

2007 ACCOMPLISHMENTS FOR CHILDREN'S BRAIN TUMOR FOUNDATION

Quality of Life Grants \$125,000 awarded in total

Friends of Karen, Purdys, NY: The \$65,000 grant from CBTF helps Friends of Karen provide financial assistance to families with children who have a brain or spinal cord tumor. This grant helped over 90 families in the tri-state area this year alone.

Camp Sunshine, Casco, ME: For the 5th year in a row, CBTF has sponsored the Brain Tumor Week sessions at Camp Sunshine. Almost 80 families experienced a week of emotional support, therapeutic recreation and respite programs during 2007. CBTF funded two full Brain Tumor Weeks, with the help of Jenna's Rainbow Foundation's matching grant. This year, once again CBTF will support another Brain Tumor Week with a grant for \$60,000 to Camp Sunshine.

Educational Grant awarded in the amount of \$40,000

The Children's Cause for Cancer Advocacy, for the development and support of a regional *Rise to Action* Conference for Adolescent and Young Adult (AYA) Survivors and their Families. The conference included a networking and entertainment component on Saturday evening, and a full day of educational sessions on Sunday. In order to assure that the needs of brain tumor survivors were met, CBTF designed two breakout sessions addressing specific brain tumor survivor needs. Several CBTF brain tumor survivors were presenters both in the brain tumor sessions and general sessions for childhood cancer survivors.

Toll-Free Patient Support Line

Over 1,500 calls were answered from families seeking emotional support and critical resource information.

Survivor Program

The Survivor Program was developed to address the support, information and advocacy needs of survivors, families and professionals. A national needs assessment survey was developed and is being distributed to families nationwide by CBTF and local hospitals.

Survivor Advisory Group

The Survivor Advisory Group was formed and approved by the Patient Education Committee. The professional participants are in the acceptance process.

Parent-to-Parent Network

CBTF's oldest program currently has 60 volunteers from 18 states trained to offer support to newly diagnosed or bereaved families nationwide.

Parent-to-Parent Bags

This program delivers bags full of useful and supportive items to families in the hospital. There are 64 participating hospitals across the country. Since the inception of this program in April 2004, over 700 families have received bags nationwide.

A Resource Guide for Parents of Children with Brain or Spinal Cord Tumors

The critically-acclaimed fourth edition of CBTF's resource guide was distributed to almost 1000 parents, professionals, and friends in 2007.

Parker's Brain Storm

A book, available in English and Spanish, for young children written to help prepare them for the treatment that can immediately follow diagnosis. Over 3,000 copies have been distributed in total every state except Alaska, close to 1,000 copies in 2007 alone.

Website

CBTF maintains a comprehensive information source for patients and survivors and their families through its website covering topics ranging from diagnosis through survivorship. In 2007 the website received over 680,000 hits.

Webinar Conference 2007

A collaboration between *Children's Brain Tumor Foundation* and *Childhood Brain Tumor Foundation* to produce a webinar presented by Roger Pack, MD from Children's National Medical Center, offering families the opportunity to listen to a national expert present on the topic of Medulloblastoma.

Conference Participation

Children's Brain Tumor Foundation exhibited at over 6 national conferences: AANS, APOSW, ASCO, APHON, BIO, and SNO; presented at the APOSW conference and attended the APOS and SSWLHC conferences.

7th Annual Kids Cruise

Over 200 patients, siblings and parents registered to participate in a three-hour party while sailing around New York Harbor on Circle Line's newest vessel, The Zephyr.

19th Annual Big Apple Circus Benefit

Over 1,100 children and families from the tri-state area with brain and spinal cord tumors and other life threatening illnesses were provided with an afternoon of fun respite.

Holiday Party

Over 200 patients, siblings, and parents invited to celebrate the festive season at our Holiday Party

North American Brain Tumor Coalition

CBTF, a charter member of the North American Brain Tumor Coalition, participated in legislative efforts to raise awareness about pediatric brain tumors.

Alliance for Childhood Cancer

CBTF's continuing work with this 24-member coalition assured that the particular needs of children with brain and spinal cord tumors were included in all efforts relating to pediatric cancer.

LIVESTRONG Young Adult Alliance

CBTF, a charter member, participated in the formation of professional development guidelines and the development of a patient navigation program at the first annual conference.

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
CHILDREN'S BRAIN TUMOR FOUNDATION INC.
C/O JOSEPH FAY, EXECUTIVE DIRECTOR

D Employer identification number
13-3512123

Number and street (or P.O. box if mail is not delivered to street address) Room/suite **E** Telephone number
274 MADISON AVENUE **1004** **(212) 448-9494**

City or town, state or country, and ZIP + 4
NEW YORK, NY 10016

F Accounting method: Cash Accrual
 Other (Specify) _____

G Website: **CBTF.ORG**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,240,577.**

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
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).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances			
Revenue	1 Contributions, gifts, grants, and similar amounts received:		
	a Contributions to donor advised funds	1a	
	b Direct public support (not included on line 1a)	1b	1,064,255.
	c Indirect public support (not included on line 1a)	1c	
	d Government contributions (grants) (not included on line 1a)	1d	
	e Total (add lines 1a through 1d) (cash \$ <u>1,064,255.</u> noncash \$ _____)	1e	1,064,255.
	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	130,941.
	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	8a	
	1,525,190.	8a	
	b Less: cost or other basis and sales expenses	8b	
	1,509,903.	8b	
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	15,287.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including \$ <u>484,195.</u> of contributions reported on line 1b)	9a	520,191.	
b Less: direct expenses other than fundraising expenses	9b	188,443.	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	331,748.	
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		
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	1,542,231.	
Expenses	13 Program services (from line 44, column (B))	13	1,058,576.
	14 Management and general (from line 44, column (C))	14	117,291.
	15 Fundraising (from line 44, column (D))	15	261,329.
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses. Add lines 16 and 44, column (A)	17	1,437,196.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	105,035.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,767,540.	
20 Other changes in net assets or fund balances (attach explanation)	20	64,011.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,936,586.	

