

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

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

OMB No. 1545-0047

**2006**Open to Public  
Inspection**A** For the 2006 calendar year, or tax year beginning **OCT 1, 2006** and ending **SEP 30, 2007****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**

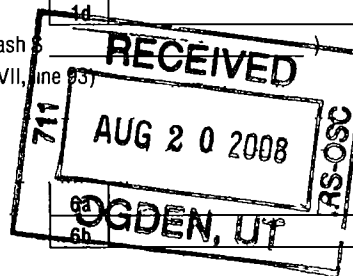
City or town, state or country, and ZIP + 4

**WATERTOWN, MA 02472-2500**

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**D** Employer identification number**04-3068130****E** Telephone number**617-924-9997****F** Accounting method ☐ Cash ☒ Accrual  
☐ Other (specify) ▶**G** Website: ▶ **WWW.TBTS.ORG****J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization 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.**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).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,708,658.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	5,788,550.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 5,788,550. noncash \$ )	1e	5,788,550.	
	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	113,454.	
	5	Dividends and interest from securities	5	151,357.	
	6a	Gross rents			
	b	Less: rental expenses			
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶ )	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b	Less: cost or other basis and sales expenses	2,236,199.	8b	
	c	Gain or (loss) (attach schedule)	2,223,428.	8c	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	12,771.	8d	12,771.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 4,156,188. of contributions reported on line 1b)	9a	419,002.	
	b	Less: direct expenses other than fundraising expenses	9b	386,905.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	32,097.	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	96.
12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	6,098,325.	
13		Program services (from line 44, column (B))	13	3,821,624.	
14		Management and general (from line 44, column (C))	14	112,344.	
15		Fundraising (from line 44, column (D))	15	197,345.	
16		Payments to affiliates (attach schedule)	16		
17		Total expenses. Add lines 16 and 44, column (A)	17	4,131,313.	
18		Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,967,012.	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,968,583.	
20		Other changes in net assets or fund balances (attach explanation)	20	633,428.	
21		Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	7,569,023.	

623001  
01-18-07

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

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P 22

**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
<b>22a</b> 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"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>2575221</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>	<b>2,575,221.</b>	<b>2,575,221.</b>	<b>STATEMENT 5</b>	
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	<b>83,194.</b>	<b>70,715.</b>	<b>4,160.</b>	<b>8,319.</b>
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>
<b>c</b> 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) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	<b>389,184.</b>	<b>330,805.</b>	<b>19,460.</b>	<b>38,919.</b>
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>	<b>11,209.</b>	<b>9,528.</b>	<b>560.</b>	<b>1,121.</b>
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	<b>46,342.</b>	<b>39,391.</b>	<b>2,317.</b>	<b>4,634.</b>
<b>29</b> Payroll taxes <b>29</b>	<b>41,675.</b>	<b>35,423.</b>	<b>2,084.</b>	<b>4,168.</b>
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	<b>32,851.</b>		<b>32,851.</b>	
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	<b>25,151.</b>	<b>20,121.</b>	<b>5,030.</b>	
<b>34</b> Telephone <b>34</b>	<b>7,490.</b>	<b>6,741.</b>	<b>749.</b>	
<b>35</b> Postage and shipping <b>35</b>	<b>19,676.</b>	<b>18,692.</b>	<b>984.</b>	
<b>36</b> Occupancy <b>36</b>	<b>45,522.</b>	<b>40,970.</b>	<b>4,552.</b>	
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>	<b>26,733.</b>	<b>2,166.</b>	<b>2,559.</b>	<b>22,008.</b>
<b>39</b> Travel <b>39</b>	<b>11,927.</b>	<b>9,541.</b>	<b>1,193.</b>	<b>1,193.</b>
<b>40</b> Conferences, conventions, and meetings <b>40</b>	<b>58,391.</b>	<b>57,238.</b>	<b>1,153.</b>	
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule) <b>42</b>	<b>7,428.</b>	<b>4,828.</b>	<b>2,600.</b>	
<b>43</b> Other expenses not covered above (itemize) a <b>43a</b> b <b>43b</b> c <b>43c</b> d <b>43d</b> e <b>43e</b> f <b>43f</b> g <b>SEE STATEMENT 4</b> <b>43g</b>	<b>749,319.</b>	<b>600,244.</b>	<b>32,092.</b>	<b>116,983.</b>
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	<b>4,131,313.</b>	<b>3,821,624.</b>	<b>112,344.</b>	<b>197,345.</b>

