

Form **990**

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)

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization BRAIN TUMOR FOUNDATION OF AMERICA DBA NATIONAL BRAIN TUMOR FOUNDATION		D Employer identification number 94-2876985	
		Number and street (or P O box if mail is not delivered to street address) 22 BATTERY STREET		Room/suite 612	E Telephone number (415) 834-9970
		City or town, state or country, and ZIP + 4 SAN FRANCISCO, CA 94111-5520		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	

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

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ **N/A**

H(c) Are all affiliates included? **N/A** Yes No (if "No," attach a list)

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

I Group Exemption Number ▶ **N/A**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: ▶ **WWW.BRAINTUMOR.ORG**

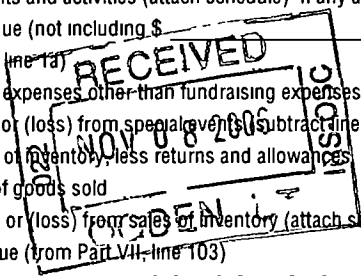
J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,762,777.**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,107,501.		
	b Indirect public support	1b	124,640.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,232,141. noncash \$ _____)	1d			1,232,141.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			78,026.
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶ _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8a	8,775.	8a		
	b Less cost or other basis and sales expenses	8b	9,018.		
	c Gain or (loss) (attach schedule)	8c	-243.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-243.	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 13)	9a	1,441,248.			
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			1,441,248.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			2,587.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			2,753,759.	
13 Program services (from line 44, column (B))	13			1,631,132.	
14 Management and general (from line 44, column (C))	14			21,718.	
15 Fundraising (from line 44, column (D))	15			317,378.	
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17			1,970,228.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			783,531.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,930,036.	
20 Other changes in net assets or fund balances (attach explanation)	20			-37,189.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			2,676,378.	



RECEIVED NOV 24 2005

523001 02-03-06

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

Form 990 (2005)

24

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page 2

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>622,455.</u> noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 622,455.	622,455.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23 18,480.	18,480.	STATEMENT 7	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 394,084.	321,304.	9,787.	62,993.
26 Other salaries and wages	26 127,130.	116,339.	3,290.	7,501.
27 Pension plan contributions	27 15,071.	12,479.	407.	2,185.
28 Other employee benefits	28 65,430.	54,176.	1,767.	9,487.
29 Payroll taxes	29 42,767.	35,411.	1,155.	6,201.
30 Professional fundraising fees	30			
31 Accounting fees	31 13,910.	11,517.	376.	2,017.
32 Legal fees	32			
33 Supplies	33 18,394.	14,377.	220.	3,797.
34 Telephone	34 9,652.	8,551.	117.	984.
35 Postage and shipping	35 67,787.	35,862.	367.	31,558.
36 Occupancy	36 44,287.	36,659.	1,208.	6,420.
37 Equipment rental and maintenance	37 18,581.	15,193.	500.	2,888.
38 Printing and publications	38 101,462.	72,719.	101.	28,642.
39 Travel	39			
40 Conferences, conventions, and meetings	40 46,040.	44,203.	9.	1,828.
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 16,314.	13,504.	445.	2,365.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 4	43g 348,384.	197,903.	1,969.	148,512.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,970,228.	1,631,132.	21,718.	317,378.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 67,709. (ii) the amount allocated to Program services \$ 41,650.
(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ 26,059.

Form 990 (2005)

** SEE STATEMENT 5

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA. NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page 3