CHILDRE 3 BRAIN TUMOR FOUNDATION

Form 990 (2006)

C/O JOSEPH FAY, EXECUTIVE DIRECTOR

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Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 581,000, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	581,000.	581,000.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 5	147,588.	118,070.	14,759.	14,759.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	181,728.	115,053.	33,586.	33,089.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	27,865.	18,613.	4,223.	5,029.
30 Professional fundraising fees				
31 Accounting fees	15,122.		15,122.	
32 Legal fees				
33 Supplies	27,540.	18,587.	7,130.	1,823.
34 Telephone	11,510.	8,073.	1,655.	1,782.
35 Postage and shipping	2,559.	1,795.	368.	396.
36 Occupancy	64,977.	45,574.	9,344.	10,059.
37 Equipment rental and maintenance				
38 Printing and publications	4,120.	2,763.	567.	790.
39 Travel				
40 Conferences, conventions, and meetings	53,827.	53,827.		
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	1,699.	651.	236.	812.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 4	317,661.	94,570.	30,301.	192,790.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,437,196.	1,058,576.	117,291.	261,329.

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ▶	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
RAISE MONEY TO FUND RESEARCH AND FAMILY SUPPORT 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 FUND RESEARCH OF PEDIATRIC SPINAL AND BRAIN TUMORS; PROVIDE PATIENT AND FAMILY SUPPORT	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	1,058,576.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
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) ▶	1,058,576.

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CHILDREN'S BRAIN TUMOR FOUNDATION
C/O JOSEPH FAY, EXECUTIVE DIRECTOR

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Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	488,645.	45	165,375.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 1,000.		
	b Less: allowance for doubtful accounts	47b	2,336.	47c 1,000.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges		59,329.	53 57,989.
	54 a Investments - publicly-traded securities STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,454,513.	54a 1,946,185.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
55 a Investments - land, buildings, and equipment: basis STMT 7	55a			
b Less: accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment: basis	57a 17,861.			
b Less: accumulated depreciation STMT 9	57b 7,177.	12,383.	57c 10,684.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> INTEREST RECEIVABLE)		3,231.	58 3,839.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,020,437.	59 2,185,072.	
Liabilities	60 Accounts payable and accrued expenses	27,897.	60	23,486.
	61 Grants payable	225,000.	61	225,000.
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65		252,897.	66 248,486.	
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	1,201,053.	67	1,278,420.
	68 Temporarily restricted	566,487.	68	658,166.
	69 Permanently restricted		69	
	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 and column (B) must equal line 21)		1,767,540.	73 1,936,586.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,020,437.	74 2,185,072.

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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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	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		
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
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
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed	NY	
b	Number of employees employed in the pay period that includes March 12, 2006	90b	6
91 a	The books are in care of	JOSEPH FAY, EXECUTIVE DIRECTOR Telephone no. 212-448-9494	
	Located at	274 MADISON AVENUE, SUITE 1301, NY NY, NEW YORK ZIP + 4 10016	
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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		N/A

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Part VI Other Information (continued) Yes No

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

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 | N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	130,941.	
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			14	15,287.	
101 Net income or (loss) from special events			18	331,748.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER			14		
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		477,976.	0.
105 Total (add line 104, columns (B), (D), and (E))					477,976.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103	INCOME CONTRIBUTED TO SUPPORT THE RESEARCH OF PEDIATRIC SPINAL AND BRAIN TUMORS AND PROVIDE SUPPORT FOR THE PATIENTS AND FAMILIES.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- -----					
b	----- -----					
c	----- -----					
Totals						

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

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

Please Sign Here

Signature of officer: _____ Date: _____

Type or print name and title: _____

Paid Preparer's Use Only

Preparer's signature: *Arnold Berman* Date: 08/01/07

Check if self-employed:

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

Firm's name (or yours if self-employed), address, and ZIP + 4: **ARNOLD BERMAN & CO LLP**
50 BROADWAY
HAWTHORNE, NY 10532

EIN: _____ Phone no.: _____

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization CHILDREN'S BRAIN TUMOR FOUNDATION INC. C/O JOSEPH FAY, EXECUTIVE DIRECTOR	Employer identification number 13-3512123
	Number, street, and room or suite no. If a P O box, see instructions. 274 MADISON AVENUE, NO. 1004	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10016	

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

Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

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

- The books are in the care of **JOSEPH FAY, EXECUTIVE DIRECTOR**
Telephone No **212-448-9494** FAX No _____
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007.**
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO COMPILE ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Drechsel** Title **CPA** Date **08/01/07**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ARNOLD BERMAN & COMPANY, C/O REBECCA DRECHSEL
	Number and street (include suite, room, or apt. no.) or a P.O. box number 50 BROADWAY
	City or town, province or state, and country (including postal or ZIP code) HAWTHORNE, NY 10532

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶

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

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

Type or print	Name of Exempt Organization CHILDREN'S BRAIN TUMOR FOUNDATION INC. C/O JOSEPH FAY, EXECUTIVE DIRECTOR	Employer identification number 13-3512123
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 274 MADISON AVENUE, NO. 1004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

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

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

- The books are in the care of ▶ **JOSEPH FAY, EXECUTIVE DIRECTOR**
Telephone No ▶ **212-448-9494** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2006** or
▶ tax year beginning _____, and ending _____

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **CHILDREN'S BRAIN TUMOR FOUNDATION INC.**
C/O JOSEPH FAY, EXECUTIVE DIRECTOR

Employer identification number
13 3512123

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JUDY HURLEY C/O CBTF, 274 MADISON AVENUE, NEW YORK, NY 10017	EXEC DIRECTOR 40.00			
TRACY MOORE C/O CBTF, 274 MADISON AVENUE, NEW YORK, NY 10017	PRGM DIRECTOR 40.00			
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
CHARLOTTE SIMON PRODUCTIONS INC 510 EAST 85TH STREET, NEW YORK, NY 10028	FUNDRAISING	0.
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	

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.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		X
c	Did the organization make a distribution to a donor, donor advisor, or related person?		X
d	Enter the total number of donor advised funds owned at the end of the tax year	▶	5
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	▶	658,166.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	▶	0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	▶	0.

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

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

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

CHILLY N'S BRAIN TUMOR FOUNDATION NC.

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,270,175.	1,267,014.	139,731.	345,156.	3,022,076.
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	592,666.	134,077.	1,156,289.	473,539.	2,356,571.
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	76,730.	56,978.	70,187.	81,399.	285,294.
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	1,939,571.	1,458,069.	1,366,207.	900,094.	5,663,941.
24 Line 23 minus line 17	1,346,905.	1,323,992.	209,918.	426,555.	3,307,370.
25 Enter 1% of line 23	19,396.	14,581.	13,662.	9,001.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 66,147.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 141,184.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,307,370.
d Add: Amounts from column (e) for lines: 18 285,294. 19 _____ 22 _____ 26b 141,184.					26d 426,478.
e Public support (line 26c minus line 26d total)					26e 2,880,892.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.1052%
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: (2005) N/A (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) (2003) (2002) N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

CHILDRN'S BRAIN TUMOR FOUNDATION NC.

