NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

2008

OMB No 1545-0047

Open to Public Inspection

B Che	eck if app	plicable Please	C Name of organization			D Employer	identification number
_	Iress cha	nge use IRS	NATIONAL BRAIN TUMOR SOCIETY			04-3068	
┌ Nar	ne chang		Doing Business As			E Telephone	number
┌ Initi	ıal return	type. See Specific	Number and street (or P O box if mag	all is not delivered to street address	s) Room/suite	(617) 92	
	mınatıon		124 WATERTOWN STREET NO 2D		S) Room, suite	G Gross rece	eipts \$ 8,075,182
_	ended re olication p		City or town, state or country, and Z WATERTOWN, MA 02472	IP + 4			
		F Nar	ne and address of Principal Offic	er	H(a) Is the	s a group retu	ırn for
			L TONTHAT ATERTOWN STREET NO 2D		affilia	tes?	⊤Yes ▼ No
	v ovomn	•	RTOWN,MA 02472)(3) ◀ (insert no)	C 527		affiliates incl	
		: ► WWW BRAINT) 327		o," attach a l p Exemption	ıst See ınstructions) Number ⊧
И.Т.	6		tion		1 V 6 F		M State of land demands MA
к туре	e or orga	inization Corporat	eion trust association other		L Year of For	mation 1989	M State of legal domicile MA
Pai		Summary					
		•	e organization's mission or most PROVES THE QUALITY OF LIF	•			
Activities & Governance	2 C	TO ADVANCE CA BRAIN TUMORS Check this box	CCESS TO PSYCHOSOCIAL SI REFULLY SELECTED RESEARC If the organization discontinued in members of the governing body (I	H PROJECTS TO ENHANC	TREATMEN	ITS AND TO 5% of its ass	FIND A CURE FOR
නර ග		_	ndent voting members of the gove				17
Ĕ			nployees (Part V, line 2a)				42
£	6 T	Total number of vo	olunteers (estimate if necessary)			6	500
∢	7a ⊺	Fotal gross unrela	ted business revenue from Part \	/III, line 12, column (C) .		7:	a 0
	ь≀	Net unrelated busi	iness taxable income from Form 9	990-T, line 34		7	b 0
					Prio	r Year	Current Year
g,		Contributions and grants (Part VIII, line 1h)				5,215,596	6,836,725
enue			revenue (Part VIII, line 2g) .				0
Rayer			me (Part VIII, column (A), lines			262,197	
_			art VIII, column (A), lines 5, 6d dd lines 8 through 11 (must equa			8,233	-951,767
	I .	12)	ad filles o tillodgil II (fildst equa	arrant viii, column (A), me		5,486,026	6,245,103
	13	Grants and simila	ar amounts paıd (Part IX, column	(A), lines 1-3)		4,261,724	3,468,697
	14	Benefits paid to o	or for members (Part IX, column (A), line 4)			0
92	I .	Salaries, other co	ompensation, employee benefits	(Part IX, column (A), lines 5	-	1,445,632	2,723,580
Expenses		•	raising fees (Part IX, column (A)	. line 11e)			0
₩ ₩							
ш		(Total fundraising expenses, Part IX, column (D), line 25 1,375,479 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)					
	17	Other expenses (Part IX, column (A), lines 11a-:	l1d, 11f-24f)		1,815,738	2,556,731
		•	(Part IX, column (A), lines 11a-: -add lines 13-17 (must equal Pa			1,815,738 7,523,094	· · ·
	18	Total expenses—		rt IX, line 25, column (A))		<u> </u>	8,749,008
Ces Ces	18	Total expenses—	-add lines 13–17 (must equal Pa	rt IX, line 25, column (A))	Beginni	7,523,094	8,749,008
sets or stances	18 19	Total expenses—	eadd lines 13–17 (must equal Pa penses Subtract line 18 from line	rt IX, line 25, column (A))	Beginni	7,523,094	8,749,008 -2,503,905 End of Year
(Assets or d Balances	18 19 20	Total expenses— Revenue less exp	radd lines 13–17 (must equal Pa penses Subtract line 18 from line rt X, line 16)	rt IX, line 25, column (A))	Beginni	7,523,094 -2,037,068 ng of Year	8,749,008 -2,503,905 End of Year 8,171,988
Net Assets or Fund Balances	18 19 20 21	Total expenses— Revenue less exp Total assets (Pai	radd lines 13–17 (must equal Pa penses Subtract line 18 from line rt X, line 16)	rt IX, line 25, column (A)) e 12	Beginni	7,523,094 -2,037,068 ng of Year 12,917,878	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160
	18 19 20 21	Total expenses— Revenue less exp Total assets (Pai	radd lines 13–17 (must equal Pa penses Subtract line 18 from line rt X, line 16) Part X, line 26) ad balances Subtract line 21 from	rt IX, line 25, column (A)) e 12	Beginni	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160
	18 19 20 21 22 t III	Total expenses— Revenue less exp Total assets (Pail Total liabilities (F Net assets or fun Signature Blo Under penalties of period belief, it is true, for the signature of office of the signature of the signatu	readd lines 13–17 (must equal Papenses Subtract line 18 from line at X, line 16) Part X, line 26) Indicate the subtract line 21 from the subtract	rt IX, line 25, column (A)) e 12 n line 20 nis return, including accompanying	schedules and si I on all informat	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011 8,614,867	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160 5,711,828 to the best of my knowledge
Par Plea Sign	18 19 20 21 22 t III	Total expenses— Revenue less exp Total assets (Pai Total liabilities (F Net assets or fun Signature Blo Under penalties of pe and belief, it is true, Signature of office	readd lines 13–17 (must equal Papenses Subtract line 18 from line at X, line 16) Part X, line 26) Indicate the subtract line 21 from the subtract	rt IX, line 25, column (A)) e 12 n line 20 nis return, including accompanying	schedules and si I on all informat 2010-	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011 8,614,867	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160 5,711,828 to the best of my knowledge
Par Plea Sign	18 19 20 21 22 1111 se	Total expenses— Revenue less exp Total assets (Pair Total liabilities (Foundation of the Net assets or fundation of the Net assets of th	readd lines 13–17 (must equal Papenses Subtract line 18 from line at X, line 16) Part X, line 26) Indicate the subtract line 21 from the subtract	n line 20 In line 20 In serior return, including accompanying eparer (other than officer) is based Date Date	schedules and si I on all informat 2010-	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011 8,614,867 tatements, and on of which pre	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160 5,711,828 to the best of my knowledge
Plea Sign Here	20 21 22 t III se	Total expenses— Revenue less exp Total assets (Pai Total liabilities (Foundary Proposition of Paintern of Proposition of Prop	readd lines 13–17 (must equal Paperses Subtract line 18 from line rt X, line 16) Part X, line 26) Indicate the Subtract line 21 from OCK Engury, I declare that I have examined the correct, and complete Declaration of preserved. In DIRECTOR In and title R BUCKLEY ALEXANDER ARONSON FINNING &A	n line 20 In serior return, including accompanying eparer (other than officer) is based Date Date Companying accompanying eparer (other than officer) is based	schedules and silon all information and particular part	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011 8,614,867 tatements, and on of which pre	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160 5,711,828 to the best of my knowledge parer has any knowledge
Plea Sign Here	20 21 22 t III se	Total expenses— Revenue less exp Total assets (Pair Total liabilities (Formula in the second in the	readd lines 13–17 (must equal Paperses Subtract line 18 from line rt X, line 16) Part X, line 26) Indicate the Subtract line 21 from OCK Engury, I declare that I have examined the correct, and complete Declaration of preserved. In DIRECTOR In and title R BUCKLEY ALEXANDER ARONSON FINNING &A	n line 20 In serior return, including accompanying eparer (other than officer) is based Date Date Companying accompanying eparer (other than officer) is based	schedules and silon all information and particular part	7,523,094 -2,037,068 ng of Year 12,917,878 4,303,011 8,614,867 tatements, and on of which pre 08-12 Preparer's PT.	8,749,008 -2,503,905 End of Year 8,171,988 2,460,160 5,711,828 to the best of my knowledge parer has any knowledge