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 ☒ NoIf "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

**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? ► <b>SEE STATEMENT 6</b>		<b>Program Service Expenses</b> (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 SCIENTIFIC RESEARCH, EDUCATION, PATIENT, AND FAMILY SUPPORT.</b>		
(Grants and allocations	\$ 2,575,221. )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>3,821,624.</b>		
<b>b</b>		
(Grants and allocations	\$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>c</b>		
(Grants and allocations	\$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>d</b>		
(Grants and allocations	\$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>e Other program services (attach schedule)</b>		
(Grants and allocations	\$ )	If this amount includes foreign grants, check here ► <input type="checkbox"/>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ► <b>3,821,624.</b>		

Form 990 (2006)

**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 Cash - non-interest-bearing	322,733.	45	172,032.
	46 Savings and temporary cash investments	1,908,229.	46	4,927,421.
	47 a Accounts receivable			
	b Less allowance for doubtful accounts	50,000.	47c	
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,640.	53	38,780.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,397,673.	54a	1,654,132.
	b Investments - other securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,581,091.	54b	1,667,507.
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment basis	133,816.			
b Less accumulated depreciation STMT 9	81,775.			
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 10 )	19,138.	58	26,612.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	6,297,928.	59	8,538,525.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	87,681.	60	73,570.
	61 Grants payable	674,163.	61	895,932.
	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 <input type="checkbox"/> REFUNDABLE ADVANCE )	567,501.	65	0.
	66 <b>Total liabilities.</b> Add lines 60 through 65	1,329,345.	66	969,502.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	4,900,336.	67	5,303,402.
	68 Temporarily restricted	68,247.	68	2,265,621.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,968,583.	73	7,569,023.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	6,297,928.	74	8,538,525.





**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	59,680.
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? 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
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 a	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	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
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 <u>0.</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>MA</u>	90b	7
b	Number of employees employed in the pay period that includes March 12, 2006		
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

**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 XIf "Yes," enter the name of the foreign country N/A92 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	113,454.	
96 Dividends and interest from securities			14	151,357.	
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	12,771.	
101 Net income or (loss) from special events					32,097.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					96.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		277,582.	32,193.
105 Total (add line 104, columns (B), (D), and (E))					309,775.

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& ACTIVITIES SPONSORED BY THE ORGANIZATION HELPED RAISE AWARENESS OF THE  
103 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)



**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 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>				

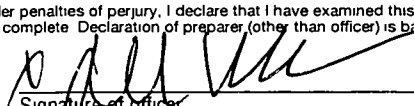
Yes	No
-----	----

**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

	(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>				

Yes	No
-----	----

**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?

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		08/14/08 Date	
	Michael R Corbin Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address and ZIP + 4 MILLER WACHMAN LLP 10 ST. JAMES AVENUE, 16TH FLOOR BOSTON, MA 02116	08/12/08	<input type="checkbox"/> EIN <input type="checkbox"/>	Phone no. 617-338-6800

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 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 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
<b>BRIANNA S. NADELBERG</b> C/O TBTS 124 WATERTOWN STREET, WATERTOWN, MA 02459	<b>DIR. OF DEVELOPMENT</b> 40.00	<b>71,203.</b>	<b>2,333.</b>	<b>0.</b>
<b>SARAH R.G. GUPTA</b> C/O TBTS 124 WATERTOWN STREET, WATERTOWN, MA 02459	<b>DIR. OF SUPPORT SERV</b> 40.00	<b>51,583.</b>	<b>279.</b>	<b>0.</b>
<b>BARBARA GOODMAN</b> C/O TBTS 124 WATERTOWN STREET, WATERTOWN, MA 02459	<b>EVENT COORDINATOR</b> 40.00	<b>49,304.</b>	<b>9,390.</b>	<b>0.</b>