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? RESEARCH - CURE FOR BRAIN TUMORS	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a RESEARCH GRANTS TO SUBSIDIZE BASIC AND APPLIED LABORATORY RESEARCH, CLINICAL TRIALS OF NEW TREATMENT PROGRAMS, INTER-DICIPLINARY TRAINING OF CLINICAL AND LABORATORY INVESTIGATORS REHABILITATION, AND QUALITY OF LIFE STUDIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	755,961.
b PROVIDE A NATIONWIDE TOLL FREE NUMBER USED BY APPROXIMATELY 12,000 INDIVIDUALS. PUBLISHES FREE EDUCATIONAL MATERIALS ABOUT BRAIN TUMOR DIAGNOSIS, TUMOR TYPES AND TREATMENTS. PROVIDES QUARTERLY NEWSLETTER ENTITLED, "SEARCH."	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	875,171.
c FOUNDATION SPONSORS NATIONAL AND REGIONAL CONFERENCES PROVIDING BRAIN TUMOR PATIENTS, THEIR FAMILIES, AND HEALTH PROFESSIONALS WITH CURRENT INFORMATION ABOUT TREATMENTS, RESEARCH, COPING, AND CAREGIVING.	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	0.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,631,132.

Form 990 (2005)

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page 4

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year		
Assets	45	Cash - non-interest-bearing . . .	949,287.	45	772,711.	
	46	Savings and temporary cash investments	1,208,175.	46	2,231,390.	
	47 a	Accounts receivable				
		b Less: allowance for doubtful accounts			47c	
	48 a	Pledges receivable	130,610.			
		b Less: allowance for doubtful accounts	35,000.	86,564.	48c	95,610.
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable				
		b Less: allowance for doubtful accounts			51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges	25,860.	53	19,275.	
	54	Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a	Investments - land, buildings, and equipment: basis				
		b Less: accumulated depreciation			55c	
56	Investments - other			56		
57 a	Land, buildings, and equipment: basis	229,173.				
	b Less accumulated depreciation STMT 8	174,532.	15,970.	57c	54,641.	
58	Other assets (describe ▶ SEE STATEMENT 9)	4,348.	58	32,209.		
59	Total assets (must equal line 74). Add lines 45 through 58	2,290,204.	59	3,205,836.		
Liabilities	60	Accounts payable and accrued expenses	235,522.	60	428,271.	
	61	Grants payable		61		
	62	Deferred revenue	124,646.	62	101,187.	
	63	Loans from officers, directors, trustees, and key employees		63		
	64 a	Tax-exempt bond liabilities		64a		
		b Mortgages and other notes payable		64b		
	65	Other liabilities (describe ▶)		65		
66	Total liabilities. Add lines 60 through 65)	360,168.	66	529,458.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	1,274,617.	67	2,089,845.	
	68	Temporarily restricted	258,786.	68	189,900.	
	69	Permanently restricted	396,633.	69	396,633.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,930,036.	73	2,676,378.		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,290,204.	74	3,205,836.		

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a 2,716,570.	
b Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-37,189.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b -37,189.	
c Subtract line b from line a		c 2,753,759.	
d Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d 0.	
e Total revenue (Part I, line 12). Add lines c and d		e 2,753,759.	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a 1,970,228.	
b Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): _____	b4	
Add lines b1 through b4		b 0.	
c Subtract line b from line a		c 1,970,228.	
d Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
Add lines d1 and d2		d 0.	
e Total expenses (Part I, line 17). Add lines c and d		e 1,970,228.	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 10		394,084.	0.	0.

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page **6**

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>20</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

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

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page 7

Part VI Other Information (continued)

		Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		N/A
c Dues, assessments, and similar amounts from members	85c		N/A
d Section 162(e) lobbying and political expenditures	85d		N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a List the states with which a copy of this return is filed <u>CA</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b		8
91 a The books are in care of <u>NANCY I. GAGGIOLI-MEDEIROS</u> Telephone no <u>(415) 834-9970</u> Located at <u>22 BATTERY STREET, SUITE 612, SAN FRANCISCO, CA</u> ZIP + 4 <u>94111-5520</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	<input type="checkbox"/>	N/A

Form 990 (2005)

**BRAIN TUMOR FOUNDATION OF AMERICA
DBA NATIONAL BRAIN TUMOR FOUNDATION**

Form 990 (2005)

94-2876985 Page 8

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	78,026.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-243.	
101 Net income or (loss) from special events			01	1,441,248.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a VARIOUS					2,587.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		1,519,031.	2,587.
105 Total (add line 104, columns (B), (D), and (E))					1,521,618.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
103	REIMBURSEMENT OF COSTS FOR VARIOUS BROCHURES PROVIDED IN BULK AND OTHER MISCELLANEOUS ITEM SALES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