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

1	Briefly describe the organization? THE SOCIETY IMPROVES THE QU SUPPORT, INFORMATION, AND F TO FIND A CURE FOR BRAIN TUI	JALITY OF LIFE OF THE BRA					
2	Did the organization unde the prior Form 990 or 990	D-EZ?		the year which were no	t listed on	Yes ▼ No	
_	If "Yes," describe these n						
3	Did the organization ceas services?			ow it conducts any pro-		Yes ▼ No	
4	Describe the exempt purp Section 501(c)(3) and (4 others, the total expenses	oose achievements for organizations and 49	r each of the organization 947(a)(1) trusts are requ	ired to report the amou			,
4a	We find, fund, and follow mea federal funding Our recent pro result in new therapies for pat academic institutions through across North America Comple advance the field of childhood participate in various funding \$1 1M in research for the dev biomarker monitoring method	ogram highlights include Retients faster. Our new gran but the year at a range of the details are published in a brain tumor research in two collaborations. One example of the details are published in the collaborations. One example of a process who are coping with this ters to connect during ever ork members represent 29 pport, and connection to o rehensive information on b Caregiver Training program formmunity on Capitol Hill, and colleague organization.	esearch We revised our grant of the structure provides the capable funding levels. In 2009, NBTS our 2009 Research Programs over critical areas comprehensible is in the effort shared with choods for monitoring pediatric a aches Patient Services. Our Patis challenging and isolating diagry stage of the treatment journ types of diagnoses and 33 stream them to be the brain tumor committed in the brain tumor committed in the brain the brain tumor who is the National Cancer Institute.	the brain tumor community itructure to fund the research proacting to fund research proacting average over \$3 168 million in awards booklet. Our new Pere molecular profiling and dour colleagues in the Brain Tond adult gliomas and their relent Services team respondenosis. We further expanded by Our Peer Support Networks We offered patient corrunity. We continue greater accessed 24 hours a day by care for brain tumor patient e, and the FDA, where we to	th with the most provely in biotechnolog grants to fund impartial provided in the provided in	mise to impact the year companies as weatful brain tumor investing in project biology. We controlled the topology we controlled the topology we controlled the topology who connect a sest across the cound interactive too line version Adventuments of the topology with the topology wi	licy and lee field and lee fie
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)	
4c	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)	
4d	Other program services (Expenses \$	·	e O) g grants of \$) (Revenue	\$)	
4e	Total program service ex	xpenses \$	6.630.036 Must eaua	l Part IX Line 25 colum	n (B).		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
		5. Information Returns . Enter -0- if not applicable					
			1a	20			
ь	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable			
	_	ng (gambling) winnings to prize winners?			1c	Yes	
2a		the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> the number of employees reported by this					
	retur		2a	42			
ь	Ifatl	ı least one ıs reported ın 2a, dıd the organızatıon file all required federal employm	nent t	ax returns?			
	Not e:	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	retur	rn.	2b	Yes	
3а		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	_		
_		n ²	• •		3a		No
		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e			3b		
4a		ly time during the calendar year, did the organization have an interest in, or a si a financial account in a foreign country (such as a bank account, securities acc					
		unt)?		, or other intelleral	4a		No
b	Tf"Va	es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, <i>Re</i>	port o	f Foreign Bank and			
	Financ	cial Accounts.		_			
5a	Was t	the organization a party to a prohibited tax shelter transaction at any time durir	ng the	tax year?	5a		No
ь	Dıd a	ny taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		No
_	If "Y o	es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclo</i> s <i>ure by Tax-Exemp</i> a	t Entit	v Regarding Prohibited			
·		helter Transaction?	•	· · ·	5c		
6a	Did th	he organization solicit any contributions that were not tax deductible?			6a		No
b	If "Ye	es," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
		not tax deductible?			6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf	trıbutı	on of \$75 or	7a		No
_		?			1	Ī	I
		es," did the organization notify the donor of the value of the goods or services pi			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal propei orm 8282?		-	7c		No
d		es," indicate the number of Forms 8282 filed during the year	7d				- 110
u	11 16	is, indicate the number of Forms 0202 med during the year.	, u				
e	Did th	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
		fit contract?			7e		No
f	Did th	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		No
g	For al	ll contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		No
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as			
_		red?	•		7h		No
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the	ропо	orning organization, nave	8		
		·					
9	Sectio	on $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did th	he organization make any taxable distributions under section 4966?	•		9a		
b	Did th	he organization make a distribution to a donor, donor advisor, or related person	?.		9b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıt	ties					
11	Secti	on 501(c)(12) organizations Enter					
		s income from members or shareholders					
_			11a				
b		s income from other sources (Do not net amounts due or paid to other sources					
	agaın	st amounts due or received from them)..........[11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the					
_	year	,g tile	12b				

2

7a

8

10

Section A. Governing Body and Management

other officer, director, trustee, or key employee?