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
<b>N. PAUL TON THAT</b> 335 SPRAGUE STREET, DEDHAM, MA 02026	<b>INTERIM EXECUTIVE DIRECTOR</b>	<b>72,045.</b>
<b>CARRIE TREADWELL</b> P.O. BOX 5225, CAREFREE, AZ 85377	<b>DIRECTOR OF RESEARCH</b>	<b>59,940.</b>

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
<b>NONE</b>		

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**

<b>1</b> 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.) 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.	<b>1</b>		<b>X</b>
<b>2</b> 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)			
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>		<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	<b>2d</b>	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		<b>X</b>
<b>3 a</b> 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 12</b>	<b>3a</b>	<b>X</b>	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>	
<b>c</b> 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	<b>3c</b>		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		<b>X</b>
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year		<b>N/A</b>	
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		<b>N/A</b>	
<b>f</b> 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			<b>0.</b>
<b>g</b> Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			<b>0.</b>

**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> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,321,828.	3,417,932.	2,570,464.	1,905,569.	11,215,793.
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	176,202.	98,103.	26,012.	31,873.	332,190.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,887.	27,775.	SEE STATEMENT 13	10.	31,672.
<b>23</b> Total of lines 15 through 22	3,501,917.	3,543,810.	2,596,476.	1,937,452.	11,579,655.
<b>24</b> Line 23 minus line 17	3,501,917.	3,543,810.	2,596,476.	1,937,452.	11,579,655.
<b>25</b> Enter 1% of line 23	35,019.	35,438.	25,965.	19,375.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					231,593.
<b>b</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					0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					11,579,655.
<b>d</b> Add: Amounts from column (e) for lines: 18 332,190. 19 _____ 22 31,672. 26b _____					363,862.
<b>e</b> Public support (line 26c minus line 26d total)					11,215,793.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.8577%
<b>27</b> Organizations described on line 12: <b>a</b> 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>b</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)					
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					N/A
<b>e</b> Public support (line 27c total minus line 27d total)					N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
<b>h</b> 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 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

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

Schedule A (Form 990 or 990-EZ) 2006

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations												
		<b>N/A</b>													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
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 -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><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	41	
<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														
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 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 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:

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

Yes	No	Amount
		0.





## 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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	Current Year Deduction
	FURNITURE & FIXTURES											
1	OFFICE EQUIPMENT	061590	SL	5.00	16	9,690.			9,690.	9,690.		0.
2	OFFICE EQUIPMENT	061593	SL	5.00	16	7,100.			7,100.	7,100.		0.
3	EQUIPMENT	061592	SL	5.00	16	1,699.			1,699.	1,699.		0.
4	EQUIPMENT	061593	SL	5.00	16	1,950.			1,950.	1,950.		0.
5	TELEPHONE	061592	SL	5.00	16	1,051.			1,051.	1,051.		0.
6	TELEPHONE	061593	SL	5.00	16	1,325.			1,325.	1,325.		0.
15	TELEPHONE	020399	SL	5.00	16	1,525.			1,525.	1,525.		0.
16	OFFICE EQUIPMENT	061599	SL	5.00	16	3,125.			3,125.	3,125.		0.
17	OFFICE EQUIPMENT	061599	SL	5.00	16	2,487.			2,487.	2,487.		0.
18	OFFICE EQUIPMENT	093099	SL	5.00	16	2,011.			2,011.	2,011.		0.
29	PHONE VOICE MAIL	042302	SL	5.00	16	2,719.			2,719.	2,403.		316.
33	SHARP COPIER	020904	SL	5.00	16	3,325.			3,325.	1,773.		665.
38	TELEPHONE SYSTEMS	013106	SL	5.00	16	3,632.			3,632.	484.		726.
48	OFFICE FURNITURE	082307	SL	5.00	16	1,750.			1,750.			29.
49	SHREDDER	083107	SL	5.00	16	2,200.			2,200.			37.
56	TELEPHONE SYSTEM	092807	SL	5.00	16	13,735.			13,735.			0.
	* 990 PAGE 2 TOTAL					59,324.		0.	59,324.	36,623.	0.	1,773.
	FURNITURE & FIXTURES											