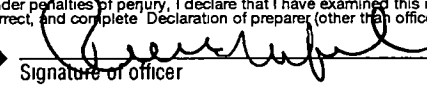
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

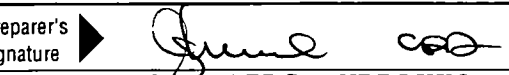
- (a) Did the organization, during the year, receive any funds, directly or indirectly, from any individual who is a substantial contributor?
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on any individual contract of insurance on the life of any individual who is a substantial contributor?
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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

Signature of officer:  Date: //

Paid Preparer's Use Only

Preparer's signature: 

Firm's name (or yours if self-employed), address, and ZIP + 4: **OBENBERG, ULLAKKO, MURRAY**
465 CALIFORNIA STREET,
SAN FRANCISCO, CA 94104

523163 02-03-06

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization **BRAIN TUMOR FOUNDATION OF AMERICA**
DBA NATIONAL BRAIN TUMOR FOUNDATION Employer identification number
94 2876985

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NANCY GAGGIOLI-MEDEIROS 22 BATTERY STREET, SUITE 612, SAN FRA	DEPUTY DIRCTR 40.00	94,800.		
NEALIKA CADEN 22 BATTERY STREET, SUITE 612, SAN FRA	SPECIAL EVENTS DIR 40.00	59,063.		
CLARENCE WONG 22 BATTERY STREET, SUITE 612, SAN FRA	DEVEL DIRCTR 40.00	81,781.		
HARRIET PATTERSON 22 BATTERY STREET, SUITE 612, SAN FRA	PROGRAM DIR. 40.00	57,500.		
ROB TUFEL 22 BATTERY STREET, SUITE 612, SAN FRA	EXEC DIRECTOR 40.00	100,940.		
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

BRAIN TUMOR FOUNDATION OF AMERICA

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

BRAIN TUMOR FOUNDATION OF AMERICA

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,072,343.	1,132,630.	1,182,258.	1,435,674.	4,822,905.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	792,774.	483,801.	310,751.	316,793.	1,904,119.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	43,305.	19,799.	30,092.	52,087.	145,283.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,908,422.	1,636,230.	1,523,101.	1,804,554.	6,872,307.
24 Line 23 minus line 17	1,115,648.	1,152,429.	1,212,350.	1,487,761.	4,968,188.
25 Enter 1% of line 23	19,084.	16,362.	15,231.	18,046.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					99,364.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					515,348.
c Total support for section 509(a)(1) test Enter line 24, column (e)					4,968,188.
d Add Amounts from column (e) for lines 18 <u>145,283.</u> 19 _____ 22 _____ 26b <u>515,348.</u>					660,631.
e Public support (line 26c minus line 26d total)					4,307,557.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					86.7028%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

NONE

BRAIN TUMOR FOUNDATION OF AMERICA

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement)		
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

BRAIN TUMOR FOUNDATION OF AMERICA

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

N/A

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

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

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

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

4-Year Averaging Period Under Section 501(h)

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

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

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c.

N/A

Main schedule table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checked box X)