No

Νo

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.	,	,
1a	Enter the number of voting members of the governing body	1a	1

			= /
Ь	Enter the number of voting members that are independent	1b	17
	Did any officer, director, trustee, or key employee have a family relationship or a but	sıness	relationship with any

3	Did the organization delegate control over management duties customarily performed by or under the direct
	supervision of officers, directors or trustees, or key employees to a management company or other person?

supervision of officers, unectors of trustees, or key employees to a management company of other person.	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

	filed?	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	
6	Does the organization have members or stockholders?	

Does the organiza	tıon	ha	ve	men	nber	s,s	stoc	kho	ldei	rs, c	rot	her	per	sons	s wh	io ma	ауе	elect	tone	e or	mo	ore	mei	mbe	rs of th	e
governing body?																			•						•	

b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	
	Did the organization contemporaneously document the meetings held or written actions undertaken during th	ıе

Did the organization contemporaneously document the meetings held or written actions undertaken during	the
year by the following	

3	the governing body?								•								•	•				•	
Ь	each committee with	autl	horıt	y t	оас	t or	n be	half	of t	he q	gove	ernii	ng b	ody	?								

	Does the	e organız	ation	have lo	calch	apters,	branche	s, or	affiliat	es?	•		•	•	•	•		•	•		•	
Ь	If "Yes,"	does the	orga	nızatıon	have	written	policies	and	proced	dures	gov	ernii	ng th	e ac	tıvıtı	es	ofs	uc h	cha	pte	rs,	
				_					_								_					

annates, and branches to ensure their operations are consistent with those of the organization.
Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
must describe in Schedule O the process if any the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	аt
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA, CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply ✓ own website ✓ another's website ✓ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JODY SUNDQUIST 124 WATERTOWN STREET WATERTOWN, MA 02472 (617) 924-9997

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			tion :			all			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							$\vdash\vdash$			
4b Tatal							┝	323,418	3 1 0	18,121
1b Total					-	ı				10,121
2 Total number of individuals (including		a) who r	ecer	ved	mor	e thar	1 \$ 1	00,000 ın reportabl	e	

compensation from the organization►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ROSEMARY LUCIER 1552 GREEN STREET SAN FRANCISCO, CA 94123		144,086
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>≈</u> ≈	1a	Federated camp	paigns 1a					314
필	Ь	Membership du	es 1b					
	l c	Fundraising eve	ents 1c	4,444,049				
± ±	d	Related organiz	ations 1d					
%.E	e	Government grants	s (contributions) 1e					
<u>5</u> .2	f		ons, gifts, grants, and 1f	2,392,676				
돌	_	similar amounts no	t included above butions included in					
	g							
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)		6,836,725			
				Business Code				
Ĭ.	2a							
28 38	Ь							
90	c							
Š b	d							
க் ⊆	e							
Program Serwce Revenue	f	All other progra	ım service revenue					
Š	_	Total Addis	s 2a-2f	L *				
	д 3		ome (including dividen					
			nounts)		355,183			355,183
	4		tment of tax-exempt bond					
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	856,935	4,695				
		assets other than inventory						
	ь	Less cost or	847,829	8,839				
		other basis and sales expenses						
	C	Gain or (loss)	9,106	-4,144	4 050			4.050
	d		s)		4,962			4,962
en.	8a	¥	luding ,750 reported on line 1c)					
Other Revenue		Attach Schedule	G if total exceeds					
æ	١.		a	4,444,049				
ē	b c		penses b loss) from fundraising	973,411	-960,661	-960,661		
₹	9a	Gross income f See part IV, lin	rom gaming activities e 19 ule G if total exceeds	events i i	,,,,,			
	b c		apenses b	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	С		loss) from sales of inve					
		Miscellaneous		Business Code	2.25	0.00		
	11a	MISCELLANEC	OUS REVENUE	900,099	8,894	8,894		
	Ь							
	C							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	8,894 5,6d,7d,8c, ▶	6,245,103	-951,767	0	360,145

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,168,812	3,168,812		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	299,885	299,885		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	204,056	122,433	61,217	20,406
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,056,627	1,192,638		612,210
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,313	37,120	5,583	18,610
9	Other employee benefits	215,325	102,087	38,844	74,394
10	Payroll taxes	186,259	108,892	23,832	53,535
11	Fees for services (non-employees)				
а	Management				
b	Legal	12,148	6,111	6,037	
c	Accounting	59,734		59,734	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	11,470		11,470	
g	Other	491,190	246,972	70,267	173,951
12	Advertising and promotion	3,076	2,226		850
13	Office expenses	79,012	51,098	9,284	18,630
14	Information technology	262,269	171,111	28,828	62,330
15	•				
16	Occupancy	263,175	168,432	31,581	63,162
17 18	Travel	207,534	103,619	49,424	54,491
19	Conferences, conventions and meetings	106,826	94,415	9,308	3,103
20	Interest	,	,	,	<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	182,540	116,826	21,905	43,809
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PUBLIC RELATIONS	396,877	354,209		42,668
b	POSTAGE AND SHIPPING	258,632	146,558	24,708	87,366
c	SPECIAL EVENTS	120,921	84,688	10,051	26,182
d	MISCELLANEOUS	36,804	22,119	11,190	3,495
e	TRAINING AND RECRUITING	26,963	8,631	7,258	11,074
f	All other expenses	37,560	21,154	11,193	5,213
25	Total functional expenses. Add lines 1 through 24f	8,749,008	6,630,036	743,493	1,375,479
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation			5.6	

