

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

**2007**Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning **OCT 1, 2007** and ending **SEP 30, 2008****B** Check if applicable

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**NATIONAL BRAIN TUMOR SOCIETY**

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

**124 WATERTOWN STREET**

Room/suite

**2D**

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

**WATERTOWN, MA 02472****D** Employer identification number**04-3068130****E** Telephone number**(617) 924-9997****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

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

**H and I are not applicable to section 527 organizations****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: **WWW.BRAINTUMOR.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.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,651,459.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****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****5,215,596.****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 \$ **5,215,596.** noncash \$ )**1e****5,215,596.****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****166,488.****5** Dividends and interest from securities**5****95,709.****201a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss). Subtract line 6b from line 6a**6c**

Other investment income (describe ▶ )

**7****a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****1,358,013.****8a****b** Less: cost or other basis and sales expenses**1,349,780.****8b****c** Gain or (loss) (attach schedule)**8,233.****8c****d** Net gain or (loss). Combine line 8c, columns (A) and (B)**STMT 1****8d****8,233.**Special events and activities (attach schedule). If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ **4,124,836.** of contributions reported on line 1b)**9a****815,653.****b** Less: direct expenses other than fundraising expenses**9b****815,653.****c** Net income or (loss) from special events. Subtract line 9b from line 9a**SEE STATEMENT 2****9c****0.****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****11** Other revenue (from Part VII, line 103)**11****12** Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11**12****5,486,026.****13** Program services (from line 44, column (B))**13****6,310,851.****14** Management and general (from line 44, column (C))**14****600,512.****15** Fundraising (from line 44, column (D))**15****611,731.****16** Payments to affiliates (attach schedule)**16****17** Total expenses. Add lines 16 and 44, column (A)**17****7,523,094.****18** Excess or (deficit) for the year. Subtract line 17 from line 12**18****-2,037,068.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19****7,569,023.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 3****20****3,082,912.****21** Net assets or fund balances at end of year. Combine lines 18, 19, and 20**21****8,614,867.**723001  
12-27-07

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

Form 990 (2007)

SCANNED NOV 1 9 2009

OGDEN, UT

Revenue

NOV 05 2009

RECEIVED

17

**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 \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 4261724 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/>	4,261,724.	4,261,724.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	150,915.	150,915.		0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)				
26 Salaries and wages of employees not included on lines 25a, b, and c	1,047,493.	501,898.	218,768.	326,827.
27 Pension plan contributions not included on lines 25a, b, and c	14,317.	10,629.	922.	2,766.
28 Employee benefits not included on lines 25a - 27	125,462.	98,500.	6,741.	20,221.
29 Payroll taxes	107,445.	57,668.	19,995.	29,782.
30 Professional fundraising fees		0.	0.	0.
31 Accounting fees	7,935.		7,935.	
32 Legal fees				
33 Supplies	27,677.	15,141.	6,051.	6,485.
34 Telephone	31,845.	25,476.	1,592.	4,777.
35 Postage and shipping	81,547.	65,238.	4,077.	12,232.
36 Occupancy	111,806.	60,596.	24,823.	26,387.
37 Equipment rental and maintenance	18,485.	14,788.	924.	2,773.
38 Printing and publications	168,934.	135,147.	8,447.	25,340.
39 Travel	129,049.	103,239.	6,452.	19,358.
40 Conferences, conventions, and meetings	114,868.	110,591.	1,069.	3,208.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	49,248.	39,399.	2,462.	7,387.
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	1,074,344.	659,902.	290,254.	124,188.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,523,094.	6,310,851.	600,512.	611,731.

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

**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? ► **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

**a** SCIENTIFIC RESEARCH, EDUCATION, AWARENESS, PATIENT AND FAMILY SUPPORT.

(Grants and allocations \$ **4,261,724.**) If this amount includes foreign grants, check here ► ☐

**6,310,851.**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ►

**6,310,851.**

Form **990** (2007)