b If "Yes," complete the following schedule

N/A

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

NATIONAL BRAIN TUMOR FOUNDATION
EIN 94-2876985
FIXED ASSET SUMMARY AT 6/30/06

DATE ACQ'D	DESCRIPTION	METHOD/LIFE	COST	ACCUM DEPR. AT 6/30/05	7/05-6/06 DEPRE.	ACCUM DEPR. AT 6/30/06	Book Value
OFFICE EQUIPMENT (ACCT 140)							
10/95	DISPLAY FOR CONFERENC USED	SL/5	557.00	557.00	0.00	557.00	(0.00)
4/98	ELECTRA PHONE SYSTEM	SL/5	10,595.00	10,595.00	0.00	10,595.00	(0.00)
Jul-99	2 Electra Phones	SL/5	497.95	497.95	0.00	497.95	0.00
Jun-00	HP Laserjet Fax/Printer 3150	3	649.49	649.49	0.00	649.49	0.00
Sep-01	ATI Electra Phone	3	313.20	313.20	0.00	313.20	0.00
Dec-01	ATI Phone Card	2	882.40	882.40	0.00	882.40	0.00
Jan-02	PhoneEar Monitor	2	686.49	686.49	0.00	686.49	0.00
Feb-02	ATI Phone	3	308.51	308.51	0.00	308.51	0.00
Jul-02	ATI Electra Phone	3	590.00	590.00	0.00	590.00	0.00
Aug-02	Tape MultiMedia Safe	3	276.75	269.06	7.69	276.75	0.00
Jun-06	ATI Phone	3	1,133.89	0.00	31.50	31.50	1,102.39
TOTAL OFFICE EQUIPMENT			16,490.68	15,349.11	39.18	15,388.29	1,102.39
COMPUTER EQUIPMENT (ACCT 141)							
4/97	RAISERS EDGE SOFTWARE	SL/5	10,015.00	10,015.00	0.00	10,015.00	0.00
9/97	SOLOMON IV SOFTWARE	SL/5	1,872.91	1,872.91	0.00	1,872.91	(0.00)
25-Apr-99	Fileserver/Windows NT	SL/3	9,488.42	9,488.42	0.00	9,488.42	0.00
	Tape Backup; Software			0.00	0.00	0.00	0.00
Apr-99	File Server HUB	SL/3	396.03	396.03	0.00	396.03	0.00
Jul-99	6 workstations/2 Laptops/HP Color LJ	3	21,601.20	21,601.20	0.00	21,601.20	0.00
Jun-02	4 Workstations (Retired)		(6,727.00)	(6,727.00)	0.00	(6,727.00)	0.00
Jul-99	Flowpoint DSL Router	3	630.92	630.92	0.00	630.92	0.00
Nov-99	HP 5200C ScanJet	3	313.36	313.36	0.00	313.36	0.00
Nov-99	Kodak Digital Camera	3	658.80	658.80	0.00	658.80	0.00
Nov-99	Dreamweaver/Adobe Photoshop	3	387.54	387.54	0.00	387.54	0.00
Mar-00	2 workstations, 1 19" monitor	3	4,438.71	4,438.71	0.00	4,438.71	0.00
Jun-00	Color Monitor	3	900.00	900.00	0.00	900.00	0.00
Jun-00	2 workstations, 1 19" monitor	3	4,306.64	4,306.64	0.00	4,306.64	0.00
Jun-00	16 port Hub & 6 port Hub	3	748.01	748.01	0.00	748.01	0.00
Sep-00	MS Outlook 2000 Software	3	645.58	645.58	0.00	645.58	0.00
Dec-00	Encore Port & Cables	3	256.55	256.55	0.00	256.55	0.00
Feb-01	HP Laserjet 2100 Printer	3	755.00	755.00	0.00	755.00	0.00
Feb-01	HP Laserjet 4050 Printer	3	1,246.00	1,246.00	0.00	1,246.00	0.00
May-01	PageMaker 6.5 Software	3	425.27	425.27	0.00	425.27	0.00
Jun-01	Macromedia UltraDev Software	3	699.00	699.00	0.00	699.00	0.00
Jun-01	Windows 2000 Server & W/S	3	766.84	766.84	0.00	766.84	0.00
