See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning 07/01 , 2008, and ending 06/30 , 2009

**B** Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Termination [X] Amended return [ ] Application pending

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization: AMERICAN BRAIN TUMOR ASSOCIATION.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 2720 RIVER ROAD — Room/suite: 146

City or town, state or country, and ZIP + 4: DES PLAINES, IL 60018

**D** Employer identification number: 23-7286648

**E** Telephone number: (847) 827-9910

**G** Gross receipts $ 5,509,930.

**F** Name and address of principal officer: ELIZABETH M. WILSON, EXEC DIR
SAME AS ABOVE ,

**H(a)** Is this a group return for affiliates? [ ] Yes [X] No

**H(b)** Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

**J** Website ▶ WWW.ABTA.ORG

**K** Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

**L** Year of formation 1973 **M** State of legal domicile IL

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities
THE AMERICAN BRAIN TUMOR ASSOCIATION EXISTS TO ELIMINATE BRAIN TUMORS THROUGH RESEARCH AND TO MEET THE NEEDS OF BRAIN TUMOR PATIENTS AND THEIR FAMILIES.

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 22 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 150 |
| 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | 7a | NONE |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | NONE |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| 8 | Contribution and grants (Part VIII, line 1h) | 4,209,156. | 4,428,331. |
| 9 | Program service revenue (Part VIII, line 2g) | NONE | NONE |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 20,164. | 45,982. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 76,701. | -93,419. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,306,021. | 4,380,894. |
| **Expenses** | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,756,445. | 2,014,837. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | NONE | NONE |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 978,554. | 992,655. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | NONE | NONE |
| b | Total fundraising expenses, Part IX, column (D), line 25) ▶ 526,949. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 722,435. | 800,880. |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,457,434. | 3,808,372. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | -151,413. | 572,522. |

| | | Beginning of Year | End of Year |
|---|---|---|---|
| **Net Assets or Fund Balances** | | | |
| 20 | Total assets (Part X, line 16) | 2,498,414. | 2,887,880. |
| 21 | Total liabilities (Part X, line 26) | 9,010. | 139,238. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 2,489,404. | 2,748,642. |

RECEIVED
SEP 14 2010
OGDEN, UT
IRS-OSC

## 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

**Sign Here**

▶ Signature of officer Elizabeth M Wilson — Date 9.9.10

▶ Type or print name and title Elizabeth M Wilson

**Paid Preparer's Use Only**

Preparer's signature — Date 9/8/2010 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00033618

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MILLER, COOPER & CO., LTD.
1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015

EIN ▶ 36-2897372

Phone no ▶ 847-205-5000

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [ ] No

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

JSA
8E1010 2 000

4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

SCANNED SEP 24 2010

4 616

**Part III** **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code _____) (Expenses $ 2,496,505. including grants of $ 1,811,333.) (Revenue $ NONE )

SEE STATEMENT 2

**4b** (Code _____) (Expenses $ 386,930. including grants of $ NONE ) (Revenue $ NONE )

SEE STATEMENT 2

**4c** (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

**4d** Other program services. (Describe in Schedule O )

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

**4e Total program service expenses ▶ $** 2,883,435. *(Must equal Part IX, Line 25, column (B) )*

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | 35 | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | 37 | | X |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable | 1a 14 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b NONE | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 22 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | 3b | | |
| 4a | 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)? | 4a | | X |
| b | 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. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75? | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | | |
| 8 | **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | X |
| 9 | **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | |
| 11 | **Section 501(c)(12) organizations.** Enter | | | |
| a | Gross income from members or shareholders | 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) | 11b | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | |

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| | *For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions* | | | |
| 1a | Enter the number of voting members of the governing body . . . . . 1a 14 | | | |
| b | Enter the number of voting members that are independent . . . . . 1b 14 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . . | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . . | 5 | | X |
| 6 | Does the organization have members or stockholders? . . . . . | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . . | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . | 7b | | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? . . . . . | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | 8b | X | |
| 9a | Does the organization have local chapters, branches, or affiliates? . . . . . | 9a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . . | 9b | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . . | 10 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . . . . . | 11 | | X |

