

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP 30, 2006

B Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization

THE BRAIN TUMOR SOCIETY, INC.

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

124 WATERTOWN STREET

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 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 ☒ No

I Group Exemption Number N/A

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 ☐ 527K 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.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 7,832,104.

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

1 Contributions, gifts, grants, and similar amounts received.

a Direct public support

1a 3,321,828.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 3,321,828. noncash \$)

1d 3,321,828.

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 54,983.

5 Dividends and interest from securities

5 121,219.

6 a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe)

7

8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

3,840,945.

8a

b Less cost or other basis and sales expenses

3,849,222.

8b

c Gain or (loss) (attach schedule)

<8,277.>

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1

8d <8,277.>

9 Special events and activities (attach schedule) If any amount is from gaming, check here ☐

a Gross revenue (not including \$ 2,693,490. of contributions reported on line 1a)

9a 489,242.

b Less direct expenses other than fundraising expenses

9b 402,132.

c Net income or (loss) from special events (subtract line 9b from line 9a)

SEE STATEMENT 2

9c 87,110.

10 a Gross sales of inventory, less returns and allowances

10a

Less cost of goods sold

10b

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 3,887.

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 3,580,750.

13 Program service (from line 44, column (B))

13 2,339,313.

14 Management and general (from line 44, column (C))

14 93,944.

15 Fundraising (from line 44, column (D))

15 93,790.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 2,527,047.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 1,053,703.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 3,848,518.

20 Other changes in net assets or fund balances (attach explanation)

SEE STATEMENT 3

20 66,362.

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 4,968,583.

523001

02-03-06

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

Form 990 (2005)

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 \$ <u>142,324.7</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,423,247.	1,423,247.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 117,301.	93,841.	23,460.	0.
26 Other salaries and wages	26 316,887.	281,192.	12,271.	23,424.
27 Pension plan contributions	27 4,523.	3,913.	361.	249.
28 Other employee benefits	28 24,218.	21,488.	942.	1,788.
29 Payroll taxes	29 38,166.	33,014.	3,053.	2,099.
30 Professional fundraising fees	30			
31 Accounting fees	31 20,831.		20,831.	
32 Legal fees	32			
33 Supplies	33 21,847.	16,385.	5,462.	
34 Telephone	34 6,611.	5,950.	661.	
35 Postage and shipping	35 17,325.	16,805.	520.	
36 Occupancy	36 43,875.	39,487.	4,388.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 11,176.	10,617.	559.	
39 Travel	39			
40 Conferences, conventions, and meetings	40 65,131.	64,913.	218.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 5,042.	3,126.	1,916.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 410,867.	325,335.	19,302.	66,230.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,527,047.	2,339,313.	93,944.	93,790.

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 \$ 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 5

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others)
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 SCIENTIFIC RESEARCH, EDUCATION, PATIENT, AND FAMILY SUPPORT.		
(Grants and allocations \$ <u>1,423,247.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>		<u>2,339,313.</u>
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		<u>2,339,313.</u>

Form 990 (2005)

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.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	61,207.	45	322,733.
	46 Savings and temporary cash investments	1,352,288.	46	1,908,229.
	47 a Accounts receivable	47a 50,000.		
	b Less: allowance for doubtful accounts	47b	47c	50,000.
	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	6,328.	53	5,640.
	54 Investments - securities STMT 8 STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,350,532.	54	3,978,764.
	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 87,771.			
b Less: accumulated depreciation STMT 10	57b 74,347.	8,719.	57c	13,424.
58 Other assets (describe ► SEE STATEMENT 11)	3,739.	58	19,138.	
59 Total assets (must equal line 74). Add lines 45 through 58	4,782,813.	59	6,297,928.	
Liabilities	60 Accounts payable and accrued expenses	34,436.	60	87,681.
	61 Grants payable	899,859.	61	674,163.
	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 ► REFUNDABLE ADVANCE)		65	567,501.
66 Total liabilities. Add lines 60 through 65	934,295.	66	1,329,345.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,792,218.	67	4,900,336.
	68 Temporarily restricted	56,300.	68	68,247.
	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)	3,848,518.	73	4,968,583.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,782,813.	74	6,297,928.	