Part X	Balance	Shoot
	Balance	Sneer

					(A) Beginning of year		_	3) fyear
	1	Cash—non-interest-bearing			1,787,187	1	Liiu o	1,678,097
	2	Savings and temporary cash investments			5,196,265			1,340,779
	3	Pledges and grants receivable, net			275,736	\vdash		46,500
	4	Accounts receivable, net				4		80,354
	5	Receivables from current and former officers, directors, trustees,				-		
		other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under see persons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ts.	9	Prepaid expenses and deferred charges			135,617	9		111,679
Assets	10a	Land, buildings, and equipment cost basis	10a	731,831				
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	427,581	413,589	10c		304,250
	11	Investments—publicly traded securities	<u> </u>		5,076,400	11		4,589,561
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	t VII c	of		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			33,084			20,768
		D			10.017.070	15		0.474.000
	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,917,878			8,171,988
	17	Accounts payable and accrued expenses			363,072			586,919
	18	Grants payable			3,939,939			1,490,180
	19	Deferred revenue				19		339,217
Ø.	20	Tax-exempt bond liabilities				20		
Ęį	21	Escrow account liability Complete Part IV of Schedule D		•		21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				,		
		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			0	25		43,844
	26	Total liabilities. Add lines 17 through 25			4,303,011	26		2,460,160
ý		Organizations that follow SFAS 117, check here ► $\sqrt{}$ and complet through 29, and lines 33 and 34.	ete lin	es 27				
Balance	27	Unrestricted net assets			6,967,913	27		5,166,050
<u>ක</u> න	28	Temporarily restricted net assets			1,350,300	28		249,124
Ξ	29	Permanently restricted net assets			296,654	29		296,654
Fund		Organizations that do not follow SFAS 117, check here ► □ and	comp	lete				
		lines 30 through 34.						
2	30	Capital stock or trust principal, or current funds				30		
Assets or	31	Paid-in or capital surplus, or land, building or equipment fund •				31		
	32	Retained earnings, endowment, accumulated income, or other fun	ds			32		
Ŋet	33	Total net assets or fund balances			8,614,867	33		5,711,828
_	34	Total liabilities and net assets/fund balances			12,917,878	34		8,171,988
Pa	rt XI	Financial Statements and Reporting						
							Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		_

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As Filed Data -

DLN: 93493225007310

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

NATIO	NAL BR	AIN TUMOR SO	CIETY						206012	2		
Dai	rt I	Peacon	for Public C	harity Status (to be co	mnleted	hy all or	ganizatio		-3068130 Instruct			
				ation because it is (Please	•	-			moduce	10113)		
1				iurches, or association of ch					A)(i).			
2	,	•		ion 170(b)(1)(A)(ii). (Attac				(- / (- / (, (-,-			
3	Ė			e hospital service organizati			t ion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)	
4		A medical i	research organı	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section :	170(b)(1)	(A)(iii). E	nter the	
	•		name, city, and	,		•			. , ,			
5	Г	An organiza	ation operated f	or the benefit of a college or	universit	y owned o	roperated	by a gove	rnmental	unit desc	rıbed ın	
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)								
6	\sqcap			overnment or governmental	unıt descr	ribed in Se	ction 170	(b)(1)(A)	(v).			
7	~	Anorganiz	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental ເ	· ınıt or fror	n the gene	ral public	:
		_		o)(1)(A)(vi) (Complete Par		• •	_			_	•	
8	Γ	A commun	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	, and gro	s s
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 ta:	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509((a)(4). (S	ee instruc	tions)	
11	Γ	-	•	and operated exclusively fo		, ,			,	•		
				orted organizations describe type of supporting organiza						Section 5	09(a)(3).	Check
			ype I b				nes IIe t nally Integ		'' d	Гтуре	III - Otl	ner
e	Г	By checkin	g this box, I ce	rtify that the organization is			-		ne or moi	e disquali	fied pers	ons
		other than	foundation man	agers and other than one or	more publ	licly suppo	orted orga	nızations (described	ın sectior	1509(a)(1) or
		section 50										
f		check this		d a written determination fro	m the IRS	tnat it is	a Type I,	Type II o	r i ype iii	supportir	ig organiz	ation,
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	!			'
		following pe	ersons?									
			•	r indirectly controls, either a		-	th persons	describe	d ın (ıı)		Yes	No
				ng body of the the supported	_	tion?				11g		<u> </u>
			•	erson described in (i) above						11g(_	<u> </u>
				ty of a person described in (11g(iii)	<u> </u>
h		Provide the	following inform	nation about the organizatio	ns the org	janization	supports					
	/:> NI.		(::) FIN	(III) Tuna of auganization	/:\ T		() D.d.		(:\ T	s the	/:. A	
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		ation in	(vii) A m supp	
(nization		above or IRC section	_	listed in		i) of your		rganized		
				(See Instructions))		verning	supp	ort?	ın the	US?		
						ment?		T		l	-	
					Yes	No	Yes	No	Yes	No		
						-	-				-	
					1		1	I	l		1	

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	keu the box of	11 lille 3, 7, 01	o or Part 1.)				
	ıblic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	2 410 406	2 221 020	E 700 EE0	E 21E E06		6 940 475	24,593,945
	membership fees received (Do not	3,418,496	3,321,828	5,788,550	5,215,596		6,849,475	24,593,945
_	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on its behalf							
3	The value of services or facilities							
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3	3,418,496	3,321,828	5,788,550	5,215,596		6,849,475	24,593,945
5	The portion of total contribution by each		, ,					
•	person (other than a government unit or							
	publicly supported organization) included							224 440
	on line 1 that exceed 2% of the amount							231,440
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							24,362,505
	4							24,302,303
To	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	3,418,496	176,202	5,788,550	5,215,596		6,849,475	24,593,945
8	Gross income from interest, dividends,							
	payments received on securities loans,	98,103	176,202	264,811	262,197		360,145	1,161,458
	rents, royalties and income from similar	50,105	170,202	204,011	202,137		300,143	1,101,430
	sources							
9	Net income from unrelated business							
	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss	27.775	02.720	44.064	0.222		0.004	172 506
	from the sale of capital assets (Explain in	27,775	82,720	44,964	8,233		8,894	172,586
	Part IV)							25 027 000
	Total Support (Add lines 7 through 10)					ı		25,927,989
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 5	01(c)(
	organization, check this box and stop here						ı	▶┌
Co	omputation of Public Support Perc					_		
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		93.960 %
15	Public Support Percentage for 2007 Sched	ule A . Part IV - A	. line 26f			15		96.200 %
	33 1/3% Test - 2008. If the organization did	•	•		1/20/		* h. a. h. a	30.200 70
тоа	and stop here. The organization qualifies as				1/3% or more,	спеск	this box	▶ ▽
h	33 1/3% Test - 2007. If the organization di		-		5 is 33 1/30% o	r more	chack the	•
_	box and stop here. The organization qualified			,	.5 13 55 1/570 0	1 111016	, check thi	ັ ▶⊏
17a	10% Facts and Circumstances Test - 2008.				3 16a or 16b a	nd line	e 14 is 10'	
~	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did							
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