828102  
07-28-08

(D) - Asset disposed

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

## 2006 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	Current Year Deduction
	OTHER											
7	SOFTWARE	120695	SL	3.00	16	3,500.			3,500.	3,500.		0.
8	SOFTWARE	091296	SL	3.00	16	300.			300.	300.		0.
22	SOFTWARE	033101	SL	5.00	16	8,063.			8,063.	8,063.		0.
43	BLACKBAUD SOFTWARE	110106	SL	5.00	16	13,097.			13,097.			2,401.
44	SOFTWARE	040607	SL	5.00	16	433.			433.			43.
45	TZ 170 SONIC FIREWALL	070307	SL	5.00	16	782.			782.			39.
46	KVM SWITCH	070307	SL	5.00	16	97.			97.			5.
47	TERMINAL SERVER	070307	SL	5.00	16	375.			375.			19.
	* 990 PAGE 2 TOTAL					26,647.		0.	26,647.	11,863.	0.	2,507.
	OTHER					85,971.		0.	85,971.	48,486.	0.	4,280.
	* 990 PAGE 2 TOTAL -											
	OTHER											
9	HARDWARE	120795	SL	5.00	16	1,902.			1,902.	1,902.		0.
10	HARDWARE	122895	SL	5.00	16	4,489.			4,489.	4,489.		0.
11	HARDWARE	011796	SL	5.00	16	910.			910.	910.		0.
12	HARDWARE	012296	SL	5.00	16	3,036.			3,036.	3,036.		0.
13	HARDWARE	020796	SL	5.00	16	1,883.			1,883.	1,883.		0.
14	HARDWARE	072496	SL	5.00	16	1,750.			1,750.	1,750.		0.

828102  
07-28-06

(D) - Asset disposed

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

## 2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

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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	Current Year Deduction
19	COMPUTER	020100	SL	5.00	16	685.			685.	685.		0.
20	COMPUTER	020100	SL	5.00	16	685.			685.	685.		0.
21	HARDWARE	090100	SL	5.00	16	1,475.			1,475.	1,475.		0.
23	HARDWARE	112800	SL	5.00	16	975.			975.	975.		0.
24	COMPUTER	032801	SL	5.00	16	1,870.			1,870.	1,870.		0.
25	COMPUTER	011701	SL	5.00	16	840.			840.	840.		0.
26	COMPUTER	101400	SL	5.00	16	500.			500.	500.		0.
27	DELL COMPUTER	012302	SL	5.00	16	1,075.			1,075.	1,003.		72.
28	DELL COMPUTER	022502	SL	5.00	16	1,133.			1,133.	1,040.		93.
30	COMPUTERS	092603	200DB	5.00	17	987.			987.	784.		108.
31	COMPUTER SERVER	091703	200DB	5.00	17	509.			509.	404.		56.
32	COMPUTER SERVER	091703	200DB	5.00	17	640.			640.	509.		70.
34	DELL COMPUTER	072504	SL	5.00	16	662.			662.	286.		132.
35	DELL LAPTOP	083004	SL	5.00	16	774.			774.	323.		155.
36	DELL COMPUTER	080505	SL	5.00	16	1,374.			1,374.	321.		275.
37	MT COMPUTER	011906	SL	5.00	16	632.			632.	84.		126.
39	COMPUTER AND MONITOR	060606	SL	5.00	16	792.			792.	53.		158.
40	DELL COMPUTER	071106	SL	5.00	16	607.			607.	30.		121.