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
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.

2006 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bis % Excl	Reduction in Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
3	OFFICE EQUIPMENT	123196	SL	10.00	16	1,025.			1,025.	977.		50.
9	COMPUTERS	110105	SL	10.00	16	3,558.			3,558.	158.		356.
14	OFFICE FURNITURE	110105	SL	10.00	16	2,448.			2,448.	40.		245.
	* 990 PAGE 2 TOTAL							0.	7,031.	1,175.	0.	651.
	PROGRAM SERVICES											
	MANAGEMENT AND GENERAL											
1	VCR	123193	SL	5.00	16	350.			350.	350.		0.
4	FILE CABINETS	060197	SL	10.00	16	1,300.			1,300.	1,124.		130.
11	COMPUTERS	110105	SL	10.00	16	628.			628.	28.		63.
12	OFFICE FURNITURE	110105	SL	10.00	16	432.			432.	7.		43.
	* 990 PAGE 2 TOTAL							0.	2,710.	1,509.	0.	236.
	MANAGEMENT AND GENERAL											
	FUNDRAISING											
8	DONOR PERFECT SOFTWARE SUPGRADES	121201	SL	10.00	16	6,354.			6,354.	2,735.		635.
10	COMPUTERS	110105	SL	10.00	16	1,046.			1,046.	47.		105.
13	OFFICE FURNITURE	110105	SL	10.00	16	720.			720.	12.		72.
	* 990 PAGE 2 TOTAL							0.	8,120.	2,794.	0.	812.
	FUNDRAISING											
	* GRAND TOTAL 990 PAGE 2 DEPR							0.	17,861.	5,478.	0.	1,699.

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)
SEE ATTACHED SCHEDULE	575,190.	559,903.	0.	15,287.
SEE ATTACHED SCHEDULE	950,000.	950,000.	0.	0.
TO FORM 990, PART I, LINE 8	<u>1,525,190.</u>	<u>1,509,903.</u>	<u>0.</u>	<u>15,287.</u>

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

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
BIG APPLE CIRCUS	110,600.	87,750.	22,850.	51,500.	<28,650.>
SPORTS EVENTS AND OTHER	125,442.	48,850.	76,592.	33,500.	43,092.
DREAM AND PROMISE GALA	768,344.	347,595.	420,749.	103443.	317,306.
TO FM 990, PART I, LINE 9	<u>1004386.</u>	<u>484,195.</u>	<u>520,191.</u>	<u>188443.</u>	<u>331,748.</u>

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

DESCRIPTION	AMOUNT
UNREALIZED INVESTMENT GAIN (LOSS)	43,497.
UNREALIZED INVESTMENT GAIN (LOSS)	20,514.
TOTAL TO FORM 990, PART I, LINE 20	<u>64,011.</u>

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	38,108.	26,729.	5,480.	5,899.
OTHER OPERATING SUPPLIES	0.			
FAMILY SUPPORT SERVICES	17,112.	17,112.		
RESOURCE GUIDE	560.	560.		

CHILDREN'S BRAIN TUMOR FOUNDATION INC. C

13-3512123

ADVOCACY	11,550.	11,550.		
NEWSLETTER AND OTHER PUBLICATIONS	0.			
GRANT ACTIVITY EXPENSE	31,537.	31,537.		
WEBSITE AND OTHER	0.			
OTHER FEES	0.			
SPECIAL EVENTS	182,642.			182,642.
TEMPORARY HELP	14,164.	7,082.	2,833.	4,249.
COMPUTER CONSULTANT	7,257.		7,257.	
PAYROLL SERVICE FEES	1,616.		1,616.	
TELEPHONE/CABLE CONSULTANT	0.			
SOFTWARE SUPPORT	0.			
INVESTMENT FEES	13,115.		13,115.	
TOTAL TO FM 990, LN 43	317,661.	94,570.	30,301.	192,790.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 6
TO OTHERS

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SEE ATTACHED SCHEDULE	581,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	581,000.
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FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE EQUITY SECURITIES	FMV	191,246.			191,246.
BONDS	FMV		99,612.		99,612.
MUTUAL FUNDS	FMV			745,414.	745,414.
CLOSED END FUNDS	FMV			167,600.	167,600.
AUCTION INSTRUMENTS	FMV			550,000.	550,000.
OTHER INVESTMENTS	FMV			17,520.	17,520.
TO FORM 990, LINE 54A, COL B		191,246.	99,612.	1,480,534.	1,771,392.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT SECURITIES	FMV	174,793.		174,793.
TOTAL TO FORM 990, LINE 54A, COL B		174,793.		174,793.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 9

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OTHER	17,861.	7,177.	10,684.
TOTAL TO FORM 990, PART IV, LN 57	17,861.	7,177.	10,684.

REQUEST FOR TETR CREDIT
Exempt Organization Business Income Tax Return
 (and proxy tax under section 6033(e))

OMB No. 1545-0087
2006
 Open to Public Inspection for
 501(c)(3) Organizations Only

Department of the Treasury
 Internal Revenue Service

For calendar year 2006 or other tax year beginning _____, and ending _____

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) CHILDREN'S BRAIN TUMOR FOUNDATION INC.</p> <p>C/O JOSEPH FAY, EXECUTIVE DIRECTOR</p> <p>Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 274 MADISON AVENUE, NO. 1004</p> <p>City or town, state, and ZIP code NEW YORK, NY 10016</p>	<p>D Employer identification number (Employees' trust, see instructions for Block D on page 9) 13-3512123</p> <p>E Unrelated business activity codes (See instructions for Block E on page 9) N/A</p>
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C Book value of all assets at end of year: **2,185,072.**

F Group exemption number (see instructions for Block F.) **N/A**

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity: **N/A**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation: **N/A**

J The books are in care of **JOSEPH FAY, EXECUTIVE DIRECTOR** Telephone number **212-448-9494**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances			
c Balance			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
 (Except for contributions, deductions must be directly connected with the unrelated business income)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	
29 Total deductions. Add lines 14 through 28		29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	0.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
(2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 35c _____

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36 0.

