

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC. D Employer identification number: 75-2816066. E Telephone number: 805-563-8400. F Accounting method: X Cash, Accrual.

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

G Website: HTTP://WWW.MARF.ORG

J Organization type (check only one): X 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 4,238,487. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or loss; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss) (attach schedule); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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Revenue

Expenses

Net Assets

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

Form 990 (2006)

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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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a			<b>STATEMENT 5</b>	
22b Other grants and allocations (attach schedule) (cash \$ <u>1012322</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input checked="" type="checkbox"/> 22b	1,012,322.	1,012,322.		
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 4</b> 25a	166,354.	138,346.	14,828.	13,180.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	173,240.	142,709.	15,192.	15,339.
27 Pension plan contributions not included on lines 25a, b, and c 27	9,692.	8,236.	664.	792.
28 Employee benefits not included on lines 25a - 27 28	9,977.	7,466.	1,806.	705.
29 Payroll taxes 29	22,259.	18,915.	1,525.	1,819.
30 Professional fundraising fees 30				
31 Accounting fees 31	23,133.	19,663.	1,619.	1,851.
32 Legal fees 32				
33 Supplies 33	7,304.	2,954.	4,263.	87.
34 Telephone 34	4,731.	4,078.	342.	311.
35 Postage and shipping 35	21,326.	11,771.	792.	8,763.
36 Occupancy 36	31,796.	27,089.	2,196.	2,511.
37 Equipment rental and maintenance 37				
38 Printing and publications 38	20,395.	16,343.	303.	3,749.
39 Travel 39	41,240.	38,277.	1,033.	1,930.
40 Conferences, conventions, and meetings 40				
41 Interest 41				
42 Depreciation, depletion, etc (attach schedule) 42	1,944.	1,944.		
43 Other expenses not covered above (itemize):				
a _____ 43a				
b _____ 43b				
c _____ 43c				
d _____ 43d				
e _____ 43e				
f _____ 43f				
g <b>SEE STATEMENT 3</b> 43g	229,763.	197,660.	5,436.	26,667.
44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	1,775,476.	1,647,773.	49,999.	77,704.

**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

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**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 6</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.)	
<b>a</b> <u>GROWTH OF RESEARCH GRANT PROGRAM CREATING INCREASED INTL. INTEREST IN MESO RESEARCH, SCIENTIFIC PEER REVIEW OF 33 PROPOSED PROJECTS, SELECTION AND FUNDING OF 10 NEW PROJ. AND 9 ONGOING PROJECTS; ANNUAL RESEARCH AND EDUCATION SYMPOSIUM.</u>	
(Grants and allocations \$ <u>1,012,322.</u> ) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	<u>1,492,958.</u>
<b>b</b> <u>EDUCATION &amp; AWARENESS SERVICE CONSISTING OF PROVIDING PATIENTS &amp; FAMILIES WITH SUPPORT &amp; INFO ON RESEARCH, AVAILABLE TREATMENTS, CLINICAL TRIALS &amp; CENTERS WITH EXPERTISE; SYMPOSIUM, DIST. OF ED. BROCHURES; WEB SITE DEV &amp; MAINTENANCE.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>72,315.</u>
<b>c</b> <u>ADVOCACY SERVICES - WORKED INTENSELY TO EDUCATE FEDERAL LEADERS ON NEED FOR FEDERAL MESOTHELIOMA RESEARCH FUNDING &amp; ON THE DETAILS OF AN EFFECTIVE FEDERAL MESOTHELIOMA RESEARCH PROGRAM.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>82,500.</u>
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	<u>1,647,773.</u>

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**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
<b>Assets</b>	45	41,618.	45	76,000.
	46	548,290.	46	717,327.
	47 a	47a		
	b	47b	47c	
	48 a	48a		
	b	48b	48c	
	49		49	
	50 a		50a	
	b		50b	
	51 a	51a		
	b	51b	51c	
	52		52	
	53		53	
	54 a	1,110,110.	54a	1,341,735.
	b		54b	
55 a	55a			
b	55b	55c		
56		56		
57 a	21,479.			
b	10,327.	9,049.	57c	11,152.
58			58	
59	1,709,067.	59	2,146,214.	
<b>Liabilities</b>	60		60	
	61		61	
	62		62	
	63		63	
	64 a		64a	
	b		64b	
	65	SEE STATEMENT 8	65	36,165.
66		66	36,165.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67		67	
	68		68	
	69		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70	661,865.	70	661,865.
	71	0.	71	0.
	72	1,047,202.	72	1,448,184.
	73	1,709,067.	73	2,110,049.
	74	1,709,067.	74	2,146,214.