8328102  
07-28-08

(D) - Asset disposed

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

## 2006 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	Current Year Deduction
41	HP STORAGEWORKS	081006	SL	5.00	16	726.			726.	24.		145.
42	HP PROLIANT SERVER	092906	SL	5.00	16	3,358.			3,358.			672.
50	COMPUTER	040607	SL	5.00	16	1,142.			1,142.			114.
51	SERVER INSTALLATION	070307	SL	5.00	16	2,945.			2,945.			147.
52	SERVER	070307	SL	5.00	16	3,034.			3,034.			152.
53	MONITORS	080607	SL	5.00	16	1,190.			1,190.			40.
54	COMPUTER	081007	SL	5.00	16	1,442.			1,442.			48.
55	LAPTOP	081207	SL	5.00	16	1,169.			1,169.			39.
57	SERVER SETUP	101806	SL	5.00	16	1,425.			1,425.			261.
58	TIGER DIRECT - COMPUTER	011707	SL	5.00	16	533.			533.			71.
59	PRESENTATION LAPTOP	020607	SL	5.00	16	696.			696.			93.
	* 990 PAGE 2 TOTAL					47,845.		0.	47,845.	25,861.	0.	3,148.
	OTHER					47,845.		0.	47,845.	25,861.	0.	3,148.
	* 990 PAGE 2 TOTAL -					133,816.		0.	133,816.	74,347.	0.	7,428.
	* GRAND TOTAL 990 PAGE 2 DEPR											

828102  
07-28-06

(D) - Asset disposed

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

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF INVESTMENTS	2,236,199.	2,223,428.	0.	12,771.	
TO FORM 990, PART I, LINE 8	2,236,199.	2,223,428.	0.	12,771.	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
RIDE FOR RESEARCH	2,027,912.	1,976,839.	51,073.	51,073.	0.	
GOLF FOR HOPE	90,869.	74,325.	16,544.	16,544.	0.	
RACE FOR HOPE	1,341,158.	1,187,469.	153,689.	153,689.	0.	
HAVE A CHANCE WALK	682,802.	579,257.	103,545.	103,545.	0.	
F1 GALA	212,975.	169,406.	43,569.	43,569.	0.	
GLASSMAN CHEF NIGHT	16,050.	16,050.		5,059.	<5,059.>	
BILL GREY RIDE	45,335.	45,335.		1,603.	<1,603.>	
SSBTR	78,600.	78,600.		1,766.	<1,766.>	
PRACTICE HOPE	32,190.	28,907.	3,283.	3,282.	1.	
EXTERNAL EVENTS	10,148.		10,148.	1,113.	9,035.	
ROSS GALA	2,695.		2,695.	124.	2,571.	
PAT CASSELLA	6,185.		6,185.	354.	5,831.	
KAROL GALA				4,550.	<4,550.>	
CONCORD WALK				634.	<634.>	
OTHER EVENTS	28,271.		28,271.		28,271.	
TO FM 990, PART I, LINE 9	4,575,190.	4,156,188.	419,002.	386,905.	32,097.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	3
DESCRIPTION	AMOUNT			
UNREALIZED GAIN ON INVESTMENTS	65,927.			
RESTATEMENT OF PRIOR YEAR'S REFUNDABLE ADVANCE	567,501.			
TOTAL TO FORM 990, PART I, LINE 20	633,428.			

## FORM 990

## OTHER EXPENSES

## STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DEVELOPMENT	75,530.	37,764.	11,330.	26,436.
INSURANCE	5,965.		5,965.	
NEWSLETTER	75,806.	68,226.	3,790.	3,790.
MERCHANT FEES	77,204.			77,204.
GRANT SELECTION EXPENSE	4,642.	4,642.		
RECRUITMENT FEES	8,553.	8,553.		
SUPPORT	170,230.	170,230.		
WORKSHOP	10,518.	10,518.		
RESEARCH	192,396.	192,396.		
INTERIM EXECUTIVE DIRECTOR	72,045.	61,238.	3,602.	7,205.
ANNUAL REPORT	5,857.	4,393.		1,464.
TEMPORARY HELP	27,895.	22,316.	5,579.	
MISCELLANEOUS	8,841.	7,515.	442.	884.
TECHNOLOGY	13,837.	12,453.	1,384.	
TOTAL TO FM 990, LN 43	749,319.	600,244.	32,092.	116,983.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	2,575,221.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	2,575,221.
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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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## EXPLANATION

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

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		512,098.		512,098.
EQUITIES	FMV	3,627.			3,627.
TO FORM 990, LINE 54A, COL B		3,627.	512,098.		515,725.