Form 990 (2005)

	Yes	No
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17

75b

X

75c

X

75d

x

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

	Yes	No
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76

X

77

X

78a

X

N/A

78th

79

X

802

X

N/A

81a

0

81b

X

For

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	80,158.
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?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	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?	85g	N/A
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?	85h	N/A
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 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
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 <u>MA</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	6
91 a	The books are in care of <u>THE CORPORATION</u> Telephone no <u>617-924-9997</u> Located at <u>124 WATERTOWN ST., STE 3H WATERTOWN, MA</u> ZIP + 4 <u>02472-2500</u>		
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 <u>N/A</u> 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 <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See 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	54,983.	
96 Dividends and interest from securities			14	121,219.	
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	<8,277.>	
101 Net income or (loss) from special events					87,110.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					3,887.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		167,925.	90,997.
105 Total (add line 104, columns (B), (D), and (E))					258,922.

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 & 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 the instructions.)

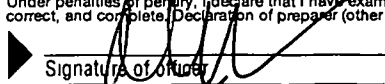

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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.			
	Signature of officer 		Date 8/9/07	Type or print name and title.
Paid Preparer's Use Only	Preparer's signature 	Date 08/07/07	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (if yours if self-employed), address, and ZIP + 4 MILLER WACHMAN LLP 10 ST. JAMES AVENUE, 16TH FLOOR BOSTON, MA 02116	EIN	Phone no 617-338-6800	

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 BRAIN TUMOR SOCIETY, INC.

Employer identification number

04 3068130

Part I

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

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

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

Part II-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
GOLDEN GRAFIX D/B/A JLM MARKETING GROUP, INC PO BOX 1237, HAVERHILL, MA 01831	NEWSLETTER PRINTING AND DIST	78,762.
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 \$ _____ (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-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)	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)	560,020.	719,224.	381,046.	771,822.	2,432,112.
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	2,858,476.	1,951,240.	924,636.	967,706.	6,702,058.
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	98,103.	26,012.	31,873.	32,840.	188,828.
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.	27,775.		SEE STATEMENT 14 10.		27,785.
23 Total of lines 15 through 22	3,544,374.	2,696,476.	1,337,565.	1,772,368.	9,350,783.
24 Line 23 minus line 17	685,898.	745,236.	412,929.	804,662.	2,648,725.
25 Enter 1% of line 23	35,444.	26,965.	13,376.	17,724.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					52,975.
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					479,175.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					2,648,725.
d Add: Amounts from column (e) for lines 18 188,828. 19 22 27,785. 26b 479,175.					695,788.
e Public support (line 26c minus line 26d total)					1,952,937.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					73.7312%
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					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)			27f 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 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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	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	

Schedule A (Form 990 or 990-EZ) 2005

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

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is -</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p>The lobbying nontaxable amount is -</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- 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.)

Yes	No	Amount
		0.

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

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?

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

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

N/A

[illegible]

- ▶ ☐ Yes ☒ No

- N/A

[illegible]