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<b>Part VI Other Information</b> (continued)		Yes	No
<b>82 a</b>	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>b</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	N/A
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
<b>b</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
<b>85</b>	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85b	N/A
<b>c</b>	Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b>	Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b>	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
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders	87a	N/A
<b>b</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
<b>88 a</b>	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	88a	X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
<b>89 a</b>	<b>501(c)(3) organizations</b> 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>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> 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
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
<b>e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
<b>f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
<b>90 a</b>	List the states with which a copy of this return is filed <u>CA</u>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006	90b	4
<b>91 a</b>	The books are in care of <u>ACCOUNTABILITY PLUS</u> Telephone no. <u>(805) 560 8942</u> Located at <u>1522 OLIVE STREET, SANTA BARBARA, CA</u> ZIP + 4 <u>93101</u>		
<b>b</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

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

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		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	15,056.	
96 Dividends and interest from securities			14	59,361.	
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	-1,325.	
101 Net income or (loss) from special events					128,322.
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.		73,092.	128,322.
105 Total (add line 104, columns (B), (D), and (E))					201,414.

**Note:** Line 105 plus line 1e, 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).

Form 990 (2006)

THE MESOTHELIOMA APPLIED RESEARCH  
FOUNDATION, INC.

Form 990 (2006)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entry as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
<b>Totals</b>			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here: *Christopher S Hahn* Signature of officer | *11/15/07* Date  
 Type or print name and title: *Christopher Hahn Executive Director*

Paid Preparer's Use Only: Preparer's signature: *[Signature]* | Date: *11/13/07* | Check if self-employed:  | Preparer's SSN or PTIN (See Gen Inst X): *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**

Form 990 (2006)

**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

**2006**

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 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>ROBERT J. GRIJALVA</u> <u>3944 STATE ST., SUITE 340, SANTA BARB</u>	<u>ASST DIRECTOR</u> <u>40.00</u>	<u>69,437.</u>	<u>3,638.</u>	
<u>JILL WAYNE</u> <u>3944 STATE ST., SUITE 340, SANTA BARB</u>	<u>STAFF</u> <u>40.00</u>	<u>48,289.</u>	<u>2,530.</u>	
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶	<u>0</u>			

**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
<u>NONE</u>		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services ▶	<u>0</u>	

**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
<u>BATESNEIMAND, INC.</u> <u>1025 VERMONT AVE NW #830, WASHINGTON, DC 20005</u>	<u>GOVERNMENT RELATIONS</u>	<u>82,500.</u>
-----		
-----		
-----		
Total number of other contractors receiving over \$50,000 for other services ▶	<u>0</u>	

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

Schedule A (Form 990 or 990-EZ) 2006

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**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 ▶ \$ _____ \$ <u>82,500.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) <b>SEE STATEMENT 13</b>	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

Schedule A (Form 990 or 990-EZ) 2006

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

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <span style="float: right;">▶</span>					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**THE MESOTHELIOMA APPLIED RESEARCH**

Schedule A (Form 990 or 990-EZ) 2006

**FOUNDATION, INC.**

75-2816066

Page 4

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,680,989.	1,443,869.	488,838.	588,833.	4,202,529.
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	343,725.	35,258.			378,983.
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	36,169.	17,890.	20,488.	22,992.	97,539.
19 Net income from unrelated business activities not included in line 18				0.	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf				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.	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	2,060,883.	1,497,017.	509,326.	611,825.	4,679,051.
24 Line 23 minus line 17	1,717,158.	1,461,759.	509,326.	611,825.	4,300,068.
25 Enter 1% of line 23	20,609.	14,970.	5,093.	6,118.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 86,001.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 911,494.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,300,068.
d Add: Amounts from column (e) for lines: 18 <u>97,539.</u> 19 _____ 22 _____ 26b <u>911,494.</u>					26d 1,009,033.
e Public support (line 26c minus line 26d total)					26e 3,291,035.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 76.5345%
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					
(2005) (2004) (2003) (2002)					
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					
(2005) (2004) (2003) (2002)					
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) N/A					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 2002 through 2005, 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.