**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	172,032.	45	1,787,187.	
	46 Savings and temporary cash investments	4,927,421.	46	5,196,265.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	320,602.		
	b Less allowance for doubtful accounts	48b	44,866.	48c	275,736.
	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	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		38,780.	53	135,617.
	54 a Investments - publicly-traded securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,654,132.	54a	3,169,292.
	b Investments - other securities <b>STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,667,507.	54b	1,907,108.
55 a Investments - land, buildings, and equipment basis	55a				
b Less accumulated depreciation	55b		55c		
56 Investments - other			56		
57 a Land, buildings, and equipment basis	57a	736,825.			
b Less accumulated depreciation <b>STMT 7</b>	57b	323,236.	57c	413,589.	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 8</b> )		26,612.	58	33,084.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		8,538,525.	59	12,917,878.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses		73,570.	60	363,072.
	61 Grants payable		895,932.	61	3,939,939.
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees			63	
	64 a Tax-exempt bond liabilities			64a	
	b Mortgages and other notes payable			64b	
	65 Other liabilities (describe )			65	
66 <b>Total liabilities.</b> Add lines 60 through 65		969,502.	66	4,303,011.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted		5,303,402.	67	6,967,913.
	68 Temporarily restricted		2,265,621.	68	1,350,300.
	69 Permanently restricted			69	296,654.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>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)		7,569,023.	73	8,614,867.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		8,538,525.	74	12,917,878.	





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	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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6). 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: 0.; section 4912: 0.; section 4955: 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization: 0.		
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: MA		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	8
91 a	The books are in care of: JODY SUNDQUIST Telephone no.: (617) 924-9997 Located at: 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA ZIP + 4: 02472		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: N/A 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

X

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	166,488.	
96 Dividends and interest from securities			14	95,709.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	8,233.	
101 Net income or (loss) from special events					
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.		270,430.	0.
105 Total (add line 104, columns (B), (D), and (E))					270,430.

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).
▼	

**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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X 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>				

**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
-----	----

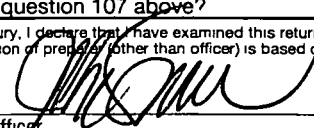
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**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
-----	----

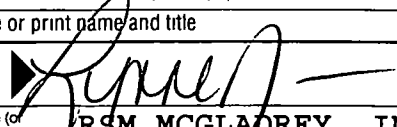
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer:  Date: 11/3/09

Type or print name and title: Nhan Paul TonThat; Ex. Director


**Paid Preparer's Use Only**

Preparer's signature:  Date: 10/30/09

Check if self-employed: ☐

Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCGLAOREY, INC.  
7 NEW ENGLAND EXECUTIVE PARK, SUITE 320  
BURLINGTON, MA 01803-3485

EIN: 

Phone no.: (781) 685-3500

**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

**2007**

Name of the organization

**NATIONAL BRAIN TUMOR SOCIETY**

Employer identification number

**04 3068130**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>BRIANNA NADELBERG</b> 124 WATERTOWN STREET, WATERTOWN, MA 0	<b>DIR. OF DEVELOPMENT</b> 40.00	90,477.	3,885.	0.
<b>MAUREEN GEORGE</b> 124 WATERTOWN STREET, WATERTOWN, MA 0	<b>DIR. OF DEVELOPMENT</b> 40.00	75,840.	28,735.	0.
<b>DAWN GRENIER</b> 124 WATERTOWN STREET, WATERTOWN, MA 0	<b>DIR OF COMMUNICATION</b> 40.00	68,987.	9,642.	0.
<b>KRISTINA KNIGHT</b> 124 WATERTOWN STREET, WATERTOWN, MA 0	<b>COMMUNICATIONS</b> 40.00	59,835.	9,313.	0.
<b>ABBEY HABER</b> 124 WATERTOWN STREET, WATERTOWN, MA 0	<b>ASST. DIR. OF DEV.</b> 40.00	58,419.	9,274.	0.
Total number of other employees paid over \$50,000	1			