- ◆ Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B

NA	ame of the organization TIONAL BRAIN TUMOR SOCIETY			Employer ide	ntıfıcatıon number
Dar	et T-A To be completed b	y all organizations exemp	t under sestion	04-3068130	
4 :11		e the instructions for Schedule		ii 501(c) and section	327
1	Provide a description of the org	ganization's direct and indirect po	ıtıcal campaıgn act	civities in Part IV	
2	Political expenditures				\$
3	V olunteer hours				
Par	rt I-B To be completed be for Schedule C for de	y all organizations exempetails.)	t under section	n 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization	under section 4955	j	\$
2	Enter the amount of any excise	e tax incurred by organization man	agers under section	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	14720 for this year	·?	┌ Yes ┌ No
4a	Was a correction made?		┌ Yes ┌ No		
	If "Yes," describe in Part IV				
Pai		y all organizations exemptor for Schedule C for details.)	t under section	n 501(c), except sec	tion 501(c)(3).
1	Enter the amount directly expe	nded by the filing organization for	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrı	buted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add III	nes 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	form 1120-POL for this year?			┌ Yes ┌ No
5	were made Enter the amount p political contributions received	nd Employer Identification Numbe paid and indicate if the amount was I and promptly and directly deliver action committee (PAC) If additio	paid from the filing ed to a separate po	g organization's own interna olitical organization, such a	al funds or were as a separate
		l "	(a) ETN	(d) A mount paid from	(e) A mount of politica
	(a) Name	(b) Address	(c) EIN	filing organization's internal funds If none, enter - 0 -	contributions received and promptly and directly delivered to a separate political
	(a) Name	(b) Address	(c) EIN	filing organization's internal funds If none,	contributions received and promptly and directly delivered to a separate political organization If none,

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e		
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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form 4720 repo	orting	┌ Yes ┌ No
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 and the provisions apply Limits of the filling given than line 1 and filling given than line 2 and filling given than line 3 and filling given than line 4 and filling given than lin	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Ver \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of the excess over \$1,500,000 Over \$1,000,000 Over \$1,000,000 Fig. Soon plus 5% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
с	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line d, column (e))									
f	Grassroots lobbying expenditures									

	······	_
Part II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

		(a)		(B)		
		Yes	No	/	A moun	it
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		l			
а	V olunteers?	Yes				
Ь	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		1		
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes				50
e	Publications, or published or broadcast statements?	Yes				50
f	Grants to other organizations for lobbying purposes?	Yes			2	20,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				7,791
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo			
i	Other activities If "Yes," describe in Part IV		Νo			
j	Total lines 1c through		1		2	7,891
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
b	If "Yes" enter the amount of any tax incurred under section 4912			1		
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6). (See the instructions for Schedule C for details.)	ction	501(c)(5), or	
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B To be completed by all organizations exempt under section 501(c)(4), se section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No' question 3 is answered "Yes." (See the instructions for Schedule C for details.)	' OR i	f Part			
1	Dues, assessments and similar amounts from members		1 \$			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	'				
а	Current Year	-	2a \$			
Ь	Carryover from last year		2b\$			
	Total		2c \$			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3 \$			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and politic expenditure next year?	al	4 \$			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5 \$			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanat ion

Part IV Supplemental Information					
Ident if ier	Return Reference	Explanation			

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

SCHEDULE D

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization NATIONAL BRAIN TUMOR SOCIETY				Employer identification number					
NATIONAL BRAIN TOPIOR SOCIETY)				
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99	0, Part IV, line 6	j.		ounts. Complete if	the			
		(a) Donor	advised funds	(b) Funds	and other accounts				
1	Total number at end of year								
2	Aggregate Contributions to (during year)								
3	Aggregate Grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o			nor advised	☐ Yes ☐	No			
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the benimpermissible private benefit?			•	Г Yes Г	No			
Pa	rt III Conservation Easements. Complete	<u>if the organization</u>	on answered "Yes" t	o Form 990, P	art IV, line 7.				
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quality on the last day of the tax year	on or pleasure)	Preservation of an	ertified historic s					
	on the last day of the tax year			н	eld at the End of the	Year			
а	Total number of conservation easements			2a					
ь	Total acreage restricted by conservation easements	c		2b					
c	Number of conservation easements on a certified his		cluded in (a)	2c					
d	Number of conservation easements included in (c) a		` ,	2d					
3	Number of conservation easements included in (c) a	•			zation during				
,	the taxable year -	rreu, rereaseu, ext	inguistieu, or terminate	ed by the organi.	zation during				
_									
4	Number of states where property subject to conserva								
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		toring, inspection, viola	atıons, and	☐ Yes ☐	No			
6	Staff or volunteer hours devoted to monitoring, inspec	cting and enforcing	geasements during the	year ►					
7	A mount of expenses incurred in monitoring, inspectir	ng, and enforcing e	asements during the y	ear ►\$					
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy t	he requirements of sec	ction	┌ Yes ┌	No			
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easem	he footnote to the							
Par	TIII Organizations Maintaining Collectio Complete if the organization answered "			or Other Sin	nilar Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition	n, education or resear	ch in furtheranc					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, e			•				
	(i) Revenues included in Form 990, Part VIII, line 1			▶ :	\$				
	(ii) Assets included in Form 990, Part X			F \$					