2005 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		5.00	16	9,690.			9,690.	9,690.		0.
2	OFFICE EQUIPMENT	061593SL		5.00	16	7,100.			7,100.	7,100.		0.
3	EQUIPMENT	061592SL		5.00	16	1,699.			1,699.	1,699.		0.
4	EQUIPMENT	061593SL		5.00	16	1,950.			1,950.	1,950.		0.
5	TELEPHONE	061592SL		5.00	16	1,051.			1,051.	1,051.		0.
6	TELEPHONE	061593SL		5.00	16	1,325.			1,325.	1,325.		0.
7	SOFTWARE	120695SL		3.00	16	3,500.			3,500.	3,500.		0.
8	SOFTWARE	091296SL		3.00	16	300.			300.	300.		0.
9	HARDWARE	120795SL		5.00	16	1,902.			1,902.	1,902.		0.
10	HARDWARE	122895SL		5.00	16	4,489.			4,489.	4,489.		0.
11	HARDWARE	011796SL		5.00	16	910.			910.	910.		0.
12	HARDWARE	012296SL		5.00	16	3,036.			3,036.	3,036.		0.
13	HARDWARE	020796SL		5.00	16	1,883.			1,883.	1,883.		0.
14	HARDWARE	072496SL		5.00	16	1,750.			1,750.	1,750.		0.
15	TELEPHONE	020399SL		5.00	16	1,525.			1,525.	1,525.		0.
16	OFFICE EQUIPMENT	061599SL		5.00	16	3,125.			3,125.	3,125.		0.
17	OFFICE EQUIPMENT	061599SL		5.00	16	2,487.			2,487.	2,487.		0.
18	OFFICE EQUIPMENT	093099SL		5.00	16	2,011.			2,011.	2,011.		0.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	COMPUTER	020100SL	5.00	16	685.				685.	685.		0.
20	COMPUTER	020100SL	5.00	16	685.				685.	685.		0.
21	HARDWARE	090100SL	5.00	16	1,475.				1,475.	1,475.		0.
22	SOFTWARE	033101SL	5.00	16	8,063.				8,063.	6,470.		1,593.
23	HARDWARE	112800SL	5.00	16	975.				975.	943.		32.
24	COMPUTER	032801SL	5.00	16	1,870.				1,870.	1,683.		187.
25	COMPUTER	011701SL	5.00	16	840.				840.	791.		49.
26	COMPUTER	101400SL	5.00	16	500.				500.	500.		0.
27	DELL COMPUTER	012302SL	5.00	16	1,075.				1,075.	788.		215.
28	DELL COMPUTER	022502SL	5.00	16	1,133.				1,133.	813.		227.
29	PHONE VOICE MAIL	042302SL	5.00	16	2,719.				2,719.	1,859.		544.
30	COMPUTERS	092603200DB	5.00	17	987.				987.	649.		135.
31	COMPUTER SERVER	091703200DB	5.00	17	509.				509.	334.		70.
32	COMPUTER SERVER	091703200DB	5.00	17	640.				640.	421.		88.
33	SHARP COPIER	020904SL	5.00	16	3,325.				3,325.	1,108.		665.
34	DELL COMPUTER	072504SL	5.00	16	662.				662.	154.		132.
35	DELL LAPTOP	083004SL	5.00	16	774.				774.	168.		155.
36	DELL COMPUTER	080505SL	5.00	16	1,374.				1,374.	46.		275.

528102
01-06-06

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2005 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
37	MT COMPUTER	011906	SL	5.00	16	632.			632.			84.
38	TELEPHONE SYSTEMS	013106	SL	5.00	16	3,632.			3,632.			484.
39	COMPUTER AND MONITOR	060606	SL	5.00	16	792.			792.			53.
40	DELL COMPUTER	071106	SL	5.00	16	607.			607.			30.
41	HP STORAGEWORKS	081006	SL	5.00	16	726.			726.			24.
42	HP PROLIANT SERVER	092906	SL	5.00	16	3,358.			3,358.			0.
	* TOTAL 990 PAGE 2					87,771.		0.	87,771.	69,305.	0.	5,042.
	DEPR											