FORM 990	GOVERNMENT SECURITIES			STATEMENT	8
DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES	
US OBLIGATIONS	FMV	1,138,407.		1,138,407.	
TOTAL TO FORM 990, LINE 54A, COL B		1,138,407.		1,138,407.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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.	1,075.	0.
DELL COMPUTER	1,133.	1,133.	0.
PHONE VOICE MAIL	2,719.	2,719.	0.
COMPUTERS	987.	892.	95.
COMPUTER SERVER	509.	460.	49.
COMPUTER SERVER	640.	579.	61.
SHARP COPIER	3,325.	2,438.	887.
DELL COMPUTER	662.	418.	244.



DELL LAPTOP	774.	478.	296.
DELL COMPUTER	1,374.	596.	778.
MT COMPUTER	632.	210.	422.
TELEPHONE SYSTEMS	3,632.	1,210.	2,422.
COMPUTER AND MONITOR	792.	211.	581.
DELL COMPUTER	607.	151.	456.
HP STORAGEWORKS	726.	169.	557.
HP PROLIANT SERVER	3,358.	672.	2,686.
BLACKBAUD SOFTWARE	13,097.	2,401.	10,696.
SOFTWARE	433.	43.	390.
TZ 170 SONIC FIREWALL	782.	39.	743.
KVM SWITCH	97.	5.	92.
TERMINAL SERVER LICENSES	375.	19.	356.
OFFICE FURNITURE	1,750.	29.	1,721.
SHREDDER	2,200.	37.	2,163.
COMPUTER	1,142.	114.	1,028.
SERVER INSTALLATION	2,945.	147.	2,798.
SERVER	3,034.	152.	2,882.
MONITORS	1,190.	40.	1,150.
COMPUTER	1,442.	48.	1,394.
LAPTOP	1,169.	39.	1,130.
TELEPHONE SYSTEM	13,735.	0.	13,735.
SERVER SETUP	1,425.	261.	1,164.
TIGER DIRECT - COMPUTER	533.	71.	462.
PRESENTATION LAPTOP	696.	93.	603.
TOTAL TO FORM 990, PART IV, LN 57	133,816.	81,775.	52,041.

FORM 990	OTHER ASSETS	STATEMENT 10
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DESCRIPTION	AMOUNT
DEPOSITS	3,333.
ACCRUED INTEREST RECEIVABLE	23,279.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	26,612.

FORM 990	OTHER SECURITIES	STATEMENT 11
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	24,192.
CERTIFICATES OF DEPOSIT	FMV	1,643,315.
TO FORM 990, LINE 54B, COL B		1,667,507.

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SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 12  
PART III, LINE 3A

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

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SCHEDULE A      OTHER INCOME      STATEMENT 13

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DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
RETURN OF UNEXPENDED RESEARCH GRANT	0.	27,775.	0.	0.
MISCELLANEOUS	3,887.	0.	0.	10.
TOTAL TO SCHEDULE A, LINE 22	3,887.	27,775.	0.	10.

