

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

Form **990-EZ**

2008

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)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning and ending

| | | | |
|---|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Please use IRS label or print or type. See Specific Instructions. | Name of organization NEUROFIBROMATOSIS INC., NORTHEAST Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 9 BEDFORD STREET City or town, state or country, and ZIP + 4 BURLINGTON, MA 01803 | D Employer identification number 04-3013709 E Telephone number 781-272-9936 F Group Exemption Number ▶ |
|---|---|---|--|

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
 G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ [HTTP://WWW.NFINCNE.ORG/](http://WWW.NFINCNE.ORG/)
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **568,721.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | Description | Line | Amount |
|---|---|----------|----------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 432,368. |
| | 2 Program service revenue including government fees and contracts | 2 | |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ 372,975. of contributions reported on line 1) | 6a | 128,625. |
| | b Less: direct expenses other than fundraising expenses | 6b | 128,625. |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | 0. | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe ▶ DIVIDENDS) | 8 | 7,728. | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 440,096. | |
| Expenses | 10 Grants and similar amounts paid (attach schedule) STMT 5 | 10 | 122,002. |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 196,923. |
| | 13 Professional fees and other payments to independent contractors | 13 | 19,547. |
| | 14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 4 | 14 | 27,313. |
| | 15 Printing, publications, postage, and shipping | 15 | 10,126. |
| | 16 Other expenses (describe ▶ SEE STATEMENT 1) | 16 | 91,293. |
| | 17 Total expenses. Add lines 10 through 16 | 17 | 467,204. |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -27,108. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 335,684. |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 308,576. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

| | Description | (A) Beginning of year | | (B) End of year |
|----|--|-----------------------|----|-----------------|
| 22 | Cash, savings, and investments | 350,257. | 22 | 373,856. |
| 23 | Land and buildings | | 23 | |
| 24 | Other assets (describe ▶ SEE STATEMENT 2) | 13,730. | 24 | 10,488. |
| 25 | Total assets | 363,987. | 25 | 384,344. |
| 26 | Total liabilities (describe ▶ SEE STATEMENT 3) | 28,303. | 26 | 75,768. |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 335,684. | 27 | 308,576. |

| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.) | |
|--|--|---|-----------------|
| What is the organization's primary exempt purpose? SEE STATEMENT 9 | | | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title. | | | |
| 28 | RESEARCH - SUPPORT OF RESEARCH THROUGH MAKING GRANTS FOR STUDY INTO THE CAUSES, CURE AND TREATMENT OF NEUROFIBROMATOSIS (Grants \$ <u>122,002.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 252,471. |
| 29 | SEE STATEMENT 7 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 59,429. |
| 30 | SEE STATEMENT 8 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 52,873. |
| 31 | Other program services (attach schedule) SEE STATEMENT 10 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | 31,498. |
| 32 | Total program service expenses (add lines 28a through 31a) <input type="checkbox"/> | 32 | 396,271. |

| Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) | | | | |
|---|--|--|---|--|
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
| KAREN PELUSO, 9 BEDFORD STREET, BURLINGTON, MA 01803 | EXECUTIVE DIRECTOR 40.00 | 100,663. | 9,760. | 0. |
| DR. PAUL EPSTEIN, 9 BEDFORD STREET, BURLINGTON, MA 01803 | CHAIRPERSON 1.00 | 0. | 0. | 0. |
| JOSEPH FERMANO, 9 BEDFORD STREET, BURLINGTON, MA 01803 | TREASURER 1.00 | 0. | 0. | 0. |
| LORI RYAN, 9 BEDFORD STREET, BURLINGTON, MA 01803 | SECRETARY 1.00 | 0. | 0. | 0. |
| JOHN DRISCOLL, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| DAVID EISENSTADT, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| DAVE FREDRICK, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| HENRY KAY, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| DIANNE MCHALE, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| RITCHIE REARDON, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| DAVID ROKOFF, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| ROBERT RYAN, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
| JESSICA WOLFE, PHD, 9 BEDFORD STREET, BURLINGTON, MA 01803 | MEMBER 1.00 | 0. | 0. | 0. |
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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | X | |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0. | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a N/A | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b N/A | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.</u> ; section 4912 ▶ <u>0.</u> ; section 4955 ▶ <u>0.</u> | | |
| b | Section 501(c)(3) and (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," complete Schedule L, Part I | | X |
| c | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | |
| d | Enter amount of tax on line 40c 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? If "Yes," complete Form 8886-T | | X |
| 41 | List the states with which a copy of this return is filed. ▶ <u>MA, NH</u> | | |
| 42a | The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no. ▶ <u>781-272-9936</u> Located at ▶ <u>9 BEDFORD STREET, BURLINGTON, MA</u> ZIP + 4 ▶ <u>01803</u> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| | If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | | X |
| | If "Yes," enter the name of the foreign country: ▶ _____ | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | X |

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

| | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | X | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | | |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (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 |
|--|--|------------------|---|--|
| NONE | | | | |
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Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
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Total number of other independent contractors each receiving over \$100,000

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.