37 Proxy tax. See instructions 37 _____

38 Alternative minimum tax 38 _____

39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a _____
b Other credits (see instructions) 40b _____
c General business credit. Check here and indicate which forms are attached:
 Form 3800 Form(s) (specify) _____ 40c _____
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d _____
e Total credits. Add lines 40a through 40d 40e _____

41 Subtract line 40e from line 39 41 0.

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42 _____

43 Total tax. Add lines 41 and 42 43 0.

44a Payments: A 2005 overpayment credited to 2006 44a _____
b 2006 estimated tax payments 44b _____
c Tax deposited with Form 8868 44c _____
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d _____
e Backup withholding (see instructions) 44e _____
f Credit for federal telephone excise tax paid (attach Form 8913) 44f 114.
g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total 44g _____

45 Total payments. Add lines 44a through 44g 45 114.

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46 _____

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 _____

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 114.

49 Enter the amount of line 48 you want: Credited to 2007 estimated tax Refunded 49 114.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 18)

1 At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here Yes No

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. Yes No

3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only

Preparer's signature *Arnold Berman* Date 08/01/07 Check if self-employed Preparer's SSN or PTIN 501-68-2913

Firm's name (or yours if self-employed), address, and ZIP code ARNOLD BERMAN & CO LLP 50 BROADWAY HAWTHORNE, NY 10532 EIN 13-2872856 Phone no. _____

Credit for Federal Telephone Excise Tax Paid

Department of the Treasury
Internal Revenue Service

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

2006
Attachment
Sequence No. 63

Name(s) as shown on your income tax return

Identifying number

CHILDREN'S BRAIN TUMOR FOUNDATION, INC.

13-3512123

Enter the federal telephone excise tax billed during each period as listed in column (a) of lines 1-14 below.

By filing this form, you are certifying that you (1) have not received from your service provider a credit or refund of the tax paid on long distance service or bundled service billed after February 28, 2003, and before August 1, 2006, and (2) will not ask your provider for a credit or refund or have withdrawn any request submitted to the provider for a credit or refund.

Caution. See the instructions for explanations of the services that qualify for a credit or refund of the federal telephone excise tax.

Amount of federal excise tax on long distance or bundled service only

(a) Bills dated during:	(b) Long distance service	(c) Bundled service	(d) Tax credit or refund (add columns (b) and (c))	(e) Interest (see instructions)
1 March, April, and May 2003	\$	\$	5	1
2 June, July, and August 2003			5	1
3 September, October, and November 2003			5	1
4 December 2003; January and February 2004			5	1
5 March, April, and May 2004			5	1
6 June, July, and August 2004			5	1
7 September, October, and November 2004			5	1
8 December 2004; January and February 2005			8	1
9 March, April, and May 2005			9	1
10 June, July, and August 2005			9	1
11 September, October, and November 2005			9	1
12 December 2005; January and February 2006			11	1
13 March, April, and May 2006			12	1
14 June and July 2006			8	0
15 Add lines 1-14 in columns (d) and (e)			\$ 101	\$ 13
16 Total credit or refund requested. Add columns (d) and (e) on line 15. Enter here and on Form 1040, line 71; Form 1040A, line 42; Form 1040EZ, line 9; Form 1040EZ-T, line 1a; Form 1040NR, line 69; Form 1040NR-EZ, line 21; Form 1120, line 32g; Form 1120-A, line 28g; Form 1120S, line 23d; Form 1041, line 24f; Form 1041-N, line 17; Form 1065, line 23; Form 990-T, line 44f; or the proper line of other returns				\$ 114

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return

**CHILDREN'S BRAIN TUMOR FOUNDATION INC.
C/O JOSEPH FAY, EXECUTIVE DIRECTOR**

Business or activity to which this form relates

FORM 990 PAGE 2

Identifying number

13-3512123

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,699.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,699.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**CHILDR 'S BRAIN TUMOR FOUNDATION C.
C/O JOSEPH FAY, EXECUTIVE DIRECTOR**

Form 4562 (2006)

13-3512123 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use.....							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

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

2006 DEPRECIATION AND AMORTIZATION REPORT
 - CURRENT YEAR FEDERAL - CHILDREN'S BRAIN TUMOR FOUNDATION INC.
 C/O JOSEPH FAY, EXECUTIVE DIRECTOR

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES											
3	OFFICE EQUIPMENT	123196	SL	10.00	16	1,025.			1,025.	977.		50.
9	COMPUTERS	110105	SL	10.00	16	3,558.			3,558.	158.		356.
14	OFFICE FURNITURE	110105	SL	10.00	16	2,448.			2,448.	40.		245.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					7,031.		0.	7,031.	1,175.	0.	651.
	MANAGEMENT AND GENERAL											
1	VCR	123193	SL	5.00	16	350.			350.	350.		0.
4	FILE CABINETS	060197	SL	10.00	16	1,300.			1,300.	1,124.		130.
11	COMPUTERS	110105	SL	10.00	16	628.			628.	28.		63.
12	OFFICE FURNITURE	110105	SL	10.00	16	432.			432.	7.		43.
	* 990 PAGE 2 TOTAL											
	MANAGEMENT AND GENERAL					2,710.		0.	2,710.	1,509.	0.	236.
	FUNDRAISING											
8	DONOR PERFECT SOFTWARE	121201	SL	10.00	16	6,354.			6,354.	2,735.		635.
	SUPGRADES											
10	COMPUTERS	110105	SL	10.00	16	1,046.			1,046.	47.		105.
13	OFFICE FURNITURE	110105	SL	10.00	16	720.			720.	12.		72.
	* 990 PAGE 2 TOTAL											
	FUNDRAISING					8,120.		0.	8,120.	2,794.	0.	812.
	* GRAND TOTAL 990 PAGE					17,861.		0.	17,861.	5,478.	0.	1,699.
	2 DEPR											

2007 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - CHILDREN'S BRAIN TUMOR FOUNDATION INC.
C/O JOSEPH FAY, EXECUTIVE DIRECTOR