Sep-01	2 Workstations	3	4,367.76	4,367.76	0.00	4,367.76	0.00
Oct-01	4 Workstations from Healthcentral.com	3	1,350.00	1,350.00	0.00	1,350.00	0.00
Jun-03	3 Workstations from Health Central (Retired)		(1,012.50)	(1,012.50)	0.00	(1,012.50)	0.00
Oct-01	McAfee Antivirus Software System	2	1,058.40	1,058.40	0.00	1,058.40	0.00
Feb-02	Computer System (CPU Only)	3	700.00	700.00	0.00	700.00	0.00
May-02	Purchase Fileserver and 6 workstations	3	18,226.51	18,226.51	0.00	18,226.51	0.00
Jul-02	Compumeter Software License (Office2000&	3	804.37	804.37	0.00	804.37	0.00
Jul-02	ComputersLead (Tape Back Up System)	3	3,814.96	3,814.96	0.00	3,814.96	0.00
Apr-03	Raiser Edge RE:Events	3	3,247.50	2,435.63	811.88	3,247.50	0.00
Nov-03	Raiser Edge RE:Search Module	3	2,964.00	1,976.00	988.00	2,964.00	0.00
Jun-04	Raiser Edge RE:Netsolutions Purchase	3	4,373.75	1,579.41	1,457.92	3,037.33	1,336.42
Jul-04	Netopia Router	3	290.00	96.67	96.67	193.33	96.67
Sep-04	Computers Lead -Laptop	3	2,112.89	586.91	704.30	1,291.21	821.68
Sep-04	Adobe CS Software	2	312.52	130.22	156.28	286.48	26.04
Jan-05	Media Tape for Back Up	2	379.95	94.99	189.98	284.96	94.99
Feb-05	Tape Back Up Drive and Devices	2	1,020.80	212.67	510.40	723.07	297.73
Additions:							
Aug-05	9 Computers/Monitors/Printer from Dell	3	11,654.38	0.00	3,561.06	3,561.06	8,093.32
Aug-05	Adobe Acrobat Professional	2	493.11	0.00	226.01	226.01	267.10
Oct-05	Adobe Acrobat Professional (5)	2	416.50	0.00	156.19	156.19	260.31
Jan-06	Dell Computer (Color Printer & 3 Monitors Flat	3	2,148.44	0.00	358.07	358.07	1,790.37
Mar-06	Blackbaud Adv. Import Module	2	3,000.00	0.00	500.00	500.00	2,500.00
Jun-06	Dell Computer (2 Workstations/ 3 Monitors)	3	3,285.49	0.00	91.26	91.26	3,194.23
			20,997.92	0.00	4,892.59	4,892.59	16,105.33
TOTAL COMPUTER EQUIPMENT			118,833.61	90,246.76	9,807.98	100,054.74	18,778.86
FURNITURE (ACCT 142)							
9/92	FURNITURE	SL/7	668.00	668.00	0.00	668.00	0.00
9/96	FILE CABINETS & FURNITURE	SL/5	819.18	819.18	0.00	819.18	0.00
9/96	1 DESK & 2 WORKSTATIONS	SL/5	276.68	276.68	0.00	276.68	(0.00)
12/97	6 GRAY HIGHBACK CHAIRS	SL/5	1,347.57	1,347.57	0.00	1,347.57	(0.00)
Nov-98	11 GRAY CHAIRS	SL/5	1,191.33	1,191.33	0.00	1,191.33	0.00
Jun-99	2 DESK CHAIRS	SL/5	519.60	519.60	0.00	519.60	0.00
Aug-99	Corner Workcenter	5	510.59	510.59	0.00	510.59	0.00
Oct-99	2 Chairs/Rucker Fuller	5	650.58	650.58	0.00	650.58	0.00
Jun-00	4-drawer file; 4-drawer letter file; bookcase	5	786.25	786.25	0.00	786.25	0.00
Jun-00	Desk/Workcenter	5	242.74	242.74	0.00	242.74	0.00
Oct-00	File Cabinets	5	400.42	373.73	26.69	400.42	0.00