**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>NHAN PAUL TONTHAT</b> SPRAGUE STREET, DEDHAM, MA 02026	<b>INTERIM EXECUTIVE DIRECTOR</b>	223,240.
<b>ACCOUNTEMPS</b> 12400 COLLECTIONS CENTER DRIVE, CHICAGO, IL 60601	<b>ACCOUNTING SERVICES</b>	99,870.
<b>CARRIE TREADWELL</b> P.O. BOX 5225, CAREFREE, AZ 85377	<b>DIR. OF RESEARCH GRANT PROGRAMS</b>	75,290.
<b>NUTTER, MCCLENNEN AND FISH</b> 155 SEAPORT BOULEVARD, BOSTON, MA 02210	<b>LEGAL SERVICES</b>	75,281.
<b>NEXT GENERATION</b> 65 DAN ROAD, CANTON, MA 02021	<b>DIRECT MARKETING</b>	73,160.
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>TSG NETWORKS</b> 10462 SAN PABLO AVENUE, EL CERRITO, CA 94530	<b>NETWORKING SERVICES</b>	88,313.
<b>BIG DUCK</b> 45 MAIN STREET, SUITE 1036, BROOKLYN, NY 11201	<b>BRANDING CONSULTANT</b>	80,490.
<b>CONVIO</b> P.O. BOX 671445, DALLAS, TX 75267	<b>WEBSITE HOSTING</b>	65,203.
<b>CONVENTURES</b> ONE DESIGN CENTER PLACE, BOSTON, MA 02210	<b>EVENT COORDINATOR</b>	64,220.
<b>HELLER CONSULTING</b> 125 UNIVERSITY AVENUE #5, BERKELEY, CA 94710	<b>DATABASE CONSULTANT</b>	61,052.
Total number of other contractors receiving over \$50,000 for other services	0	

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		<b>X</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.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		<b>X</b>
b	Lending of money or other extension of credit?	2b		<b>X</b>
c	Furnishing of goods, services, or facilities?	2c	<b>X</b>	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 15</b>	2d	<b>X</b>	
e	Transfer of any part of its income or assets?	2e		<b>X</b>
3	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 16</b>			
a	Did the organization have a section 403(b) annuity plan for its employees?	3a	<b>X</b>	
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	3b	<b>X</b>	
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3c		<b>X</b>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<b>X</b>
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			
a	Did the organization make any taxable distributions under section 4966?	4a	<b>X</b>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	4b		<b>X</b>
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<b>X</b>
d	Enter the total number of donor advised funds owned at the end of the tax year			<b>8</b>
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			<b>714,981.</b>
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			<b>0.</b>
g	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 8 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 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,788,550.	3,321,828.	3,417,932.	2,570,464.	15,098,774.
<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	419,002.				419,002.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	264,811.	176,202.	98,103.	26,012.	565,128.
<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	96.	3,887.	SEE STATEMENT 17 27,775.		31,758.
<b>23</b> Total of lines 15 through 22	6,472,459.	3,501,917.	3,543,810.	2,596,476.	16,114,662.
<b>24</b> Line 23 minus line 17	6,053,457.	3,501,917.	3,543,810.	2,596,476.	15,695,660.
<b>25</b> Enter 1% of line 23	64,725.	35,019.	35,438.	25,965.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					26a 313,913.
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 15,695,660.
d Add: Amounts from column (e) for lines: 18 565,128. 19 _____					26d 596,886.
22 31,758. 26b _____					26e 15,098,774.
e Public support (line 26c minus line 26d total)					26f 96.1971%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
<b>27 Organizations described on line 12:</b> 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					
(2006) (2005) (2004) (2003)					
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					
(2006) (2005) (2004) (2003)					
c Add. Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
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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	
<hr/>		
<hr/>		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
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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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> <p>If the amount on line 40 is -</p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p>The lobbying nontaxable amount is -</p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 14 of the instructions.)

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

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





2007 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	COMPUTERS	VARIOUS	SL	5.00	HY16		318,934.				318,934.	163,980.		23,882.	187,862.
12	COMPUTER SOFTWARE	VARIOUS	SL	3.00	HY16		140,461.				140,461.	16,277.		4,468.	20,745.
13	FURNITURE AND FIXTURES	VARIOUS	SL	7.00	HY16		207,022.				207,022.	83,292.		11,618.	94,910.
14	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	39.00	MM16		70,408.				70,408.	10,439.		9,280.	19,719.
* TOTAL 990 PAGE 2 DEPR							736,825.				736,825.	273,988.		49,248.	323,236.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	1,358,013.	1,349,780.	0.	8,233.
TO FORM 990, PART I, LINE 8	1,358,013.	1,349,780.	0.	8,233.