## Section B. Policies

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

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ SEE STATEMENT 3

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ELIZABETH WILSON, EXEC DIR, 2720 S. RIVER ROAD, #146 DES PLAINES, IL 60018 847-827-9910

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WILLIAM BASDEN<br>SECRETARY | 3. | X | | X | | | | NONE | NONE | NONE |
| CATHY BERES | 1. | X | | | | | | NONE | NONE | NONE |
| BARBARA DUNN | 1. | X | | | | | | NONE | NONE | NONE |
| LAURA EPSTEIN | 1. | X | | | | | | NONE | NONE | NONE |
| JEFF FOUGEROUSSE | 1. | X | | | | | | NONE | NONE | NONE |
| ANDREW HIBEL<br>EXECUTIVE VICE PRESIDENT | 3. | X | | X | | | | NONE | NONE | NONE |
| MICHAEL KISS<br>TREASURER | 3. | X | | X | | | | NONE | NONE | NONE |
| JAY KRAMES | 1. | X | | | | | | NONE | NONE | NONE |
| KENNETH LATIMER | 1. | X | | | | | | NONE | NONE | NONE |
| ERIC MYERS | 1. | X | | | | | | NONE | NONE | NONE |
| JEANNE SAVEL | 1. | X | | | | | | NONE | NONE | NONE |
| THOMAS SEPUTIS | 1. | X | | | | | | NONE | NONE | NONE |
| MIKE SHARKEY<br>PRESIDENT | 3. | X | | X | | | | NONE | NONE | NONE |
| CLAUDETTE YASELL<br>VICE PRESIDENT | 3. | X | | X | | | | NONE | NONE | NONE |
| ELIZABETH WILSON<br>EXECUTIVE DIRECTOR | 40. | | | X | X | X | | 70,417. | NONE | NONE |
| | | | | | | | | | | |
| | | | | | | | | | | |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 70,417. | NONE | NONE |

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ NONE

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ NONE

**Part VIII Statement of Revenue**

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | 1,675,992. | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 2,752,339 | | | |
| | g Noncash contributions included in lines 1a-1f $ | | | | | |
| | h **Total.** Add lines 1a-1f | | 4,428,331. | | | |
| Program Service Revenue | | **Business Code** | | | | |
| | 2a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f | | NONE | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) STMT 4 | | 62,070. | | | 62,070 |
| | 4 Income from investment of tax-exempt bond proceeds | | NONE | | | |
| | 5 Royalties | | NONE | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a Gross Rents | | | | | |
| | b Less rental expenses | | | | | |
| | c Rental income or (loss) | | | | | |
| | d Net rental income or (loss) | | NONE | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | 694,685 | | | | |
| | b Less cost or other basis and sales expenses | 710,773. | | | | |
| | c Gain or (loss) | -16,088. | | | | |
| | d Net gain or (loss) | | -16,088 | | | -16,088 |
| | 8a Gross income from fundraising events (not including $ 1,675,992 of contributions reported on line 1c) See Part IV, line 18 | STMT 5 a 242,428 | | | | |
| | b Less direct expenses | b 362,540 | | | | |
| | c Net income or (loss) from fundraising events STMT 6 | | -120,112. | | | 1,555,880 |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| | b Less direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | | NONE | | | |
| | 10a Gross sales of inventory, less returns and allowances | a 82,416 | | | | |
| | b Less cost of goods sold | b 55,723 | | | | |
| | c Net income or (loss) from sales of inventory STMT 7 | | 26,693. | | | 26,693. |
| | Miscellaneous Revenue | **Business Code** | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a-11d | | NONE | | | |
| | 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 4,380,894 | | | 1,628,555 |

## Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| *Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.* | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 203,504. | 203,504. | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 1,685,083. | 1,685,083. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 | 126,250. | 126,250. | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 130,000. | | 130,000. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | NONE | | | |
| 7 Other salaries and wages | 711,940. | 322,679. | 155,787. | 233,474. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) | 13,213. | 8,080. | 2,255. | 2,878. |
| 9 Other employee benefits | 55,443. | 22,454. | 20,672. | 12,317. |
| 10 Payroll taxes | 82,059. | 36,388. | 23,869. | 21,802. |
| 11 Fees for services (non-employees) | | | | |
| a Management | NONE | | | |
| b Legal | 15,420. | 9,252. | 2,313. | 3,855. |
| c Accounting | 15,038. | 8,983. | 2,246. | 3,809. |
| d Lobbying | NONE | | | |
| e Professional fundraising services See Part IV, line 17 | NONE | | | |
| f Investment management fees | 13,702. | 12,542. | 435. | 725. |
| g Other | 173,907. | 109,972. | 22,700. | 41,235. |
| 12 Advertising and promotion | 16,692. | 9,472. | 611. | 6,609. |
| 13 Office expenses | 348,872. | 151,692. | 24,938. | 172,242. |
| 14 Information technology | 90,135. | 90,079. | 21. | 35. |
| 15 Royalties | NONE | | | |
| 16 Occupancy | NONE | | | |
| 17 Travel | 26,938. | 21,030. | 818. | 5,090. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 23,076. | 19,421. | 765. | 2,890. |
| 20 Interest | NONE | | | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization | 7,954. | 4,772. | 1,193. | 1,989. |
| 23 Insurance | 3,071. | 578. | 145. | 2,348. |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a CREDIT CARD FEES | 42,421. | 25,453. | 6,363. | 10,605. |
| b RECRUITING | 11,395. | 6,857. | 1,702. | 2,836. |
| c OTHER | 12,259. | 8,894. | 1,155. | 2,210. |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24f | 3,808,372. | 2,883,435. | 397,988. | 526,949. |
| 26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | NONE | 1 | NONE |
| | 2 | Savings and temporary cash investments | 373,316. | 2 | 792,628. |
| | 3 | Pledges and grants receivable, net | 14,433. | 3 | 494,049. |
| | 4 | Accounts receivable, net | NONE | 4 | NONE |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sales or use | 30,909. | 8 | 29,023. |
| | 9 | Prepaid expenses and deferred charges STMT 8 | 13,274. | 9 | 35,230. |
| | 10a | Land, buildings, and equipment cost basis 10a 159,458. | | | |
| | b | Less accumulated depreciation. Complete Part VI of Schedule D 10b 143,367. | 24,045. | 10c | 16,091. |
| | 11 | Investments - publicly traded securities STMT 9 | 2,035,955. | 11 | 877,949. |
| | 12 | Investments - other securities. See Part IV, line 11 | NONE | 12 | 591,924. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | NONE | 14 | NONE |
| | 15 | Other assets. See Part IV, line 11 | 6,482. | 15 | 50,986. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 2,498,414. | 16 | 2,887,880. |
| Liabilities | 17 | Accounts payable and accrued expenses | 9,010. | 17 | 126,506. |
| | 18 | Grants payable | NONE | 18 | NONE |
| | 19 | Deferred revenue STMT 10 | NONE | 19 | 12,732. |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 9,010. | 26 | 139,238. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 2,172,545. | 27 | 1,805,905. |
| | 28 | Temporarily restricted net assets | 316,859. | 28 | 942,737. |
| | 29 | Permanently restricted net assets | NONE | 29 | NONE |
| | | **Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 2,489,404. | 33 | 2,748,642. |
| | 34 | Total liabilities and net assets/fund balances | 2,498,414. | 34 | 2,887,880. |

## Part XI Financial Statements and Reporting

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

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

| **Name of the organization** | **Employer identification number** |
|---|---|
| AMERICAN BRAIN TUMOR ASSOCIATION. | 23-7286648 |

**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 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) | X |
| (ii) | A family member of a person described in (i) above? | 11g(ii) | X |
| (iii) | A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | X |