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PROGRAM SERVICES								
3	OFFICE EQUIPMENT	123196SL		10.00	1,025.		1,025.	1,027.	<2.>
9	COMPUTERS	110105SL		10.00	3,558.		3,558.	514.	356.
14	OFFICE FURNITURE	110105SL		10.00	2,448.		2,448.	285.	245.
	* 990 PAGE 2 TOTAL PROGRAM SERVICES				7,031.		7,031.	1,826.	599.
	MANAGEMENT AND GENERAL								
1	VCR	123193SL		5.00	350.		350.	350.	0.
4	FILE CABINETS	060197SL		10.00	1,300.		1,300.	1,254.	46.
11	COMPUTERS	110105SL		10.00	628.		628.	91.	63.
12	OFFICE FURNITURE	110105SL		10.00	432.		432.	50.	43.
	* 990 PAGE 2 TOTAL MANAGEMENT AND GENERAL				2,710.		2,710.	1,745.	152.
	FUNDRAISING								
8	DONOR PERFECT SOFTWARE UPGRADES	121201SL		10.00	6,354.		6,354.	3,370.	635.
10	COMPUTERS	110105SL		10.00	1,046.		1,046.	152.	105.
13	OFFICE FURNITURE	110105SL		10.00	720.		720.	84.	72.
	* 990 PAGE 2 TOTAL FUNDRAISING				8,120.		8,120.	3,606.	812.
	* GRAND TOTAL 990 PAGE 2 DEPR				17,861.		17,861.	7,177.	1,563.

Children's Brain Tumor Foudnation
 EIN 13-3512123
 Realized Gain/(Loss) Calculation
 Smith Barney
 December 31, 2006

<u>Quantity</u>	<u>Security Description</u>	<u>Selling Price</u>	<u>12/31/05 FMV Or 2005 Cost</u>	<u>Realized Gain/(Loss)</u>
7	Occidental Petroleum Corp-Del (5/23/03)	\$ 326.26	\$	\$ 326.26 0.00 0.00
Total Acct # 866-4891B-19 712		<u>326.26</u>	<u>0.00</u>	<u>326.26</u>
65	Comcast Corp Cl A - Spl	1,732.70	1,669.85	62.85
42.5	Liberty Media Hldg Corp Interactive Ser A	730.84	1,114.92	(384.08)
8.5	Liberty Media Hldg Corp Cap Ser A	716.00	222.98	493.02
135	Alcoa Inc	4,302.54	3,991.95	310.59
48	CBS Corp New Class B (Formerly Viacom Inc)	1,270.62	1,548.50	(277.88)
75	Comcast Corp Cl A - Spl	1,999.27	1,926.75	72.52
0.8	Duke Energy Corp (Formerly Cinergy Corp)	23.24	33.97	(10.73)
15	Rio Tinto Plc-Gbp	3,296.07	2,741.85	554.22
0.5	Viacom Inc New Class B	20.73	16.30	4.43 0.00 0.00
Total Acct # 866-4892B-17 712		<u>14,092.01</u>	<u>13,267.07</u>	<u>824.94</u>
40,000	Federal Home Loan Mtg Corp	39,917.12	40,050.00	(132.88)
2,000	Federal Home Loan Mtg Corp Global Reference Notes	1,963.86	1,967.94	(4.08)
14,000	Federal Natl Mtg Assn Global Notes	13,950.16	13,965.00	(14.84)
7,000	General Electric Cap	6,714.89	6,903.75	(188.86)
6,000	JP Morgan Chase Flt Rt Sr Notes	6,006.69	6,004.08	2.61
7,000	Verizon Global Fdg Corp Notes	6,832.07	6,852.23	(20.16)
25,000	Federal Home Loan Mtg Corp Global Reference Notes	24,548.25	24,609.50	(61.25)
8,000	Merrill Lynch & Co Med Term Notes	7,722.32	7,762.32	(40.00)
8,000	Ontario Province CDA Notes	7,693.68	7,845.92	(152.24)
6,000	SBC Communications Inc	6,011.34	6,015.18	(3.84)
6,000	Sprint Capital Corp	6,011.16	6,058.68	(47.52)
15,000	US Treasury Notes Ser K-2008	14,606.25	14,597.40	8.85
15,000	Wells Fargo & Co	15,015.06	15,018.90	(3.84) 0.00
Total Acct # 866-4893B-15 712		<u>156,992.85</u>	<u>157,650.90</u>	<u>(658.05)</u>

Children's Brain Tumor Foudnation
EIN 13-3512123
Realized Gain/(Loss) Calculation
Smith Barney
December 31, 2006

			12/31/05 FMV	Realized
70.973	Alliance Bernstein Emerging Market Debt Fund Class A	648.69	621.01	27.68
163.958	Alliance Bernstein Emerging Market Debt Fund Class A	1,498.57	1,434.63	63.94
64.729	Ariel Fund	3,473.36	3,240.98	232.38
2.998	Ariel Fund	160.87	150.73	10.14
750	Corts Tr Vi for IBM Debs 6.375% Dec 1, 2096	19,011.91	18,750.00	261.91
750	Deutsche Bk Cap Fdg Tr 6.375%	19,123.44	18,750.00	373.44
35.072	Evergreen International Bond Fund CI A	369.66	372.11	(2.45)
70.272	Evergreen International Bond Fund CI A	740.67	739.76	0.91
202.431	Legg Mason Partners Global High Yield Bond Fd CI A	1,728.77	1,689.84	38.93
11.2357	Macquarie Gloabl Infrastructure Total Return Fd Inc	271.33	221.23	50.10
20.5426	Macquarie Gloabl Infrastructure Total Return Fd Inc	496.10	477.62	18.48
800	Morgan Stanley Cap Tr 6.60% Oct 15, 2066	19,985.38	20,000.00	(14.62)
3071.268	Alliance Berstein Emerging Market Debt Fund Class A	27,642.78	26,873.60	769.18
944.163	Ariel Fund	48,826.18	47,274.24	1,551.94
2248.103	Delaware Emerging Markets Fund CI A	45,549.76	39,476.69	6,073.07
3154.538	Evergreen International Bond Fund CI A	33,390.33	33,469.65	(79.32)
1242.073	Evergreen Special Values Fund Class A	35,000.00	33,237.87	1,762.13
1445.591	Legg Mason Partners Global High Yield Bond Fd CI A (Formerly Salomon Brothers)	12,314.16	12,085.14	229.02
600	Macquarie Global Infrastructure Total Return Fd Inc	14,489.55	11,814.00	2,675.55
11242.831	Oppenheimer Intl Bond Fund Class A	65,000.00	64,758.71	241.29
3306.496	Pioneer Global High Yield Fund CI A	40,206.99	39,545.69	661.30
1674.794	Salomon Brother High Yield Bond Fund Class A	13,850.55	14,001.28	(150.73)
			0.00	0.00
			0.00	0.00
Total Acct # 866-4894B-13 712		<u>403,779.05</u>	<u>388,984.78</u>	<u>14,794.27</u>
Total Investments		<u>\$ 575,190.17</u>	<u>\$ 559,902.75</u>	<u>\$ 15,287.42</u>