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	3,840,945.	3,849,222.	0.	<8,277.>
TO FORM 990, PART I, LINE 8	3,840,945.	3,849,222.	0.	<8,277.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
RIDE FOR RESEARCH	898,926.	852,613.	46,313.	46,313.	0.
GOLF FOR HOPE	74,077.	54,849.	19,228.	19,228.	0.
RACE FOR HOPE	1,108,726.	963,402.	145,324.	145,324.	0.
PHILADELPHIA RACE FOR HOPE	69,470.	52,841.	16,629.	16,629.	0.
HAVE A CHANCE WALK	129,968.	64,984.	64,984.	64,984.	0.
KAROL GALA	558,515.	455,812.	102,703.	102,703.	0.
GLASSMAN CHEF NIGHT	11,061.	0.	11,061.	4,537.	6,524.
BILL GREY RIDE	0.			575.	<575.>
SSBTR	83,000.	0.	83,000.	1,839.	81,161.
OTHER EVENTS	248,989.	248,989.			0.
TO FM 990, PART I, LINE 9	3,182,732.	2,693,490.	489,242.	402,132.	87,110.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	66,362.
TOTAL TO FORM 990, PART I, LINE 20	66,362.

FORM 990

OTHER EXPENSES

STATEMENT

4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DEVELOPMENT	35,352.	17,676.	5,303.	12,373.
INSURANCE	7,850.		7,850.	
NEWSLETTER	84,131.	75,717.	4,207.	4,207.
MERCHANT FEES	48,665.			48,665.
GRANT SELECTION EXPENSE	10,394.	10,394.		
RECRUITMENT FEES	1,025.	1,025.		
SUPPORT	39,828.	39,828.		
WORKSHOP	13,964.	13,964.		
RESEARCH	155,823.	155,823.		
STAFF TRAINING	137.	137.		
ANNUAL REPORT	3,940.	2,955.		985.
TEMPORARY HELP	9,710.	7,768.	1,942.	
TRAVEL	48.	48.		
TOTAL TO FM 990, LN 43	410,867.	325,335.	19,302.	66,230.

FORM 990	NON-GOVERNMENT SECURITIES				STATEMENT	8
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES	
CORPORATE BONDS	FMV		175,739.		175,739.	
EQUITIES	FMV	921,650.			921,650.	
TO FORM 990, LINE 54, COL B		921,650.	175,739.		1,097,389.	

FORM 990	GOVERNMENT SECURITIES				STATEMENT	9
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES		
US OBLIGATIONS	FMV	300,284.		300,284.		
TOTAL TO FORM 990, LINE 54, COL B		300,284.		300,284.		

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT			STATEMENT	10
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.	8,063.	0.
HARDWARE	975.	975.	0.
COMPUTER	1,870.	1,870.	0.
COMPUTER	840.	840.	0.
COMPUTER	500.	500.	0.
DELL COMPUTER	1,075.	1,003.	72.
DELL COMPUTER	1,133.	1,040.	93.
PHONE VOICE MAIL	2,719.	2,403.	316.
COMPUTERS	987.	784.	203.
COMPUTER SERVER	509.	404.	105.
COMPUTER SERVER	640.	509.	131.
SHARP COPIER	3,325.	1,773.	1,552.
DELL COMPUTER	662.	286.	376.
DELL LAPTOP	774.	323.	451.
DELL COMPUTER	1,374.	321.	1,053.
MT COMPUTER	632.	84.	548.
TELEPHONE SYSTEMS	3,632.	484.	3,148.
COMPUTER AND MONITOR	792.	53.	739.
DELL COMPUTER	607.	30.	577.
HP STORAGEWORKS	726.	24.	702.
HP PROLIANT SERVER	3,358.	0.	3,358.
TOTAL TO FORM 990, PART IV, LN 57	87,771.	74,347.	13,424.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
DEPOSITS	16,430.
ACCRUED INTEREST RECEIVABLE	2,708.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	19,138.

FORM 990	OTHER SECURITIES	STATEMENT	12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	175,303.
CERTIFICATES OF DEPOSIT	FMV	2,405,788.
TO FORM 990, LINE 54, COL B		2,581,091.

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

THE SOCIETY PROVIDES GRANTS TO MEDICAL RESEARCHERS INVOLVED IN BASIC SCIENTIFIC INVESTIGATION FOR THE TREATMENT, CURE AND CAUSES OF BRAIN TUMOR DISEASE. ALL PARTICIPANTS MUST BE APPROVED BY THE BOARD OF DIRECTORS. RECIPIENTS MUST SUBMIT PERIODIC STATUS REPORTS TO THR ORGANIZATION.