**THE MESOTHELIOMA APPLIED RESEARCH**

**Part V Private School Questionnaire** (See page 9 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	
_____			
_____			
_____			
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
_____			
_____			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
_____			
_____			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	

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

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

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

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

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for all electing organizations												
<i>(The term "expenditures" means amounts paid or incurred.)</i>															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	0.												
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)		82,500.												
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)		82,500.												
<b>39</b>	Other exempt purpose expenditures		1,775,476.												
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)		1,857,976.												
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		242,899.
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)		60,725.												
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.												
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		0.												

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

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount	242,899.	225,863.			468,762.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					703,143.
<b>47</b> Total lobbying expenditures	82,500.	10,000.			92,500.
<b>48</b> Grassroots nontaxable amount	60,725.	56,466.			117,191.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					175,787.
<b>50</b> 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 13 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
	<b>a</b> Volunteers		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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.



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
	<b>SOFTWARE</b>							
1	010100	SL	3.00	16	3,290.		3,290.	0.
	<b>* 990 PAGE 2 TOTAL - SOFTWARE</b>							
					3,290.	0.	3,290.	0.
	<b>VIDEOTEK</b>							
2	010100	200DB	7.00	17	764.		661.	69.
	<b>* 990 PAGE 2 TOTAL - VIDEOTEK</b>							
					764.	0.	661.	69.
	<b>FURNITURE</b>							
9	070105	SL	5.00	16	1,454.		145.	291.
12	2006	FURNITURE						
	123106	SL	5.00	16	496.			0.
	<b>* 990 PAGE 2 TOTAL - FURNITURE</b>							
					1,950.	0.	145.	291.
	<b>COMPUTER EQUIPMENT</b>							
4	082503	SL	5.00	16	2,682.		1,251.	536.
10	070105	SL	5.00	16	1,682.		168.	336.
11	2006	COMPUTER						
	123106	SL	5.00	16	3,551.			0.
	<b>* 990 PAGE 2 TOTAL - COMPUTER EQUIPMENT</b>							
					7,915.	0.	1,419.	872.
	<b>LAPTOP COMPUTER</b>							
5	070104	SL	5.00	16	1,560.		468.	312.
	<b>* 990 PAGE 2 TOTAL - LAPTOP COMPUTER</b>							
					1,560.	0.	468.	312.
	<b>INTANGIBLE ASSETS</b>							
3	010100		180M	43	6,000.		2,400.	400.
	<b>* 990 PAGE 2 TOTAL - INTANGIBLE ASSETS</b>							
					6,000.	0.	2,400.	400.
	<b>* GRAND TOTAL 990 PAGE 2 DEPR &amp; AMORT</b>							
					21,479.	0.	8,383.	1,944.

816281 05-01-06

# - 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 IF SECURITIES	1,914,000.	1,915,325.	0.	-1,325.	
TO FORM 990, PART I, LINE 8	1,914,000.	1,915,325.	0.	-1,325.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
SYMPOSIUM	275,026.		275,026.	146,704.	128,322.	
TO FM 990, PART I, LINE 9	275,026.		275,026.	146,704.	128,322.	

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
WORKERS COMP	7,253.	6,163.	497.	593.		
OTHER PROFESSIONAL FEES	13,948.	11,856.	976.	1,116.		
COMPUTER AND INTERNET	40,033.	31,216.	1,403.	7,414.		
ADVERTISING AND MARKETING	7,716.	7,240.	16.	460.		
STIPENDS	14,000.	14,000.				
FILING FEES	175.		175.			
NEWSLETTER	31,238.	20,678.		10,560.		
EVENT SUPPLIES	3,599.	1,912.		1,687.		
OFFICE SUPPLIES	17,144.	16,444.	367.	333.		
BANK SERVICE CHARGES	5,101.		817.	4,284.		
MEALS	5,041.	3,655.	1,176.	210.		
LEGISLATIVE COUNSEL	82,500.	82,500.				
MISCELLANEOUS	2,015.	1,996.	9.	10.		
TOTAL TO FM 990, LN 43	229,763.	197,660.	5,436.	26,667.		