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 US? | | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| **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") | 2,477,712. | 2,857,362 | 3,616,161. | 4,209,156 | 4,428,331. | 17,588,722 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | NONE | NONE | NONE | NONE | NONE | NONE |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | NONE | NONE | NONE | NONE | NONE | NONE |
| 4 **Total.** Add lines 1-3 | 2,477,712 | 2,857,362 | 3,616,161 | 4,209,156 | 4,428,331. | 17,588,722. |
| 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 | | | | | | 17,588,722. |

## 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 | 2,477,712. | 2,857,362. | 3,616,161. | 4,209,156. | 4,428,331. | 17,588,722 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 70,071. | 48,046 | 111,729. | 20,164 | 62,070 | 312,080. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | NONE | NONE | NONE | NONE | NONE | NONE |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | NONE | NONE | NONE | NONE | NONE | NONE |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 17,900,802. |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 2,353,211 |

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

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 14 | Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.26 % |
| 15 | Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | NONE % |

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 ▶ ☒

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 ▶ ☐

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 "fact-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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

**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") | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1-5 | | | | | | |
| 7a 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) | | | | | | |

## 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 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 **Total support.** (Add lines 9, 10c, 11, and 12) | | | | | | |

14 **First five years.** If the Form 990 is for the 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 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

## Section D. Computation of Investment Income Percentage

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

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 ▶ ☐



4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

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

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES | NET INCOME |
|---|---|---|---|
| | 6,096. | 12,530. | -6,434. |
| PATH TO PROGRESS | 171,738. | 88,048. | 83,690. |
| OTHER EVENTS | 64,594. | 261,962. | -197,368. |
| TOTALS | 242,428. | 362,540. | -120,112. |

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| DESCRIPTION | AMOUNT |
|---|---|
| | 119,273. |
| PATH TO PROGRESS | 584,562. |
| OTHER EVENTS | 972,157. |
| TOTAL | 1,675,992. |

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number

23-7286648

**Part I** **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

**Part II** **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | | | Held at the End of the Year |
|---|---|---|---|
| a | Total number of conservation easements | 2a | |
| b | Total acreage restricted by conservation easements | 2b | |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired after 8/17/06 | 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III** **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 119,932. | 115,285. | 4,647. |
| e Other | | 39,526. | 28,082. | 11,444. |
| **Total.** Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c) )* ▶ | | | | 16,091. |

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other EQUITIES | 563,128. | FMV |
| MUTUAL FUNDS | 28,796. | FMV |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | 591,924. | |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. *(Column (b) should equal Form 990, Part X, col (B) line 15 )* ▶ | |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

## Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 4,380,894. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 3,808,372. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 572,522. |
| 4 | Net unrealized gains (losses) on investments | 4 | -313,284. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4-8 | 9 | -313,284. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | 259,238. |

## Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,067,610. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | -313,284. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | -313,284. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 4,380,894. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.) | | | 5 | 4,380,894. |

## Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,808,372. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 3,808,372. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line **1** | | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV) | 4b | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 3,808,372. |

## Part XIV Supplemental Information

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

**Part XIV Supplemental Information** *(continued)*

**Schedule F (Form 990)**

Department of the Treasury
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

OMB No 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization**

AMERICAN BRAIN TUMOR ASSOCIATION.

**Employer identification number**

23-7286648

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---|---|---|---|---|---|
| NORTH AMERICA | NONE | NONE | GRANTMAKING | GRANTMAKING | 126,250. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Totals** . . . . . ▶ | NONE | NONE | | | 126,250. |

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2008**

JSA

8E1274 1 000

4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐

Use Schedule F-1 (Form 990) if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶ _____

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| RESEARCH FELLOWSHIP - SEE ATTACHMENT | NORTH AMERICA | 8 | 126,250. | CHECK | NONE | N/A | FMV |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part IV** **Supplemental Information**

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

MONITOR USAGE OF GRANT FUNDS OUTSIDE OF US

SCHEDULE F, PART I, LINE 2

A PRESENTATION IN CHICAGO TO THE ABTA BOARD OF DIRECTORS, ALONG WITH AN ABSTRACT OF FINDINGS, IS REQUIRED AT THE CONCLUSION OF THE SECOND YEAR OF FUNDING.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047
2008
Open To Public Inspection