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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	2
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
VARIOUS EVENTS	788,168.	660,982.	127,186.	127,186.	0.
ROSS GALA	1,368,518.	1,104,871.	263,647.	263,647.	0.
RIDE FOR RESEARCH	1,550,321.	1,450,494.	99,827.	99,827.	0.
RACE FOR HOPE DC	910,979.	736,085.	174,894.	174,894.	0.
HAVE A CHANCE WALK	322,503.	172,404.	150,099.	150,099.	0.
TO FM 990, PART I, LINE 9	4,940,489.	4,124,836.	815,653.	815,653.	0.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-148,136.
NET ASSETS ACQUIRED FROM MERGER	3,231,048.
TOTAL TO FORM 990, PART I, LINE 20	3,082,912.

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FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OFFICE EXPENSE	6,631.	3,315.	1,658.	1,658.
INSURANCE	8,407.	6,726.	420.	1,261.
FOOD	13,338.	10,670.	667.	2,001.
ADVERTISING	39,657.	39,440.	54.	163.
BANK FEES	5,458.	4,366.	273.	819.

## NATIONAL BRAIN TUMOR SOCIETY

04-3068130

TECHNOLOGY	118,399.	95,919.	5,620.	16,860.
DUES & SUBSCRIPTIONS	8,271.	6,616.	414.	1,241.
MERGER COSTS	249,262.		249,262.	
EMPLOYEE				
RECRUITMENT/TRAINING	81,455.	65,976.	3,870.	11,609.
PAYROLL SERVICE FEES	21,466.	17,173.	1,073.	3,220.
PROFESSIONAL FEES	516,984.	404,685.	26,943.	85,356.
GRANT EXPENSE	64.	64.		
HONORARIUM	4,952.	4,952.		
TOTAL TO FM 990, LN 43	1,074,344.	659,902.	290,254.	124,188.

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT	5
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CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHMENT	3,925,704.

FINANCIAL ASSISTANCE TO BRAIN TUMOR PATIENTS AND THEIR FAMILIES	336,020.
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TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	4,261,724.
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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 RESERACH PROJECTS TO ENHANCE TREATMENTS AND TO FIND A CURE FOR TUMORS.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	318,934.	187,862.	131,072.
COMPUTER SOFTWARE	140,461.	20,745.	119,716.
FURNITURE AND FIXTURES	207,022.	94,910.	112,112.
LEASEHOLD IMPROVEMENTS	70,408.	19,719.	50,689.
TOTAL TO FORM 990, PART IV, LN 57	736,825.	323,236.	413,589.

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FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	3,333.	20,768.
ACCRUED INTEREST RECEIVABLE	23,279.	12,316.
TOTAL TO FORM 990, PART IV, LINE 58	26,612.	33,084.

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FORM 990	OTHER SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET FUNDS	FMV	199,699.
CERTIFICATES OF DEPOSIT	FMV	541,363.
GOVERNMENT OBLIGATIONS	FMV	1,166,046.
TO FORM 990, LINE 54B, COL B		1,907,108.

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FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 10
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	FMV		2,704,042.		2,704,042.
EQUITIES	FMV			13,345.	13,345.
STOCKS	FMV			451,905.	451,905.
TO FORM 990, LINE 54A, COL B			2,704,042.	465,250.	3,169,292.

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS REPORTED IN PART I, LINE 20	-148,136.
REVENUE RESULTED FROM MERGER THAT HAS BEEN REPORTED ON FOUNDATION'S RETURN	3,582,800.
TOTAL TO FORM 990, PART IV-A	3,434,664.

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE REPORTED IN PART I, LINE 9B	815,653.
EXPENSES RESULTED FROM MERGER THAT HAS BEEN REPORTED ON FOUNDATION'S RETURN	3,135,916.
TOTAL TO FORM 990, PART IV-B	3,951,569.

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FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSE REPORTED IN PART I, LINE 9B	-815,653.
TOTAL TO FORM 990, PART IV-A	-815,653.

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

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARY CATHERINE CALISTO 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	PRESIDENT & CO-CHAIR 1.00	0.	0.	0.
MICHAEL CORKIN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
G. BONNIE FELDMAN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
BARRY GLASSMAN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
KEN GREY 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	VICE CHAIR 1.00	0.	0.	0.
CORD SCHLOBOHM 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
SHIELA KILLEEN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
JEFFREY KOLODIN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
SUSAN PANNULLO 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
VINCENT PATRONE 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
PAUL FISHER 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.