Children's Brain Tumor Foudnation
 Realized Gain/(Loss) Calculation
 Smith Barney
 December 31, 2006

<u>Quantity</u>	<u>Security Description</u>	<u>Selling Price</u>	<u>12/31/05 FMV Or 2006 Cost</u>	<u>Realized Gain/(Loss)</u>
400,000	Citizens Ppty Ins Corp High-A3 Risk 5.049% Jul 1, 2019	400,000.00	400,000.00	0.00
16	Kayne Anderson Mlp Inv Co 5.26% Jul 3, 2006	400,000.00	400,000.00	0.00
6	Nuveen Real Estate Income FD 5.00% Nov 30, 2006	150,000.00	150,000.00	0.00
		950,000.00	950,000.00	0.00
		950,000.00	950,000.00	0.00

THE CHILDREN'S BRAIN TUMOR FOUNDATION, INC.
DECEMBER 31, 2006
FORM 990
EIN 13-3512123

In 2006 the following grants were awarded from the operating fund:

\$ 150,000	Children's Hospital Los Angeles Anat Erdreich-Epstein, M.D., Ph.D. Molecular Role of Integrins in Bone-Marrow Derived Angiogenesis of Pediatric Brain Tumors
150,000	Memorial Sloan-Kettering Cancer Center Anna Marie Kenney, Ph.D. mRNA Translation Machinery in Medulloblastoma
150,000	Robert Wood Johnson School of Medicine John Glod, M.D., PhD The Role of Monocytes in Brain Tumor Angiogenesis
75,000	The Philanthropic Initiative, Inc.
60,000	Camp Sunshine Pediatric Brain Tumor Week
65,000	Friends of Karen Direct Patient Support
6,000	The Childhood Brain Tumor Foundation
<u>\$ 656,000</u>	Total grants awarded
<u>(75,000)</u>	Grant authorized in prior year but not utilized by recipient
<u>\$ 581,000</u>	Total grant expense

Children's Brain Tumor Foundation
Schedule of Investments at Fair Value
For the Year Ended December 31, 2006
EIN 13-3512123

Number of Shares	Date Purchased	Security	Fair Value 12/31/06
8,000	09/12/2006	Ontario Province of 5.45% April 27, 2016	8,212.00
Total International Bonds			\$ 8,212.00
1,500	08/24/2006	Citigroup Fdg Inc Stock Mkt Upturn Nts Based on Hang Seng China Ent Index	17,520.00
Total Other Investments			17,520.00
10	01/04/2006	Calamos Global Total Return FD 5.26% Jan 2, 2007	250,000.00
10	10/25/2006	Clough Global Opportunities FD 5.35% Jan 3, 2007	250,000.00
2	05/23/2006	Nuveen Real Estate Income FD 5.30% Jan 4, 2007	50,000.00
Total Auction Instruments			550,000.00
3,500	12/21/2006	Blackrock PFD & Equity TR	87,675.00
2,000	09/26/2006	Blackrock Real Asset Equity TR	29,800.00
2,500	11/27/2006	Eaton Vance Tax-Managed Diversified Equity Income FD	50,125.00
Total Closed End Funds			167,600.00
14,000	09/29/2006	Federal Natl Mtg Assn Benchmark Notes 5.75% Feb 15, 2008	14,083.16
14,000	11/03/2006	Federal Natl Mtg Assn Benchmark Notes 5.75% Feb 15, 2008	14,083.16
13,000	05/30/2006	Federal Natl Mtg Assn 5% Jan 23, 2009	12,991.94
1,000	10/30/2006	Federal Natl Mtg Assn 5% Jan 23, 2009	999.38
37,000	12/05/2005	US Treasury Notes Ser Q - 2010 4.5% Nov 15, 2010	36,736.93
2,000	10/30/2006	US Treasury Notes Ser Q - 2010 4.5% Nov 15, 2010	1,985.78
14,000	05/18/2006	Federal Home Loan Mtg Corp Global 5.625% Mar 15, 2011	14,358.82
13,000	01/26/2006	Federal Natl Mtg Assn 5.375% Nov 15, 2011	13,247.78
1,000	10/30/2006	Federal Natl Mtg Assn 5.375% Nov 15, 2011	1,019.06
16,000	04/21/2004	US Treasury Notes Ser E - 2012 4.0% Nov 15, 2012	15,448.16
1,000	12/08/2005	US Treasury Notes Ser E - 2012 4.0% Nov 15, 2012	965.51
1,000	10/30/2006	US Treasury Notes Ser E - 2012 4.0% Nov 15, 2012	965.51
6,000	09/29/2006	Federal Home Loan Mtg Corp 5.0% Jan 30, 2014	5,973.78
14,000	05/30/2006	Federal Home Loan Mtg Corp 5.0% Jan 30, 2014	13,938.82
8,000	06/12/2006	Federal Home Loan Mtg Corp 5.0% Jan 30, 2014	7,965.04
4,000	10/22/2004	US Treasury notes Ser E - 2014 4.25% Aug 15, 2014	3,882.80
3,000	01/07/2005	US Treasury notes Ser E - 2014 4.25% Aug 15, 2014	2,912.10
13,000	11/03/2006	Federal Natl Mtg Assn Global 5.25% Sep 15, 2016	13,235.69
Total Government Securities			\$ 174,793.42
1,198.277	04/12/2004	Legg Mason Partners Small Cap Value Fund Class M	28,590.89
88.643	05/12/2004	Legg Mason Partners Small Cap Value Fund Class M	2,115.02
1,622.884		Legg Mason Partners Small Cap Growth Opportunities Fund Cl M	35,378.87
2,606.462	04/12/2004	Legg Mason Partners International Large Cap Fund Class M	32,476.52
207.259	05/12/2004	Legg Mason Partners International Large Cap Fund Class M	2,582.45
443.780	03/30/2005	AIM Real Estate Fund Cl A	14,924.32
196.696	05/04/2005	AIM Real Estate Fund Cl A	6,614.89
127.599		AIM Real Estate Fund Cl A	4,291.15

Children's Brain Tumor Foundation
Schedule of Investments at Fair Value
For the Year Ended December 31, 2006
EIN 13-3512123