NATIONAL BRAIN TUMOR FOUNDATION
 EIN 94-2876985
 FIXED ASSET SUMMARY AT 6/30/06

DATE ACQ'D	DESCRIPTION	METHOD/LIFE	COST	ACCUM DEPR. AT 6/30/05	7/05-6/06 DEPREC.	ACCUM DEPR. AT 6/30/06	Book Value
OFFICE EQUIPMENT (ACCT 140)							
Nov-00	25" File and Metal Bookcase	5	514.21	471.36	42.85	514.21	0.00
Feb-01	Desk for PS / Conf. Room (Office Pro)	5	490.27	433.07	57.20	490.27	0.00
Dec-01	File Cabinet/File Drawer	5	499.06	357.66	99.81	457.47	41.59
Mar-02	BuyRack (Storage Shelves)	5	1,069.43	712.95	213.89	926.84	142.59
Apr-02	Rucker Fuller	5	2,889.63	1,878.26	577.93	2,456.19	433.44
May-02	Rucker Fuller (2 Keyboard Trays)	3	530.43	530.43	0.00	530.43	0.00
Jul-02	Rucker Fuller (Chair)	5	270.63	162.38	54.13	216.50	54.13
Aug-02	Desk for Leticia Thomas	5	399.96	233.31	79.99	313.30	86.66
Aug-04	Rucker Fuller (1 Chair)	5	325.50	54.25	65.10	119.35	206.15
Oct-04	HON File (Capital One)	5	359.31	47.91	71.86	119.77	239.54
Nov-04	CitiCards for IKEA Furniture for Office	5	832.88	0.00	166.58	166.58	666.30
Additions:							
Dec-05	LFTM, Inc. Top Dawg Furniture	5	24,375.33	0.00	2,843.79	2,843.79	21,531.54
Feb-06	Capital One, FSB (IKEA Workroom Furn)	5	1,009.14	0.00	84.10	84.10	925.05
Feb-06	LFTM, Inc. Top Dawg Furniture	5	2,996.95	0.00	249.75	249.75	2,747.20
Jun-06	LFTM, Inc. Top Dawg Furniture	5	1,478.86	0.00	24.65	24.65	1,454.21
			29,860.28	0.00	3,202.28	3,202.28	26,658.00
TOTAL FURNITURE			45,454.53	12,267.83	4,658.30	16,926.13	28,528.40
LEASEHOLD IMPROVEMENTS (ACCT 143)							
Jun-99	DATA CABLING FOR OAKLAND OFFICE	SL/5	2,149.40	2,149.40	0.00	2,149.40	0.00
	Frants Albert Assoc./ Construction Contractor	5	211.25	211.25	0.00	211.25	0.00
Mar-02	Office Reconstruction / Various Vendors	5	7,118.89	7,118.89	0.00	7,118.89	0.00
Mar-02	Building Permit for Space Remodel	5	1,166.27	1,166.27	0.00	1,166.27	0.00
Apr-02	Team Construction	5	22,609.77	22,609.77	0.00	22,609.77	0.00
Jun-02	Team Construction	5	3,701.20	3,701.20	0.00	3,701.20	0.00
RETIRED YE 2004							
Jun-04	All LI with 414 13th Street Above		(36,956.78)	(36,956.78)		(36,956.78)	0.00
Jun-04	Semans Communications	5	5,437.55	1,178.14	1,087.51	2,265.65	3,171.90
Aug-05	Semans Communications	5	963.59	176.66	176.66	353.32	610.27
Additions							
Nov-05	Capitol Communications	44	2,994.00	0.00	544.36	544.36	2,449.64
TOTAL LEASEHOLD IMPROVEMENTS			9,395.14	1,354.79	1,808.53	3,163.32	6,231.82
TOTAL FIXED ASSETS:			190,173.96	119,218.48	16,314.00	135,532.49	54,641.47