Sign Here
 Signature of officer: PAUL DAVID EPSTEIN, CHAIRPERSON
 Date: _____
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed:
 Preparer's Identifying Number (See instr.): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BRAVER P.C.**
25 CHRISTINA STREET
NEWTON, MA 02461
 EIN: _____
 Phone no.: **617-969-3300**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **NEUROFIBROMATOSIS INC., NORTHEAST** Employer identification number **04-3013709**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

| | Yes | No |
|--|-----|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) | | |
| (ii) A family member of a person described in (i) above? 11g(ii) | | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) | | |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
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| Total | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|-----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|--------------------------|---|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | | % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | | % |
| 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> | |
| b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 53,520. | 52,926. | 64,929. | 65,517. | 119,523. | 356,415. |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 288,478. | 273,530. | 370,896. | 434,199. | 370,525. | 1,737,628. |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 - 5 | 341,998. | 326,456. | 435,825. | 499,716. | 490,048. | 2,094,043. |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | 2,094,043. |

Section B. Total Support

| Calendar year (or fiscal year beginning in)▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|------------|
| 9 Amounts from line 6 | 341,998. | 326,456. | 435,825. | 499,716. | 490,048. | 2,094,043. |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,383. | 2,856. | 5,478. | 12,409. | 7,728. | 29,854. |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | 1,383. | 2,856. | 5,478. | 12,409. | 7,728. | 29,854. |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | 2,123,897. |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---------|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | 98.59 % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | 99.27 % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|--------|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | 1.41 % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | .73 % |

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

NEUROFIBROMATOSIS INC., NORTHEAST

04-3013709

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

| | |
|--|---|
| Name of organization NEUROFIBROMATOSIS INC., NORTHEAST | Employer identification number 04-3013709 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 1 | BOOTH CHARITABLE LEAD UNITRUST 240 CABOT STREET BEVERLY, MA 02195 | \$ 13,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | WILSON ASSOCIATES PARK 80 WEST, PLAZA 2, 4TH FL SADDLE BROOK, NJ 07663 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | GLIDDEN FOUNDATION 3495 PIEDMONT RD., STE. 525 ATLANTA, GA 30305 | \$ 12,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | LEWIS FAMILY FOUNDATION 883 BOYLSTON STREET BOSTON, MA 02116 | \$ 29,400. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 5 | MEDITECH MEDITECH CIRCLE WESTWOOD, MA 02090 | \$ 40,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 6 | BERRY CONSTRUCTION 460 BOSTON STREET, STE 5 TOPSFIELD, MA 01983 | \$ 9,600. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization NEUROFIBROMATOSIS INC., NORTHEAST | Employer identification number 04-3013709 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|--|--------------------------------|--|
| 7 | BEVERLY DEPOT 10 PARK STREET BEVERLY, MA 01915 | \$ 8,796. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 8 | BOSTON RED SOX FOUNDTION 4 YAWKEY WAY BOSTON, MA 02115 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 9 | CAMPBELL CAMPBELL EDWARDS & CO ONE CONSTITUTION PLAZA, 3RD FL BOSTON, MA 02129 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 10 | CURLY'S FOOD 10 WOOD DUCK CIRCLE SUNDOWN, NH 03873 | \$ 5,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 11 | DEVLIN 6 DINSMORE ROAD WELLESLEY, MA 02481 | \$ 5,025. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 12 | HANS KISSEL 9 CREEK BROOK DRIVE HAVERHILL, MA 01832 | \$ 5,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization NEUROFIBROMATOSIS INC., NORTHEAST | Employer identification number 04-3013709 |
|--|---|

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|---|--------------------------------|--|
| 13 | RIVERSIDE SALES 38 HIDEAWAY LANE METHUEN, MA 01844 | \$ 5,350. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 14 | SALEM FIVE CHARITABLE FOUNDATION 210 ESSEX STREET SALEM, MA 01970 | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 15 | SARA LEE 4 EDWARD CIRCLE BEDFORD, NH 03110 | \$ 6,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 16 | MCCARTHY 244 HARBOR DRIVE SOUTH VENICE, FL 34285 | \$ 10,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization NEUROFIBROMATOSIS INC., NORTHEAST | Employer identification number 04-3013709 |
|--|---|

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
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| | | | | |

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. Enter -0- if line g is more than line a | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. Enter -0- if line f is more than line c | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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 2a through 2f of the instructions.)