Number of Shares	Date Purchased	Security	Fair Value 12/31/06
1,405.811	08/18/2006	Alliance Bernstein Intl Value Fund Class A	31,490.17
1,177.024	09/18/2006	Alliance Bernstein Intl Value Fund Class A	26,365.34
180.332		Alliance Bernstein Intl Value Fund Class A	4,039.44
929.944	09/18/2006	Allianz NFJ Dividend Value Fund CI A	15,855.55
24.480		Allianz NFJ Dividend Value Fund CI A	417.38
1,979.414	08/29/2006	Calamos Market Neutral Income Fund CI A	25,197.94
16.416		Calamos Market Neutral Income Fund CI A	208.98
228.300	03/23/2005	Cohen & Steers Rlty Focus FD CI I	16,019.81
95.657	05/04/2005	Cohen & Steers Rlty Focus FD CI I	6,712.25
49.810		Cohen & Steers Rlty Focus FD CI I	3,495.16
3,099.814	08/18/2006	Cohen & Steers Intl Realty FD CI A	57,284.56
928.793	09/18/2006	Cohen & Steers Intl Realty FD CI A	17,164.09
111.373		Cohen & Steers Intl Realty FD CI A	2,058.17
516.529	10/26/2006	DWS Dresman Small Cap Value Fund Class A	19,488.64
28.345		DWS Dresman Small Cap Value Fund Class A	1,069.46
376.298	06/07/2005	Delaware Emerging Markets Fund Class A	6,148.71
563.109		Delaware Emerging Markets Fund Class A	9,201.20
1,704.158	09/18/2006	Evergreen Asset Allocation Fund Class A	25,238.58
227.676	05/04/2005	Evergreen Special Values Fund Class A	6,231.49
377.870		Evergreen Special Values Fund Class A	10,342.31
430.506	03/30/2005	Ivy Global Natural Resources Fund Class A	12,841.99
686.499	05/04/2005	Ivy Global Natural Resources Fund Class A	20,478.27
652.103	08/18/2006	Ivy Global Natural Resources Fund Class A	19,452.23
245.592		Ivy Global Natural Resources Fund Class A	7,326.01
724.638	03/23/2005	Ivy Cundill Global Value Fund Class A	11,275.37
1,097.293	05/04/2005	Ivy Cundill Global Value Fund Class A	17,073.88
1,609.788	09/18/2006	Ivy Cundill Global Value Fund Class A	25,048.30
274.757		Ivy Cundill Global Value Fund Class A	4,275.22
3,436.426	10/10/2006	Loomis Sayles Strategic Income Fund Class A	51,065.29
675.676	11/16/2006	Loomis Sayles Strategic Income Fund Class A	10,040.55
503.694	11/29/2006	Loomis Sayles Strategic Income Fund Class A	7,484.89
27.389		Loomis Sayles Strategic Income Fund Class A	407.00
6.109	06/07/2005	Oppenheimer Intl Bond Fund Class A	36.78
8,488.964	07/07/2005	Oppenheimer Intl Bond Fund Class A	51,103.56
1,245.847	11/29/2006	Oppenheimer Intl Bond Fund Class A	7,500.00
1,707.844		Oppenheimer Intl Bond Fund Class A	10,281.22
482.309	07/07/2005	Pioneer Global High Yield Fund Class A	5,999.92
409.500	08/22/2005	Pioneer Global High Yield Fund Class A	5,094.18
2,050.861	09/18/2006	Pioneer Global High Yield Fund Class A	25,512.71
805.153	11/16/2006	Pioneer Global High Yield Fund Class A	10,016.10
452.704		Pioneer Global High Yield Fund Class A	5,631.64
1,040.042	05/04/2005	Third Avenue International Value Fund	22,818.52
166.219		Third Avenue International Value Fund	3,646.85
Total Mutual Funds \$			745,413.82
6,000	05/16/2006	Wells Fargo & Co Global 5.125% Feb 15, 2007	5,997.78
6,000	05/16/2006	Walt Disney Company 5.375% Jun 1, 2007	6,004.02
6,000	04/21/2004	Lehman Brother HLDG 4.0% Jan 22, 2008	5,917.32
1,000	01/24/2006	Lehman Brother HLDG 4.0% Jan 22, 2008	986.22
6,000	12/22/2004	Bank America Corp 5.8755 Feb 15, 2009	6,084.24

Children's Brain Tumor Foundation
Schedule of Investments at Fair Value
For the Year Ended December 31, 2006
EIN 13-3512123

Number of Shares	Date Purchased	Security	Fair Value 12/31/06
2,000	10/21/2004	Merril Lynch & Co 4.125% Sep 10, 2009	1,946.86
5,000	01/06/2005	Merril Lynch & Co 4.125% Sep 10, 2009	4,867.15
7,000	12/21/2005	Morgan Stanley Global 4.0% Jan 15, 2010	6,773.27
7,000	08/16/2006	Goldman Sachs Group Inc 4.50% Jun 15, 2010	6,851.18
6,000	06/12/2006	Verizon Global 7.25% Dec 1, 2010	6,395.76
5,000	04/21/2004	Target Corp 6.35% Jan 15, 2011	5,202.90
1,000	06/07/2004	Target Corp 6.35% Jan 15, 2011	1,040.58
6,000	04/15/2004	Comcast Corp 5.50% Mar 15, 2011	6,025.32
7,000	01/20/2006	JP Morgan Chase & Co 4.50% Jan 15, 2012	6,750.10
6,000	04/21/2004	IBM Corp 4.75% Nov 29, 2012	5,857.56
1,000	02/09/2006	IBM Corp 4.75% Nov 29, 2012	976.26
7,000	08/21/2006	Wachovia Corp 5.25% Aug 1, 2014	6,914.74
6,000	09/30/2005	General Electric 4.875% Mar 4, 2015	5,835.66
1,000	02/02/2006	General Electric 4.875% Mar 4, 2015	972.61
Total Corporate Bonds \$			91,399.53
50		MSGI Security Solutions Inc	31.00
70	07/28/2006	American Express Co	4,246.90
30	04/12/2004	BP PLC spons ADR	2,013.00
20	04/14/2006	BP PLC spons ADR	1,342.00
30	04/22/2004	BP PLC spons ADR	2,013.00
2	04/28/2004	Berkshire hathaway Inc Cl B	7,332.00
240	11/12/2004	Cisco Sys Inc	6,559.20
165	11/12/2004	Walt Disney Co	5,654.55
65	04/22/2004	E I Du Pont De Nemours & Co	3,166.15
55	04/30/2004	E I Du Pont De Nemours & Co	2,679.05
78	04/14/2004	Duke Energy Corp (Holding Company) New	2,580.16
124	04/30/2004	Duke Energy Corp (Holding Company) New	4,128.26
150	04/15/2004	Encana Corp-Cad	6,892.50
50	04/22/2004	Encana Corp-Cad	2,297.50
10	01/10/2005	Exxon Mobil Corp	766.30
40	02/07/2005	Exxon Mobil Corp	3,065.20
25	02/25/2005	Exxon Mobil Corp	1,915.75
30	11/15/2004	Florida East Coast Inds Inc (Holding Company)	1,788.00
25	02/28/2005	Florida East Coast Inds Inc (Holding Company)	1,490.00
80	11/12/2004	Forest City Enterprises Inc Class A	4,672.00
30	06/23/2004	Gannett Co Inc	1,813.80
20	07/08/2004	Gannett Co Inc	1,209.20
170	04/12/2004	General Electric Co	6,325.70
115	06/19/2006	General Electric Co	4,279.15
15	06/24/2004	General Mills Inc	864.00
25	08/03/2004	General Mills Inc	1,440.00
40	02/25/2005	General Mills Inc	2,304.00
80	04/22/2004	Intel Corp	1,620.00
75	04/30/2004	Intel Corp	1,518.75
85	04/12/2004	Johnson & Johnson	5,611.70
35	10/25/2004	Kimberly Clark Corp	2,378.25
20	11/12/2004	Kimberly Clark Corp	1,359.00
15	01/10/2005	Kimberly Clark Corp	1,019.25
55	04/12/2004	Masco Corp De	1,642.85