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Treasu</u> i	res, or Othe	<u>r Similaı</u>	Asset	t s (co	ntınued)
	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne fol	lowing that are	a significant u	se of its co	llection		
а	Public exhibition		d	\vdash	Loan or exch	ange programs				
ь	Scholarly research		e	Γ	Other					
С	Preservation for future generations									
	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	w the	y further the o	rganızatıon's e>	empt purp	ose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t						nılar	Гν	'es	Г No
Part	Part IV, line 9, or reported an ar					nızatıon answ	ered "Yes	" to Fo	rm 9	90,
	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	dıary	for c	ontributions o	r other assets	not	Г	'es	┌ No
b	If "Yes," explain why in Part XIV and comple	ete the following tabl	е				T			
								A mour	nt	
C	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?					Γ ነ	'es	┌ No
	If "Yes," explain the arrangement in Part XI\									
Par	t V Endowment Funds. Complete								V	Dl-
1-	Reginning of year balance	(a)Current Year 314,763	(b _.)Prior `	rear (c) i wo	Years Back (d)	Three Years E	заск (е)	Four Ye	ears Back
	Beginning of year balance	311,703								
	Investment earnings or losses	12,219								
	Grants or scholarships	12,213								
	Other expenditures for facilities	18,509								
	and programs	·								
f	Administrative expenses									
g	End of year balance	308,473								
2	Provide the estimated percentage of the yea	r end balance held a	ıs							
а	Board designated or quasi-endowment 🕨									
ь	Permanent endowment - 96 000 %									
С	Term endowment ▶ 4 000 %									
	Are there endowment funds not in the posse	ssion of the organiza	ation	thata	are held and ac	dministered for	the			
	organization by								Yes	No
	(i) unrelated organizations							3a(i)		No
	(ii) related organizations							3a(ii)		No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the content of the c	•						3b		<u> </u>
 Part						rt Y line 10				
Fall	vi investments—Land, Bunding	s, and Equipme	III. 3					T		
	Description of investment				a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depre	ciation	(d) Bo	ook value
	and		•	<u> </u>			1			
	ouldings			<u> </u>						
c L	easehold improvements		•			126,056		62,448		63,608
	quipment			1		605,775	1 :	365,133		240,642
d E	• •			-		<u> </u>				
e 0	other					,				304,250

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Down Will Investments Dunguem Deleted Co	a Faura 000 Baut V luna	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) ▶			
Part IX Other Assets. See Form 990, Part X, I			
(a) Descr	ıptıon		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	<u> </u>	
Part X Other Liabilities. See Form 990, Part			
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
FISCAL AGENT PAYABLE	43,844		
	,		
		1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	43,844		
		_	

701	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,245,103
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,749,008
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,503,905
4	Net unrealized gains (losses) on investments	4	-71,639
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-327,495
8	Other (Describe in Part XIV)	8	, <u>, , , , , , , , , , , , , , , , , , </u>
9	Total adjustments (net) Add lines 4 - 8	9	-399,134
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,903,039
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		· · ·
1	Total revenue, gains, and other support per audited financial statements	1	7,162,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		. ,,
a	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-55,781
3	Subtract line 2e from line 1	3	7,218,514
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -973,411		
c	Add lines 4a and 4b	4c	-973,411
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	6,245,103
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	perl	Return
1	Total expenses and losses per audited financial statements	1	9,738,277
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,000,739
3	Subtract line 2e from line 1	3	8,737,538
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,470		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	11,470
5		5	8,749,008
Par	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		, ,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
		SCHEDULE D PART XI LINE 8 THE \$973,411 OF OTHER ADJUSTMENTS REPRESENTS DIRECT SPECIAL EVENT EXPENSES INCLUDED IN THE AUDITED FINANCIAL STATEMENTS, BUT NOT ON THE FEDERAL FORM 990 Schedule D Part XII line 2D the \$11,470 of other represents investment expense netted with investment revenue in the audited financial statements, but not on the Federal form 990

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493225007310

OMB No 1545-0047

Department of the Treasury

Total

(Form 990 or 990-EZ)

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV,

Open to Public Inspection

lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service **Employer identification number** Name of the organization NATIONAL BRAIN TUMOR SOCIETY 04-3068130 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Email solicitations f Solicitation of government grants g Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Did fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual custody or (iv) Gross receipts (or retained by) (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) control of from activity organization contributions? col (i) Yes

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

٠

Pal	rt II	Fundraising Events. Commore than \$15,000 on Form	plete if the organization 990-EZ, line 6a. List o	on answered "Yes" to events with gross rec	Form 990, Part IV, lin eipts greater than \$5,	e 18, or 000.	report	:ed
			(a) Event #1 WALK - RACE FOR HOPE - D.C.	(b) Event #2 WALK - RACE FOR HOPE - PA	(c) O ther Events 9 (total number)	(d) Tot (Add col col		
<u>Φ</u>	1		(event type) 910,979	(event type) 600,231	2,945,589		4,45	6.799
Revenue	2	Gross receipts Less Charitable	910,979	·			4,44	
Rev		contributions	310,573	000,231				
	3	Gross revenue (line 1 minus line 2)			12,750		1.	2,750
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
页	7	Other direct expenses	145,925	178,520	648,966		97	3,411
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)			97	3,411
	9	Net income summary Combine lir	nes 3 and 8 in column (d))	•		-96	0,661
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted mor	e thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
	1	Gross revenue						
	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
<u>ភ</u> ក្	4	Rent/facility costs						
百	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	┌────────────────────────────────────	│ Yes% │ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	tion operates gaming act	tivities		· 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ided or terminated during	the tax year?	10a		
44				vo 2				
11 12		es the organization operate gaming a the organization a grantor, beneficial				11		

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

DLN: 93493225007310 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

> Open to Public **Inspection**

NATIONAL BRAIN TUMOR CO	CIETY					Employer identi	ication number
NATIONAL BRAIN TUMOR SO	CIETY					04-3068130	
Part I General Inforn	nation on Gra	nts and Assistance	е			·	
	to award the granged and the granged to the granged	nts or assistance? edures for monitoring the to Governments				organization answere	d "Yes" on
Part IV and Sche	edule I-1 if addi	tional space is			· · · · · ·		ooo. ose
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	197	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sect organizations					•		29
3 Enter total number of othe	r organizations .			<u> </u>			<u>2</u>
For Paperwork Reduction Act Notic	ce, see the Instruct	tions for Form 990.		Cat No 50055		Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
FINANCIAL ASSISTANCE	850	299,185			
					<u> </u>