**The Brain Tumor Society, Inc.**  
**E.I. # 04-3068130**  
**Form 990 – Research Grant**  
**Awards**  
**9/30/07**

Anne Brunet, PhD  
Stanford University  
Stanford, California  
\$100,000

James Chen, MD  
Stanford University  
Stanford, California  
\$100,000

Joseph Costello, PhD  
University of California, San Francisco  
San Francisco, California  
\$100,000

Tom Curran, PhD, FRS  
Children's Hospital of Philadelphia  
Philadelphia, Pennsylvania  
\$100,000

Juan Fueyo, MD  
The University of Texas M.D. Anderson  
Cancer Center  
Houston, Texas  
\$93,703

Richard Gilbertson, MD, PhD  
Jude Children's Research Hospital  
Memphis, Tennessee  
\$98,160

Abhijit Guha, MD, FRCSC, FACS  
University of Toronto  
Toronto, Ontario  
\$75,000

Gregory Hannon, PhD  
Cold Spring Harbor Laboratory  
Cold Spring Harbor, New York  
\$100,000

Xiaolin He, PhD  
Northwestern University  
Chicago, Illinois  
\$100,000

Rakesh Jain, PhD  
Massachusetts General Hospital  
Boston, Massachusetts  
\$100,000

Paul Knoepfler, PhD  
University of California, Davis  
Davis, California  
\$100,000

Lawrence Lamb, PhD  
University of Alabama at Birmingham  
Birmingham, Alabama  
\$50,000

Zhimin Lu, MD, PhD  
The University of Texas M.D. Anderson  
Cancer Center  
Houston, Texas  
\$100,000

Duane Mitchell, MD, PhD  
Duke University Medical Center  
Durham, North Carolina  
\$100,000

Jeremy Rich, MD  
Duke University Medical Center  
Durham, North Carolina  
\$100,000

Joshua Rubin, MD, PhD  
Washington University  
St. Louis, Missouri  
\$100,000

John Sampson, MD, PhD  
Duke University Medical Center  
Durham, North Carolina  
\$100,000

Robert Sobol, PhD  
University of Pittsburgh  
Pittsburgh, Pennsylvania  
\$100,000

Jeffrey Leonard, MD  
Washington University  
St. Louis, Missouri  
\$100,000

The University of Texas M.D. Anderson  
Cancer Center  
Houston, Texas  
\$100,000

Ian Pollack, MD  
Children's Hospital of Pittsburgh  
Pittsburgh, Pennsylvania  
\$99,973

Uri Tabori, MD  
The Hospital For Sick Children  
Toronto, Ontario  
\$100,000

Kwong Kwok Wong, PhD  
The University of Texas M.D. Anderson  
Cancer Center  
Houston, Texas  
\$84,656

David Gutmann, MD, PhD  
Washington University  
St. Louis, Missouri  
\$344,518

Tobey Macdonald, MD  
Children's National Medical Center  
Washington, DC  
\$28,282

**The Brain Tumor Society, Inc.**  
**E.I. # 04-3068130**  
**Form 990 – Board of Directors Listing**  
**9/30/07**

Mary Catherine Calisto, Chair  
Ken Grey, Co-Chair  
Michael Corkin, Treasurer  
G. Bonnie Feldman, Honorary Life Member ✓  
Lauren Corkin  
Barry Glassman  
Daniel Greiff  
Cord Schlobohm  
Jane Gumble, Esq.  
Steven Karol  
Sheila Killeen  
Jeffrey Kolodin  
Rabbi David Paskin  
Susan Pannullo  
Vincent Patrone, Esq.

All board members above may be contacted at:

The Brain Tumor Society, Inc.  
124 Watertown Street, Suite 3H  
Watertown, MA 0002472-2500

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

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

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

**Part II Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy

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

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

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

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

- The books are in the care of **THE CORPORATION**

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, 2008**  
 5 For calendar year **2007**, or other tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension

**ADDITIONAL INFORMATION NECESSARY TO COMPLETE 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.	8a	\$
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.	8b	\$
c	<b>Balance Due.</b> 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.	8c	\$ <b>N/A</b>

**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 *[Signature]* Title **CPA** Date **5/14/08**

**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
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

(Rev. April 2007)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545 1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete **Part II** unless you have already been granted an automatic 3 month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6 month extension - check this box and complete **Part I** only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

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

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **THE CORPORATION**

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 will cover

- 1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **MAY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning **OCT 1, 2006**, and ending **SEP 30, 2007**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ <b>N/A</b>

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions

Form 8868 (Rev. 4 2007)