Children's Brain Tumor Foundation
Schedule of Investments at Fair Value
For the Year Ended December 31, 2006
EIN 13-3512123

Number of Shares	Date Purchased	Security	Fair Value 12/31/06
55	04/22/2004	Masco Corp De	1,642.85
55	09/26/2005	Meredith Corp	3,099.25
245	04/12/2004	Microsoft Corp	7,315.70
105	09/12/2005	Microsoft Corp	3,135.30
35	04/12/2004	PPG Industries Inc	2,247.35
20	05/17/2004	PPG Industries Inc	1,284.20
15	08/03/2004	PPG Industries Inc	963.15
40	04/19/2004	Pepsico Inc	2,502.00
25	07/22/2004	Pepsico Inc	1,563.75
20	07/29/2004	Pepsico Inc	1,251.00
110	04/12/2004	Pfizer Inc	2,849.00
40	04/22/2004	Proctor & Gamble Co	2,570.80
40	08/03/2004	Proctor & Gamble Co	2,570.80
40	01/28/2005	Proctor & Gamble Co	2,570.80
130	04/12/2004	Ratheon Company New	6,864.00
100	06/17/2004	St Paul Travelers Cos Inc	5,369.00
70	10/25/2004	Schlumberger Ltd	4,421.20
40	12/02/2004	Schlumberger Ltd	2,526.40
5	04/12/2004	3M Company	389.65
25	04/22/2004	3M Company	1,948.25
30	08/20/2004	3M Company	2,337.90
30	10/15/2004	3M Company	2,337.90
10	04/12/2004	United Technology Corp	625.20
50	04/22/2004	United Technology Corp	3,126.00
40	02/23/2005	United Technology Corp	2,500.80
220	01/09/2006	Verisign Inc	5,291.00
20	04/12/2004	Viacom Inc New Class B	811.96
7	05/26/2004	Viacom Inc New Class B	304.49
20	07/29/2004	Viacom Inc New Class B	811.96
45	12/10/2001	Wal-mart Stores Inc	2,078.10
25	04/12/2004	Waste MGMT Inc Del	919.25
25	05/19/2004	Waste MGMT Inc Del	919.25
75	07/29/2004	Waste MGMT Inc Del	2,757.75
50	02/22/2005	Waste MGMT Inc Del	1,838.50
220	04/12/2004	Wells Fargo & Co New	7,823.20
50	07/06/2005	Yahoo Inc	1,277.00
15	03/16/2006	Yahoo Inc	383.10
Total Equities			\$ 191,245.98
Total Securities			\$ 1,946,184.75

CBTF Board of Directors

Bob Budlow, *President*
Joel Shiff, *Vice President, Fundraising*
Regina Epperhart, MSW, *Vice President, Fundraising*
Susan Weiner, PhD, *Vice President, Grants*
Tim Jegle, *Secretary*
Miriam Barry, *Treasurer*

Bonnie Adlman
Lisa Jerles
Jennie Leclere, CPNP
Anita Nirenberg, RN, MS, NP, AOCN
Paula Scott (stepped down June 2006)
Jane Shiff
Linda Wachtel

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILDREN'S BRAIN TUMOR FOUNDATION INC. C/O JOSEPH FAY, EXECUTIVE DIRECTOR	Employer identification number 13-3512123
	Number, street, and room or suite no. If a P.O. box, see instructions. 274 MADISON AVENUE, NO. 1004	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

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

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

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

- The books are in the care of **▶ JOSEPH FAY, EXECUTIVE DIRECTOR**
Telephone No **▶ 212-448-9494** FAX No. **▶**
 - If the organization does not have an office or place of business in the United States, check this box
 - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2007**.
- 5 For calendar year **2006**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED TO COMPILE ALL THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶ *Rebecca*** Title **▶ *CPA*** Date **▶ *08/01/07***

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ARNOLD BERMAN & COMPANY, C/O REBECCA DRECHSEL
	Number and street (include suite, room, or apt. no.) or a P.O. box number 50 BROADWAY
	City or town, province or state, and country (including postal or ZIP code) HAWTHORNE, NY 10532

Application for Extension of Time To file an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

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

Type or print	Name of Exempt Organization CHILDREN'S BRAIN TUMOR FOUNDATION INC. C/O JOSEPH FAY, EXECUTIVE DIRECTOR	Employer identification number 13-3512123
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. 274 MADISON AVENUE, NO. 1004	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10016	

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

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

- The books are in the care of ▶ **JOSEPH FAY, EXECUTIVE DIRECTOR**
Telephone No ▶ **212-448-9494** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2006** or
▶ tax year beginning _____, and ending _____

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

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

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