

Return of Organization Exempt From Income Tax

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

2011

Open to Public Inspection

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

For the **2011** calendar year, or tax year beginning , **2011**, and ending ,

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C THE DESMOID TUMOR RESEARCH FOUNDATION INC. 176 GERDES ROAD NEW CANAAN, CT 06840	D Employer Identification Number 61-1493017 E Telephone number G Gross receipts \$ 313,783.
F Name and address of principal officer: Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list. (see instructions)
Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
Website: ▶ <u>dtrf.org</u>		
Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation: 2005 M State of legal domicile: CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Organization raises funds to support medical research for desmoid tumors.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	112,103.	125,505.
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	850.	430.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,152.	151,160.
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	193,105.	277,095.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	261,567.	150,000.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,004.	40,500.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	15,457.	26,199.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	310,028.	216,699.
19 Revenue less expenses. Subtract line 18 from line 12	-116,923.	60,396.
20 Total assets (Part X, line 16)	Beginning of Current Year 236,925.	End of Year 297,321.
21 Total liabilities (Part X, line 26)	0.	0.
22 Net assets or fund balances. Subtract line 21 from line 20	236,925.	297,321.

Part II Signature Block

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.

Signature of officer 	Date 3/12/12
Marlene Portnoy Type or print name and title.	Secretary/Treasurer

Print/Type preparer's name WENDY L. KAUFMAN	Preparer's signature WENDY L. KAUFMAN	Date 3/04/12	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00845456
Firm's name ▶ Wendy L. Kaufman, CPA			Firm's EIN ▶ 90-0002702	
Firm's address ▶ 497 Rehill Ct. River Vale, NJ 07675			Phone no. 201-666-2000	

Discuss this return with the preparer shown above? (see instructions) Yes No