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
2 SHS. EXXON MOBIL CORP	128.	130.	0.	-2.
52.826 SHS. PUTNAM FUND FOR GROWTH & INCOME A	1,002.	1,011.	0.	-9.
2 SHS. PROCTER & GAMBLE CO.	222.	224.	0.	-2.
50 SHS. PEET'S COFFEE & TEA INC.	1,540.	1,607.	0.	-67.
32 SHS. UNITED SECURITY BANCSHARES	984.	1,020.	0.	-36.
175 SHS. ONYX PHARMACEUTICALS INC.	4,899.	5,026.	0.	-127.
TO FORM 990, PART I, LINE 8	8,775.	9,018.	0.	-243.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANGEL ADVENTURE - BAY AREA	632,280.		632,280.		632,280.
RACING AHEAD MARATHON	150,109.		150,109.		150,109.
ANGEL ADVENTURE - ORANGE COUNTY	142,487.		142,487.		142,487.
ANGEL ADVENTURES - 6 EVENTS IN OTHER CITIES	390,980.		390,980.		390,980.
ANDREW'S WARRIORS	25,000.		25,000.		25,000.
SPORTING EVENTS/GOLF TOURNAMENTS (9)	49,083.		49,083.		49,083.
DANCES/SILENT AUCTIONS/GALA EVENTS (4)	15,970.		15,970.		15,970.
MISC. EXTERNAL EVENTS	35,339.		35,339.		35,339.
TO FM 990, PART I, LINE 9	1,441,248.		1,441,248.		1,441,248.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
----------	--	-----------	---

DESCRIPTION	AMOUNT
NET UNREALIZED LOSS ON INVESTMENTS	-37,189.
TOTAL TO FORM 990, PART I, LINE 20	-37,189.

FORM 990	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
COALITION DUES	10,800.	10,800.		
FUNCTIONS	120,566.	14,352.	11.	106,203.
DUES, SUBSCRIPTIONS, AND FEES	25,519.	16,487.	265.	8,767.
PUBLICITY AND PROMOTION	40,257.	28,457.	0.	11,800.
MISCELLANEOUS	47,775.	39,550.	1,302.	6,923.
INSURANCE	6,269.	3,710.	122.	2,437.
PROFESSIONAL FEES	97,198.	84,547.	269.	12,382.
TOTAL TO FM 990, LN 43	348,384.	197,903.	1,969.	148,512.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ROB TUFEL	100,940.			100,940.
A. PROGRAM SERVICES	85,799.			85,799.
B. MANAGEMENT AND GENERAL	5,047.			5,047.
C. FUNDRAISING	10,094.			10,094.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NANCY GAGGIOLI-MEDEIROS	94,800.			94,800.
A. PROGRAM SERVICES	85,320.			85,320.
B. MANAGEMENT AND GENERAL	4,740.			4,740.
C. FUNDRAISING	4,740.			4,740.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
HARRIET PATTERSON	57,500.			57,500.
A. PROGRAM SERVICES	57,500.			57,500.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
NEALIKA CADEN	59,063.			59,063.
A. PROGRAM SERVICES	35,438.			35,438.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	23,625.			23,625.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CLARENCE WONG	81,781.			81,781.
A. PROGRAM SERVICES	57,247.			57,247.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	24,534.			24,534.

TOTAL PROGRAM SERVICES				321,304.
TOTAL MANAGEMENT AND GENERAL				9,787.
TOTAL FUNDRAISING				62,993.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>394,084.</u>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SEE SCHEDULE ATTACHED			NONE	622,455.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				<u>622,455.</u>