SCHEDULE A	OTHER INCOME	STATEMENT 14
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
RETURN OF UNEXPENDED RESEARCH GRANT	27,775.	0.	0.	0.
MISCELLANEOUS	0.	0.	10.	0.
TOTAL TO SCHEDULE A, LINE 22	27,775.	0.	10.	0.

The Brain Tumor Society, Inc.
E.I # 04-3068130, September 30, 2006
FY2006 Research Grant Awards
Form 990 – Page 2-line 22

Divided between checks paid (first disbursement) and accounts payable (second disbursement).

Checks Paid:

Dr. Yuan Zhu
The Regents of the University of Michigan
3003 South State Street
Ann Arbor, MI 48109
\$100,000.00

Dr. John Laterra
Kennedy Krieger Research Institute
707 N. Broadway
Baltimore, MD 21205
\$50,000.00

Dr. Anne Brunet
Stanford University
1215 Welch Road
Stanford, CA 94305
\$100,000.00

Brent H. Cochran, Ph.D.
Tufts University School of Medicine
136 Harrison Street
Boston, MA 02111
\$100,000.00

Dr. Xiaolin He
Northwestern University
633 Clarke Street
Evanston, IL 60208
\$100,000.00

Anna M. Krichevsky, Ph.D.
Brigham and Women's Hospital
77 Francis Street
Boston, MA 02115
\$100,000.00

Dr. John H. Sampson
Duke University Medical Center
2424 Erwin Road
Durham, NC 27705
\$100,000.00

Dr. Gregory J. Hannon
Cold Spring Laboratory
One Bungtown Road
Cold Spring Harbor, NY 11724
\$100,000.00

Dr. William A. Weiss
Regents of the University of California
3333 California Street
San Francisco, CA 94143
\$100,000.00

Dr. Xandra O. Breakefield
General Hospital Corporation d/b/a MGH
Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
\$100,000.00

Dr. Calvin Kuo
Stanford University
1215 Welch Road
Stanford, CA 94305
\$100,000.00

Dr. Richard J. Gilbertson
St. Jude Children's Research Hospital
332 N. Lauderdale Street
Memphis, TN 38105
\$98,939.00

Dr. David Louis
General Hospital Corporation d/b/a MGH
Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
\$50,000.00

Dr. Gregory Plautz
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, OH 44195
\$25,000.00

Dr. James Chen
Stanford University
1215 Welch Road
Stanford, CA 94305
\$100,000.00

Dr. Rakesh Jain
General Hospital Corporation d/b/a MGH
Massachusetts General Hospital
55 Fruit Street
Boston, MA 02114
\$99,386.00

The Brain Tumor Society, Inc.

E.I. # 04-3068130

Number of board members that have voting power as of September 30, 2006:

Seventeen (17) board members have voting power:

Dennis Roth	Chair
Michael Corkin	Treasurer
Denise Boucher	Secretary
Mary Catherine Calisto	
Lauren Corkin	
Robin Boss Dorman	
Barry Glassman	
Mark Goldstein	
Daniel Greiff	
Ken Grey	
Jane Gumble	
Steven Karol	
Sheila Killeen	
Jeffrey Kolodin	
David Paskin	
Susan Pannullo	
Vincent Patrone	

All board members may be contacted at:

The Brain Tumor Society, Inc.
124 Watertown Street, Suite 3H
Watertown, MA 02472-2500

• 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. 124 WATERTOWN STREET, NO. 3H	For IRS use only
	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, 2007**

5 For calendar year , or other tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

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

IMPORTANT INFORMATION NECESSARY TO FILE A FAIR AND ACCURATE RETURN IS NOT YET AVAILABLE.

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. Cichli** Title **CPA**

Date **5/8/07**

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

523832
05-01-05

Form 8868 (Rev. 12-2004)