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

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DR. NICHOLAS J. VOGELZANG	1,600.			1,600.
A. PROGRAM SERVICES	1,600.			1,600.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHRISTOPHER HAHN	156,551.	8,203.		164,754.
A. PROGRAM SERVICES	129,937.	6,809.		136,746.
B. MANAGEMENT AND GENERAL	14,090.	738.		14,828.
C. FUNDRAISING	12,524.	656.		13,180.

TOTAL PROGRAM SERVICES				138,346.
TOTAL MANAGEMENT AND GENERAL				14,828.
TOTAL FUNDRAISING				13,180.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				166,354.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
MEDICAL RESEARCH CLAIRE VERSCHRAEGEN 900 CAMINO DE SALUD NE ALBUQUERQUE, NM 87131	10,000.
MEDICAL RESEARCH DEBORAH ALTOMARE 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	50,000.
MEDICAL RESEARCH V. COURTNEY BROADDUS 1001 POTERO AVE. BLDG 1, ROOM 150 SAN FRANCISCO, CA 94110	50,000.
MEDICAL RESEARCH FARIS FARASSATI 420 DELAWARE STREET, SE MINNEAPOLIS, MN 55455	50,000.
MEDICAL RESEARCH ALLA IVANOVA 550 FIRST AVE SKIRBALL 9V NEW YORK, NY 10016	49,930.
MEDICAL RESEARCH LEE M, KRUG 1275 YORK AVE NEW YORK, NY 10021	50,000.
MEDICAL RESEARCH STEPHEN M. LEVIN 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	45,374.
MEDICAL RESEARCH BIN LIU 1001 POTERO AVE. BLDG 1, ROOM 150 SAN FRANCISCO, CA 94110	50,000.
MEDICAL RESEARCH BROOKE T. MOSSMAN 89 BEAUMONT AVE BURLINGTON, VT 05405	50,000.

MEDICAL RESEARCH ANIL WALI 623 HWCRC, 4100 JOHN R. DETROIT, MI 48201	49,853.
MEDICAL RESEARCH GUAN-HUI XIAO 333 COTTMAN AVENUE PHILADELPHIA, PA 19111	50,000.
MEDICAL RESEARCH SUNIL SHARMA ONE BREAKTHROUGH WAY 10441 WEST TRAIN AVE LAS VEGAS, NY 89135	10,000.
MEDICAL RESEARCH TAN INCE. PHD 75 FRANCIS STREET BOSTON, MA 02115	50,000.
MEDICAL RESEARCH DR. GREGORY OTTERSON 1960 KENNY ROAD COLUMBUS, OH 43221	50,000.
MEDICAL RESEARCH XIABAO CAO - TEXAS A&M 702 WS HK DODGEN LOOP TEMPLE, TX 46504	48,800.
MEDICAL RESEARCH GIOVANNI GAUDINO, MD 6 VIA BOVO NOVARA NO 28100 ITALY	48,500.
MEDICAL RESEARCH PASI JANNE 44 BINNEY ST. SUITE 1234 BOSTON, MA 02115	50,000.
MEDICAL RESEARCH ITE-LAIRD-OFFRINGA 1441 EAST LAKE AVENUE LOS ANGELES, CA 90089-9176	50,000.
MEDICAL RESEARCH BNM LAMBRECHT, MD 50 ROTTERDAM 3015GE THE NETHERLANDS	50,000.