NATIONAL BRAIN TUMOR FOUNDATION
EIN: 94-2876985
GRANT SUMMARY
FISCAL YEAR ENDED 6/30/06

ADDRESSES AVAILABLE UPON REQUEST

Name	Memo	Amount
Andrew Bryce Pediatric Grant	The Sonia & Arthur Labatt Brain Tumor Research Laboratory The Hospital for Sick Children - Michael D Taylor, MD, PhD FRCS(C)	\$ 25,000
The Steven J Bryant Research Grant	Case Western Reserve University - Eben Alsberg, PhD	25,000
Oligodendroglioma Grant	Dana-Farber Cancer Institute and Harvard Medical School - Santosh Kesari, MD, PhD	50,000
Oligodendroglioma Grant	University of California, San Francisco - William A Weiss MD, PhD	50,000
Glioblastoma Multiforme Grant	Massachusetts General Hospital - Daniel P. Cahill, MD, PhD	50,000
Glioblastoma Multiforme Grant	Roswell Park Cancer Institute - Michael J Ciesielski, PhD	50,000
Glioblastoma Multiforme Grant	UT M D Anderson Cancer Center - Juan Fueyo, MD	50,000
Glioblastoma Multiforme Grant	The Ohio State University Research Foundation, Balveen Kaur, MD	50,000
Glioblastoma Multiforme Grant	Stanford University School of Medicine - Stephen L Skirboll, MD	50,000
Glioblastoma Multiforme Grant	Yale University - David Wells, PhD	50,000
Epidemiology Grant	UT M D Anderson Cancer Center - Melissa L. Bondy, PhD	50,000
Epidemiology Grant	University of California, San Francisco - Joseph L Wiemels, PhD	50,000
NBTF Translation Research Grant	University of Virginia - Dr Jason Sheehan	15,000
The Philanthropic Initiative	Brain Tumor Funders Collaborative	50,000
NBTF/American Association of Neuroscience Nurses	Rising Star in Clinical Practice Award	2,000
CBTRUS	Support for Epidemiology Research Meeting	7,000
Mahaley Award	Dr John Yu, Cedar Sinai & Dr Manish Agni	2,000
UCSF Grant	Dr Berger Conference	1,000
Brain Tumour Foundation of the UK	Grant for newsletter	5,000
University of Alabama	Reimbursement for 2004 grant	(9,545)
		<u>\$ 622,455</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	18,480.
TOTAL TO FORM 990, PART II, LINE 23	18,480.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OTHER	39,000.	39,000.	0.
TOTAL TO FORM 990, PART IV, LN 57	39,000.	39,000.	0.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
DEPOSITS	4,081.
OTHER RECEIVABLE	28,128.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	32,209.

FORM 990

PART V-A - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WALTER S. NEWMAN 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	CHAIRPERSON - EMERITUS 0.00	0.	0.	0.
ALLISON JONES THOMSON 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	VICE CHAIRPERSON 0.00	0.	0.	0.
BYRON SHEETS 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	TREASURER 0.00	0.	0.	0.
JULIE EARNHART 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	SECRETARY 0.00	0.	0.	0.
ARTHUR H. KERN 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	PRESIDENT - EMERITUS 0.00	0.	0.	0.
ELIZABETH ABRAHAMSON 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
FRANCESCA VENEZIA DUNBAR 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
PAUL FISHER, M.D. 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
ANN GORDON 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
RICHARD KELLEY 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
DAVID KLEIN 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.

DAVID R. KOM 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
SHARON LAMB, R.M. 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
STEPHEN T. LANCTOT 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
BERNARD L. MARTIN 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
JAN MCCORMACK 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
SEBRIANNE MOORE 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
DUFF RAGGIO 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
DONALD R. SHARE 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
CHARLES WILSON, MC 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR 0.00	0.	0.	0.
ROB TUFEL 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	EXECUTIVE DIRECTOR 40.00	100,940.	0.	0.
NANCY GAGGIOLI-MEDEIROS 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DEPUTY DIRECTOR 40.00	94,800.	0.	0.
HARRIET PATTERSON 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR OF PROGRAMS 40.00	57,500.	0.	0.
NEALIKA CADEN 22 BATTERY STREET, SUITE 612 SAN FRANCISCO, CA 94111-5520	DIRECTOR OF SPECIAL EVENTS 40.00	59,063.	0.	0.

CLARENCE WONG	DEVELOPMENT DIRECTOR			
22 BATTERY STREET, SUITE 612	40.00	81,781.	0.	0.
SAN FRANCISCO, CA 94111-5520				
TOTALS INCLUDED ON FORM 990, PART V-A		<u>394,084.</u>	<u>0.</u>	<u>0.</u>

FOOTNOTES

STATEMENT 11

SCHEDULE A PART IV-A LINE 15(A) AND LINE 17(A) WERE REVISED TO AGREE TO 2004 RESTATED FINANCIAL STATEMENTS. CONTRIBUTIONS FROM DIRECT PUBLIC SUPPORT AND SPECIAL EVENT REVENUE WERE RESTATED TO RECLASS CORPORATE SPONSORSHIP REVENUE TO SPECIAL EVENTS REVENUE.