Name of the organization
AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number
23-7286648

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total . . . . . ▶ | | | | | | |

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

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

Schedule G (Form 990 or 990-EZ) 2008

JSA
8E1281 1 000

4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

**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.

| Revenue / Direct Expenses | | (a) Event #1 CHI MARATHON (event type) | (b) Event #2 PTH TO PROGRESS (event type) | (c) Other Events 46 (total number) | (d) Total Events (Add col (a) through col (c)) |
|---|---|---|---|---|---|
| Revenue | 1 Gross receipts | 125,369. | 756,300. | 1,036,751. | 1,918,420. |
| | 2 Less Charitable contributions | 119,273. | 584,562. | 972,157. | 1,675,992. |
| | 3 Gross revenue (line 1 minus line 2) | 6,096. | 171,738. | 64,594. | 242,428. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Other direct expenses | 12,530. | 88,048. | 261,962. | 362,540. |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | ( 362,540. ) |
| | 9 Net income summary Combine lines 3 and 8 in column (d) ▶ | | | | -120,112. |

**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.

| Revenue / Direct Expenses | | (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 | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ No | ☐ Yes ____% ☐ 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 | | |

| | | | Yes | No |
|---|---|---|---|---|
| 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 event books and records | | | |
| | Name ▶ _____ | | | |
| | Address ▶ _____ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . | 15a | | |
| 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? . . . . . | 17a | | |
| b | Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ | | | |

**SCHEDULE I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number

23-7286648

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SNO RESEARCH<br>4617 BIRCH STREET BELLAIR, TX 77401 | 76-0499664 | 501(C)3 | 72,500 | | | | RESEARCH GRANT |
| CENTRAL BRAIN TUMOR REGISTRY OF THE U.S.<br>244 EAST OGDEN AVE., SUITE 116 | 36-3918407 | 501(C)3 | 50,000 | | | | RESEARCH GRANT |
| ONS FOUNDATION<br>P O BOX 3258 PITTSBURGH, PA 15230 | 25-1410081 | 501(C)3 | 9,335. | | | | RESEARCH GRANT |
| NORTHSHORE UNIVERSITY HEALTH SYSTEM<br>1033 UNIVERSITY PLACE EVANSTON, IL 60201 | 36-4191793 | 501(C)3 | 45,685. | | | | RESEARCH GRANT |
| ANGEL FOUNDATION<br>201 E HENNEPIN AVENUE, SUITE 203 | 41-1990883 | 501(C)3 | 7,500. | | | | FUND A CAUSE |
| SISTER KENNY FOUNDATION<br>MAIL ROUTE 16509 MINNEAPOLIS, MN, 55407 | 41-1952989 | 501(C)3 | 7,500. | | | | FUND A CAUSE |
| OTHER - GRANT (TOTAL LESS THAN $5,000) | VARIOUS | 501(C)3 | 10,984 | | | | RESEARCH GRANT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 6

3 Enter total number of other organizations . . . . . ▶

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| RESEARCH GRANT - SEE ATTACHMENT | 10 | 264,983. | NONE | FMV | N/A |
| RESEARCH FELLOWSHIP - SEE ATTACHMENT | 130 | 1,420,100. | NONE | N/A | FMV |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

MONITORING USE OF GRANT FUNDS

SCHEDULE I, PART IV

AN ABTA BASIC RESEARCH FELLOWSHIP IS AN $80,000 TWO-YEAR AWARD. THE FELLOWSHIP PROVIDES ANNUAL SALARY SUPPORT OF $35,000 TO A POST-DOCTORATE WHO HAS DEMONSTRATED THE MOTIVATION AND POTENTIAL TO CONDUCT BASIC RESEARCH. THE REMAINING $5,000 PER ANNUM IS TO BE EXPENDED AT THE DISCRETION OF THE RESEARCHER FOR EQUIPMENT/SUPPLIES OR TRAVEL TO AN APPROPRIATE MEETING, INCLUDING A TRIP TO CHICAGO TO PRESENT RESEARCH RESULTS.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

CONDITIONS FOR FELLOWSHIP SUPPORT FURTHER INCLUDE:

INDIRECT EXPENSES MAY NOT BE ALLOCATED FROM THESE AWARDS.