MEDICAL RESEARCH 50,000.  
 DELIA NELSON, MD  
 KENT STREET - BENTLEY PERTH  
 WESTERN AUSTRALIZ

MEDICAL RESEARCH 50,000.  
 JILL OHAR, MD NEVADA CANCER CENTER  
 10441 WEST TWAIN AVENUE  
 LAS VEGAS, NY 89135

MEDICAL RESEARCH 49,865.  
 ANIL VACHANI, MD  
 3615 CIVIC CENTER BLVD  
 PHILADELPHIA, PA 19104

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B 1,012,322.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
 PART III

EXPLANATION

PROMOTE MESOTHELIOMA (CANCER) RESEARCH, EDUCATION AND AWARENESS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
SOFTWARE	3,290.	3,290.	0.
VIDEOTEX	764.	730.	34.
OTHER INTANGIBLE ASSETS	6,000.	2,800.	3,200.
DELL COMPUTER	2,682.	1,787.	895.
LAPTOP COMPUTER	1,560.	780.	780.
FURNITURE	1,454.	436.	1,018.
DELL COMPUTER	1,682.	504.	1,178.
2006 COMPUTER	3,551.	0.	3,551.
2006 FURNITURE	496.	0.	496.
TOTAL TO FORM 990, PART IV, LN 57	21,479.	10,327.	11,152.

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
CREDIT CARD PAYABLE		34,815.	
PAYROLL TAXES PAYABLE		1,350.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		36,165.	

FORM 990	NON-GOVERNMENT SECURITIES			STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CERTIFICATES OF DEPOSIT	COST			594,000.	594,000.
MUTUAL FUNDS	COST			743,842.	743,842.
EQUITIES	COST	3,893.			3,893.
TO FORM 990, LINE 54A, COL B		3,893.		1,337,842.	1,341,735.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION		AMOUNT	
NON CASH CONTRIBUTIONS TO SPECIAL EVENTS		1,849.	
TOTAL TO FORM 990, PART IV-A		1,849.	

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	11
DESCRIPTION		AMOUNT	
DIFFERENCE BETWEEN ACCRUAL VERSUS CASH EXPENSES		12,497.	
PRIOR YEAR GRANT PAYABLE PAID		50,000.	
TOTAL TO FORM 990, PART IV-B		62,497.	



FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DR. ROBERT B. CAMERON P.O. BOX 951741 LOS ANGELES, CA 90095	BOARD MEMBER 2.00	0.	0.	0.
DR. MICHAEL HARBUT 118 N. WASHINGTON AVE. ROYAL OAK, MI 48067	BOARD MEMBER 2.00	0.	0.	0.
SUSAN VENTO 553 DEER RIDGE LANE MAPLEWOOD, MN 55119	BOARD MEMBER 2.00	0.	0.	0.
DR. NICHOLAS J. VOGELZANG 5481 S. MARYLAND AVE, MC 1140 CHICAGO, IL 60637	BOARD MEMBER 2.00	1,600.	0.	0.
ROGER G. WORTHINGTON 26502 AVENIDA LAS PALMAS CAPISTRANO BEACH, CA 92624	PRESIDENT/TREASURER 2.00	0.	0.	0.
ULF JUNGNELIUS M.D. 1609 GARDEN STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
MATTHEW P. BERGMAN PO BOX 2010 VASHON, WA 98070	BOARD MEMBER 2.00	0.	0.	0.
CHRISTOPHER HAHN 1609 GARDEN STREET SANTA BARBARA, CA 93101	EXECUTIVE DIRECTOR 40.00	156,551.	8,203.	0.
M. ANN ABBE 1609 GARDEN STREET SANTA BARBARA, CA 93101	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		158,151.	8,203.	0.



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

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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.

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

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

Name(s) shown on return: **THE MESOTHELIOMA APPLIED RESEARCH FOUNDATION, INC.**  
 Business or activity to which this form relates: **FORM 990 PAGE 2**  
 Identifying number: **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	108,000.
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	430,000.
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 2005 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 2007. 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 qualified New York Liberty or Gulf Opportunity 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	1,475.

**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 2006	17	69.
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		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2006 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 2006 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	1,544.
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	4,047.

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

Form 4562 (2006)

75-2816066 Page 2

**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
<b>25</b> Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

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

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> 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
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

**Part VI** **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2006 tax year:					
<b>43</b> Amortization of costs that began before your 2006 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>
					400.
					400.