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The National Brain Tumor Society's research grant application review is a two-step process built on standards set by the National Institutes of Health Letters of Intent (LoI) are submitted electronically and immediately undergo an administrative review to ensure that application guidelines are met. Members of the NBTS Scientific Advisory Council (SAC), led by the Chair and Vice Chair, oversee the review process for each NBTS grant program. Two reviewers are assigned to each application a Primary Reviewer and Secondary Reviewer. Careful consideration is made to prevent conflict of interest between the reviewers and the applicants. Reviewers are responsible for scoring the application based on scientific merit and presenting the project during the review teleconferences. The review conference is comprised of all members of the SAC, key members of the Research Committee, and senior research staff members. The SAC Chair facilitates project presentations (made by the reviewers) and the ensuing discussion among SAC members. During this review, those reviewers who are recognized as having a conflict of interest with the applicant and/or the project are asked to disconnect from the call. They do not participate in the discussion, nor are they permitted to submit a score. At the end of the discussion, all SAC members (who do not have a recognized conflict of interest) assign the LOI a collective, final score. When discussion concludes, the final scores are reviewed. With these scores, the SAC determines the LOIs that will be invited to submit a full application. The scoring and discussion process (during a second teleconference) of full applications follows the phases of the LOI review. The Research Committee of the NBTS Board of Directors, in consultation with senior research staff, reviews the SAC recommendations, discusses the financial considerations of each, and determines if the research furthers NBTS's research portfolio. The Research Committee of the night of Directors for the full NBT

Software ID: Software Version:

EIN: 04-3068130

Name: NATIONAL BRAIN TUMOR SOCIETY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 990,3cheddie 1, Fa	rt 11, Grants d	THE OTHER ASSISTANT	to dovernment.	3 and Organizatio	iis iii tiite oiiitea st	1100	т
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Texas - Kenneth Aldape MD1515 holcombe blvd Houston, TX 77030	74-6000203	501 (C)(3)	100,000				Research
harvard medical schook - azad bonni md25 shattuck street boston, MA 02115	04-2103580	501 (C)(3)	100,000				research
Wistar Institute – nadia Dahmane PHD3601 spruce street philadelphia, PA 19104	23-6434390	501 (C)(3)	100,000				research
dartmouth college medical school - arti gaurone medical center drive lebanon, NH 03756	02-0222111	501 (C)(3)	100,000				Research
stanford university - samira guccione phd450 serra mall stanford, CA 94305	94-1156365	501 (C)(3)	100,000				Research
the hospital for sick children - cynthis hawkins phd555 university avenue toronto CA	98-0342195		99,060				Research
the university of Texas - amy b heimbergerMD1515 holcombe blvd houston,TX 77030	74-6000203	501 (C)(3)	100,000				Research
cleveland clinic - anita b hjelmeland phd9500 euclid avenue cleveland,OH 44195	56-0532129	501 (C)(3)	100,000				Research
memorial sloan-kettering cancer center - eric c holland md phd1275 york avenue new york,NY 10065	13-1924236	501 (C)(3)	60,000				Research
the hospital for sick children - annie huangmdphd555 university avenue toronto CA	98-0342195		100,000				Research

Form 990,Schedule I,	, Part II, Gra	nts and Other #	Assistance to Gov	ernments and O	rganizations in	the United States	,
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant
university of texas health science center - charles keller md7703 floyd curl drive san antonio,TX 78229	17-4158603	501 (C)(3)	94,000				Research
memorial sloan-kettering cancer center - anna m kennedy phd1275 york avenue new york, NY 10065	13-1924236	501 (C)(3)	100,000				Research
the university of Texas - sadhan majumder phd 1515 holcombe blvd houston,TX 77030	74-6000203	501 (C)(3)	100,000				Research
university of Southern california - axel h schonthal phd3501 s figueroa street los angeles, CA 90007	95-1642394	501 (C)(3)	100,000				Research
ohio state university - mariano viapiano phd154 w 12th avenue columbus,OH 43210	31-6401599	501 (C)(3)	99,395				Research
kennedy krieger institute - paul watkins md phd 707 north broadway baltimore, MD 21205	52-1524967	501 (C)(3)	99,556				Research
university of california - william weiss md phd521 parnassus avenue san francisco, CA 74143	94-6036493	501 (C)(3)	100,000				Research
duke university - hai yan md phd2301 erwin road durham, NC 27710	56-0532129	501 (C)(3)	100,000				Research
vanderbilt university medical school – michael k cooper md211 kirkland hall nashville, TN 37240	62-0476822	501 (C)(3)	100,000				Research
dana-farber cancer institute – mark kieran md phd44 binney street boston,MA 02115	04-2263040	501 (C)(3)	147,769				Research

Form 990,Schedule I,	Part II, Gran	nts and Other As	sistance to Gove	ernments and Or	ganizations in t	the United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
texas children's hospital - xiao-nan li phdone baylor plaza houston,TX 77030	74-1100555	501 (C)(3)	100,000				Research
university of texas southwestern medical center - elizabeth maher md phd5323 harry hines blvd dallas,TX 75390	75-6002868	501 (C)(3)	100,000				Research
university of pittsburg - ian pollack md4200 5th avenue pittsburgh, PA 15260	25-0965591	501 (C)(3)	154,585				Research
dana-farber cancer institute – charles d stiles phd44 binney street boston,MA 02115	04-2263040	501 (C)(3)	180,000				Research
university of minnesota - david largaespada phd 420 delaware street se minneapolis,MI 55455	41-6007513	501 (C)(3)	185,744				Research
university of california - james waschek phd3501 s figueroa street los angeles, CA 90007	95-6006143	501 (C)(3)	150,000				Research
st jude children's research hospital - suzanne baker phd262 danny thomas place memphis,TN 38105	62-0646012	501 (C)(3)	150,000				Research
AANSCNS section on Tumors7550 eagle way chicago,IL 60678	52-1660107	501 (C)(3)	50,000				Research
dana farber institute44 binney street boston,MA 02115	04-2263040	501 (C)(3)	30,000				Research
american association for cancer research615 chestnut street philadelphia,PA 19106	23-6251648	501 (C)(3)	20,000				Research