NATIONAL BRAIN TUMOR SOCIETY

04-3068130

NADER GHAFARI 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	TREASURER 1.00	0.	0.	0.
ANN GORDON 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	CLERK 1.00	0.	0.	0.
STEPHEN LANCTOT 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
SHARON LAMB 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
WALTER NEWMAN 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
ALLISON JONES THOMSON 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	CO-CHAIR 1.00	0.	0.	0.
ELIZABETH ABRAHAMSON 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
BRYON SHEETS 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
JAN MCCORMACK 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	DIRECTOR 1.00	0.	0.	0.
DAVID HURWITZ 124 WATERTOWN STREET, SUITE 2D, WATERTOWN, MA 02472	CHIEF SCIENTIFIC OFFICER 40.00	137,447.	13,468.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

137,447.	13,468.	0.
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SCHEDULE A	EXPLANATION OF TRANSACTIONS	STATEMENT	15
	PART III, LINE 2C		

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FOR THE YEAR ENDING SEPTEMBER 30, 2008, MICHAEL CORKIN, A MEMBER OF THE BOARD OF DIRECTORS , IS THE PRESIDENT OF CORKIN INSURANCE, WHICH IS AN INSURANCE AGENT TO THE ORGANIZATION.

FOR THE YEAR ENDING SEPTEMBER 30, 2008, STEPHEN LANCTOT, A MEMBER OF THE BOARD OF DIRECTORS, PROVIDED LEGAL SERVICES AS AN ATTORNEY OF COBLENTZ, PATCH, DUFFY, & BASS LLP AT NO COST TO THE ORGANIZATION.



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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT 16
	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 17
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DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	96.	3,887.	0.	0.
RETURN OF UNEXPENDED RESEARCH GRANT	0.	0.	27,775.	0.
TOTAL TO SCHEDULE A, LINE 22	96.	3,887.	27,775.	0.

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

▶ See separate instructions.

▶ Attach to your tax return.

**2007**Attachment  
Sequence No **67****NATIONAL BRAIN TUMOR SOCIETY****FORM 990 PAGE 2****04-3068130****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	125,000.
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	500,000.
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 2006 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 2008 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 depreciation allowance for qualified 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	49,248.

**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 2007	17	
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 2007 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 2007 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	49,248.
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	

**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 depreciation allowance for qualified listed 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	
<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?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<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?		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year					
<b>43</b> Amortization of costs that began before your 2007 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

- o 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
- o 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 <b>THE BRAIN TUMOR SOCIETY, INC.</b>	Employer identification number <b>04-3068130</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>124 WATERTOWN STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WATERTOWN, MA 02472-2500</b>	

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**o The books are in the care of **THE CORPORATION**Telephone No **617-924-9997**

FAX No

o If the organization does not have an office or place of business in the United States, check this box ☐

o 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

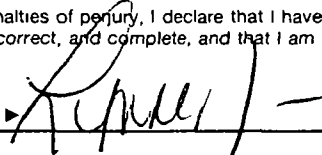
- 4 I request an additional 3-month extension of time until **AUGUST 15**, 20**09**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **OCTOBER 1**, 20**07**, and ending **SEPTEMBER 30**, 20**08**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NECESSARY TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>8a</b> \$
<b>b</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	<b>8b</b> \$
<b>c 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	<b>8c</b> \$ <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

Title **DIRECTOR**

Date

**5/4/09**

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

OMB No 1545-1709

► File a separate application for each return.

- o If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ► ☒  
o 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)

A corporation 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 a corporation 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*.

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

**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 |

o The books are in the care of ► THE CORPORATION

Telephone No ► 617-924-9997

FAX No ► \_\_\_\_\_

- o If the organization does not have an office or place of business in the United States, check this box ► ☐  
o 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 corporation required to file Form 990-T) extension of time until MAY 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year 20\_\_\_\_ or  
► ☒ tax year beginning OCT. 1, 2007, and ending SEPT. 30, 2008

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance Due.</b> 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.	<b>3c</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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions  
ISA

Form **8868** (Rev. 4-2008)