANTA BARBARA, CA 93101 | |

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

[X] 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, 2006.

5 For calendar year 2005 , 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 ▶ William L Jackson Title ▶ CPA Date ▶ 8/3/06

## 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 ______

______ By: ______ ______
Director 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**: MACFARLANE, FALETTI & CO. LLP |
| | **Number and street (include suite, room, or apt no.) or a P.O. box number**: 115 E. MICHELTORENA ST. #200 |
| | **City or town, province or state, and country (including postal or ZIP code)**: SANTA BARBARA, CA 93101 |

523832 05-01-05