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

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

| | (a) | | (b) |
|--|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? | | X | |
| i Other activities? If "Yes," describe in Part IV | X | | 28,550. |
| j Total lines 1c through 1i | | | 28,550. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) | 5 | |

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

WE VISIT WITH LEGISLATORS AND/OR THEIR STAFF IN WASHINGTON, DC OR AT THEIR OFFICES. WE ENCORAGE LEGISLATORS TO CONTINUE THE GOVERNMENT'S INVESTMENT IN NEUROFIBROMATOSIS RESEARCH. NF RESEARCH PROJECTS ARE CURRENTLY BEING CONDUCTED AT THE NATIONAL INSTITUTES OF HEALTH AND THE U.S. ARMY MEDICAL RESEARCH AND MATERIAL COMMAND. NF INC., NORTHEAST

Part IV Supplemental Information *(continued)*

DOES NOT RECEIVE ANY FUNDS AS A RESULT OF THIS EFFORT, HOWEVER AS A
RESULT OF OUR LOBBYING NF RESEARCH AT A FEDERAL LEVEL HAS INCREASED
STEADILY.

FILE COPY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col. (a) through col. (c)) | | |
|-----------------|---|---|---------------------------|---------------------|---|----------|-------------|
| | | INTERNATIONAL GOLF (event type) | MARATHONS (event type) | 5 (total number) | | | |
| Revenue | 1 | Gross receipts | 242,358. | 45,116. | 214,126. | 501,600. | |
| | 2 | Less: Charitable contributions | 160,346. | 41,732. | 170,897. | 372,975. | |
| | 3 | Gross revenue (line 1 minus line 2) | 82,012. | 3,384. | 43,229. | 128,625. | |
| Direct Expenses | 4 | Cash prizes | | | | | |
| | 5 | Non-cash prizes | | | | | |
| | 6 | Rent/facility costs | 82,012. | | | 82,012. | |
| | 7 | Other direct expenses | | 3,384. | 43,229. | 46,613. | |
| | 8 | Direct expense summary. Add lines 4 through 7 in column (d) | | | | | (128,625.) |
| | 9 | Net income summary. Combine lines 3 and 8 in column (d) | | | | | 0. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col. (a) through col. (c)) | | |
|-----------------|---|--|---|---|---|--|-----|
| | | | | | | | |
| Revenue | 1 | Gross revenue | | | | | |
| Direct Expenses | 2 | Cash prizes | | | | | |
| | 3 | Non-cash prizes | | | | | |
| | 4 | Rent/facility costs | | | | | |
| | 5 | Other direct expenses | | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| | 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | () |
| | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) | | | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities: _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? _____ | 9a | |
| b If "No," Explain: _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____ | 10a | |
| b If "Yes," Explain: _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? _____ | 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____ | 12 | |

13 Indicate the percentage of gaming activity operated in:

| | | |
|--|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

| | Yes | No |
|------------|-----|----|
| 13a | | |
| 13b | | |
| 14 | | |
| 15a | | |
| 15b | | |
| 15c | | |
| 16 | | |
| 17a | | |
| 17b | | |

| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------------------------|----------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| PUBLIC AWARENESS | | 25,718. | |
| LOBBYING EXPENSE | | 28,550. | |
| OTHER PROGRAM EXPENSE | | 8,227. | |
| CAMP FOR CHILDREN | | 3,934. | |
| FAMILY SUPPORT | | 3,060. | |
| VOLUNTEER DEVELOPMENT | | 1,591. | |
| BOARD MEETINGS EXPENSE | | 901. | |
| INSURANCE | | 3,462. | |
| INDIRECT FUNDRAISING EXPENSES | | 15,850. | |
| TOTAL TO FORM 990-EZ, LINE 16 | | 91,293. | |

| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------------------------|--------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PREPAID EXPENSES | 1,706. | 1,706. | |
| OTHER DEPRECIABLE ASSETS | 12,024. | 8,782. | |
| TOTAL TO FORM 990-EZ, LINE 24 | 13,730. | 10,488. | |

| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------------------------|-------------------|-------------|---|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| ACCOUNTS PAYABLE | 15,682. | 60,684. | |
| ACCRUED EXPENSE | 12,621. | 15,084. | |
| TOTAL TO FORM 990-EZ, LINE 26 | 28,303. | 75,768. | |

| | | | |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 4 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|-------------------------------|---------|
| DEPRECIATION/AMORTIZATION | 4,498. |
| OTHER EXPENSES | 22,815. |
| TOTAL TO FORM 990-EZ, LINE 14 | 27,313. |

| | | | |
|-------------|-----------------------------|-----------|---|
| FORM 990-EZ | CASH GRANTS AND ALLOCATIONS | STATEMENT | 5 |
|-------------|-----------------------------|-----------|---|

| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|----------------------|----------|
| GRANT TO PROMOTE RESEARCH MASSACHUSSETS GENERAL HOSPITAL 185 CAMBRIDGE STREET BOSTON, MA 02114 | NONE | 99,252. |
| GRANT TO PROMOTE RESEARCH CHILDREN'S HOSPITAL BOSTON 1 AUTUMN STREET, #731 BOSTON, MA 02115 | NONE | 22,750. |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10 | | 122,002. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FILE COPY

AWARENESS - AS A VEHICLE FOR EDUCATION ABOUT NEUROFIBROMATOSIS MATTERS TO THE AFFECTED COMMUNITY AS WELL AS THE POPULATION AT LARGE, THE ORGANIZATION PUBLISHES A NEWSLETTER AND BROCHURES, MAINTAINS A WEBSITE, AND RUNS OCCASIONAL RADIO SPOTS.

FILE COPY

LOBBYING - NEUROFIBROMATOSIS, INC., NORTHEAST LOBBIED CONGRESS FOR INCREASED FUNDING FOR NEUROFIBROMATOSIS RESEARCH AT BOTH THE NATIONAL INSTITUTES OF HEALTH AND THE ARMY'S NEUROFIBROMATOSIS RESEARCH PROGRAM.

FILE COPY

THE MISSION OF NEUROFIBROMATOSIS, INC., NORTHEAST IS TO RAISE FUNDS TO SUPPORT RESEARCH OF THE CAUSES, CURE AND TREATMENT OF A DISEASE DESCRIBED AS NEUROFIBROMATOSIS, TO PROMOTE AND PROVIDE SUPPORT SERVICES TO PATIENTS AND THEIR FAMILIES, TO SUPPORT CLINICS DEDICATED TO DIAGNOSIS AND TREATMENT AND TO SUPPORT PROGRAMS INTENDED TO INCREASE AWARENESS OF THE DISEASE.

FILE COPY

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 10

DESCRIPTIONGRANTSEXPENSES

PATIENT AND FAMILY SUPPORT - NEUROFIBROMATOSIS INC.,
 NORTHEAST ACTS AS A RESOURCE FOR PATIENTS WHO ARE
 LOOKING FOR PHYSICIANS AND SPECIALISTS AT NF CLINICS.
 THE ORGANIZATION ENCOURAGES VOLUNTEERISM AT OUR
 EVENTS WHERE NEUROFIBROMATOSIS PATIENTS CAN MEET
 OTHERS WHO ARE AFFECTED.

0. 31,498.

TOTAL TO FORM 990-EZ, LINE 31

31,498.

FILE COPY

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

2008

Attachment
 Sequence No. **67**

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

| | | |
|---|--|---|
| Name(s) shown on return NEUROFIBROMATOSIS INC., NORTHEAST | Business or activity to which this form relates FORM 990-EZ PAGE 1 | Identifying number 04-3013709 |
|---|--|---|

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 | 250,000. |
| 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 | 800,000. |
| 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 2007 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 2009. Add lines 9 and 10, less line 12 | 13 | |

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

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

| | | |
|---|-----------|---------------|
| 14 Special depreciation for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 1,375. |

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 2008 | 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 2008 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 2008 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 | 1,375. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

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

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

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed 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: Table with columns for percentage and cost

27 Property used 50% or less in a qualified business use: Table with columns for percentage and cost

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.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding business/investment miles and personal use availability.

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.

Table for Section C with rows 37-41 regarding written policy statements and requirements for 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

Table for Part VI with columns (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 2008 tax year: Table with columns for percentage and cost

43 Amortization of costs that began before your 2008 tax year 43 3,123.

44 Total. Add amounts in column (f). See the instructions for where to report 44 3,123.