Form 990,Schedule I,	Part II, Grar	its and Other As	sistance to Gov	ernments and Or	rganizations in t	he United States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance
central brain tumor registristy of the us244 e ogden ave hinsdale,IL 60521		501 (C)(3)	5,500				Research

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DLN: 93493225007310

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008
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Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization NATIONAL BRAIN TUMOR SOCIETY **Employer identification number**

04-3068130

Pa	Questions Regarding Compensation	n					
				Yes	Νo		
1a		ovided any of the following to or for a person listed in Form I to provide any relevant information regarding these items					
	First class or charter travel	Housing allowance or residence for personal use					
	Travel for companions	Payments for business use of personal residence					
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees					
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)					
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I		1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t	·					
	✓ Compensation committee	Written employment contract					
	Independent compensation consultant	Compensation survey or study					
	Form 990 of other organizations	A pproval by the board or compensation committee					
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a					
а	Receive a severance payment or change of control	payment?	4a		Νo		
b	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νo		
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide the applicable amounts for each item in Part III					
	501(c)(3) and 501(c)(4) organizations only must co	omplete lines 5-8.					
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any					
а	The organization?		5a		Νo		
b	Any related organization?		5b		Νo		
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a, did the organization pay or accrue any					
а	The organization?		6a		Νo		
b	Any related organization?		6b		Νo		
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"	, ,	7		Νo		
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe	•		N.o.		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
N PAUL TONTHAT (I)						195,630	
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion
-		
	•	

DLN: 93493225007310

OMB No 1545-0047

Open to Public Inspection

(Form 990)

Department of the Treasury

SCHEDULE M

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Name of the organization NATIONAL BRAIN TUMOR SOCIETY

Part I Types of Property

Employer identification number

04-3068130

		(a)	(b)	(c)	(d)		
		Check If	Number of Contributions	Revenues reported on Form 990, Part VIII, line	Method of de reven	-	
		applicable		1g	107011	400	
1	Art—Works of art						
2	Art—Historical treasures .						
3	Art—Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
	Securities—Publicly traded .						
10	Securities—Closely held stock $. $						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential .						
	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
	multimedia						
	and production						
	for web						
25	Other (describe <u>segments</u>)	Х	1	27,328	estimate by donor		
26	Other (describe)						
27	Other (describe)						
28	Other (describe)						
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29		
						Yes	No
30a	During the year, did the organiza hold for at	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it must		
	least three years from the date o	of the initial	contribution, and which is	not required to be used for ϵ	exempt purposes		
	for the entire holding period? .					30a	No
b	If "Yes", describe the arrangeme	ent in Part I	I				
31	Does the organization have a gif	t acceptano	ce policy that requires the r	review of any non-standard	contributions?	31	No
32a	Does the organization hire or use contributions?	e third parti	•	to solicit, process, or sell r	non-cash	32a	No
	If "Yes", describe in Part II						
33	If the organization did not report	revenuesı	n Column (c) for a type of p	roperty for which Column (a	ı) ıs		
	checked, describe in Part II						<u> </u>

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.								
Identifier ReturnReference Explanation								
240111111	Notal III Colored	Explanation						
	1	I .						

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As Filed Data -

DLN: 93493225007310

Employer identification number

04-3068130

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization NATIONAL BRAIN TUMOR SOCIETY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE FEDERAL FORM 990 AND MASSACHUSETTS FORM PC IS EMAILED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the board requires that all members conduct an annual reveiw for any conflicts of interest and should any arise, that they be disclosed to the Board and Management

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The co-chairs of the board of directors, in conjunction with the Executive Committee determines the executive director's salary. In 2009, the decision was made to hire the executive director (formerly a consultant) on a permanent basis. In order to determine his salary, comparability figures were provided to the Executive Committee and Co-Chairs of the Board, which represented comparable positions in scope, responsibility, size of organization and budget, and similar industry. The salary deliberation was made by the Co-Chairs in conjunction with the Chair of the HR/Compensation Committee. In regards to other officers and key employees - the H.R. manager reviews comparable data for job responsibilities and reviews with the Executive Director to verify compensation.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The financial statements are available on the Society's wiebsite. All other documents are available upon request

ldentifier	Return Reference	Explanation
Part XI Line 2c	Oversight of audit	The Board of Directors is responsible for oversight and selection of the independent auditors

Software ID: Software Version:

EIN: 04-3068130

Name: NATIONAL BRAIN TUMOR SOCIETY

Form 990, Part VII - Section Aaa

Torin 990, Fart VII - Section Add										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MARY CATHERINE CALISTO , CO- CHAIR	2 00	Х						0	0	0
MICHAEL CORKIN , DIRECTOR	2 00	Х						0	0	0
PAUL FISHER MD , DIRECTOR	2 00	Х						0	0	0
BARRY GLASSMAN , DIRECTOR	2 00	Х						0	0	0
ANN GORDON , DIRECTOR	2 00	Х						0	0	0
KEN GREY , TREASURER	2 00	X		Х				0	0	0
SHEILA KILLEEN , DIRECTOR	2 00	Х						0	0	0
JEFFREY KOLODIN , VICE CHAIR	2 00	X		Х				0	0	0
STEPHEN T LANCTOT , DIRECTOR	2 00	Х						0	0	0
SHARON LAMB RN , DIRECTOR	2 00	Х						0	0	0
ERIC LINDQUIST , DIRECTOR	2 00	Х						0	0	0
SUSAN PANNULLO MD , DIRECTOR	2 00	Х						0	0	0
VINCENT PATRONE ESQ , DIRECTOR	2 00	Х						0	0	0
ALISON ROSS , DIRECTOR	2 00	Х						0	0	0
CORD SCHLOBOHM , SECRETARY	2 00	Х		Х				0	0	0
ALLISON JONES THOMSON , CO- CHAIR AND PRESIDENT	2 00	Х		Х				0	0	0
FRANCESCA VENEZIA DUNBAR, DIRECTOR	2 00	Х						0	0	0
N PAUL TONTHAT , EXECUTIVE DIRECTOR	40 00			х				195,630	0	0
DAVID HURWITZ , CHIEF SCIENTIFIC OFFICER	40 00				x			127,788	0	18,121