VERIFICATION OF SAME USE OF AWARD FUNDING FOLLOWING THE FIRST YEAR OF THE FELLOWSHIP.

A PRESENTATION IN CHICAGO TO THE ABTA BOARD OF DIRECTORS, ALONG WITH AN ABSTRACT OF FINDINGS, IS REQUIRED AT THE CONCLUSION OF THE SECOND YEAR OF FUNDING.

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

TRAVEL EXPENSES ARE PART OF THE DISCRETIONARY ALLOWANCE.

ACKNOWLEDGEMENT OF AMERICAN BRAIN TUMOR ASSOCIATION SUPPORT IN ANY MEDIA RELEASES, PUBLICATIONS, ABSTRACTS, PODIUM OR POSTER PRESENTATIONS GENERATED BY THIS AWARD.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number: 23-7286648

REVIEW OF 990

PART VI, SECTION A, LINE 10

PRIOR TO SIGNING AND SUBMITTING EACH YEAR'S FORM 990 AND ACCOMPANYING ATTACHMENTS, ALL MEMBERS OF THE BOARD OF DIRECTORS WILL HAVE AN OPPORTUNITY TO REVIEW AND COMMENT ON THE DOCUMENT.

IF A BOARD MEETING IS SCHEDULED WITHIN THIRTY DAYS OF THE SUBMISSION DATE:

ALL BOARD MEMBERS WILL RECEIVE A COPY OF THE FORM 990 AND ATTACHMENTS IN ELECTRONIC OR HARD COPY FORMAT. BOARD MEETING MATERIALS ARE SENT TO DIRECTORS APPROXIMATELY A WEEK BEFORE THE MEETING.

DIRECTORS WHO ARE UNABLE TO ATTEND THE MEETING WILL BE INVITED TO SUBMIT QUESTIONS, CONCERNS, OR SUPPORT FOR THE DOCUMENT AS DRAFTED PRIOR TO THE MEETING. SUCH FEEDBACK CAN BE SENT TO THE EXECUTIVE DIRECTOR, THE BOARD PRESIDENT, OR THE TREASURER FOR INCLUSION IN THE DISCUSSION OF THE DRAFT.

AT THE MEETING THERE WILL BE A MOTION TO AUTHORIZE THE EXECUTIVE DIRECTOR TO SIGN AND SUBMIT THE DRAFT AS PRESENTED OR AMENDED THROUGH DISCUSSION. A MAJORITY OF THOSE PRESENT CAN APPROVE THE MOTION.

IF A BOARD MEETING IS NOT SCHEDULED WITHIN THIRTY DAYS OF THE SUBMISSION DATE:

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number: 23-7286648

ALL BOARD MEMBERS WILL BE SENT A COPY OF THE FORM 990 AND ATTACHMENTS ELECTRONICALLY OR IN HARD COPY AT LEAST THIRTY DAYS PRIOR TO THE SUBMISSION DATE.

DIRECTORS WILL BE INVITED TO ASK QUESTIONS ABOUT, RAISE ISSUES ABOUT, AND INDICATE SUPPORT OF THE DRAFT WITHIN TEN DAYS AFTER IT IS SENT BY ABTA. SUCH FEEDBACK CAN BE SENT TO THE EXECUTIVE DIRECTOR, THE BOARD PRESIDENT, OR THE TREASURER BY EMAIL OR OTHER FORM OF DELIVERY AS LONG AS IT IS RECEIVED WITHIN THE TEN DAYS.

IF A DIRECTOR DOES NOT RESPOND WITHIN THE TEN DAY PERIOD, IT WILL BE CONSIDERED THAT THE DIRECTOR IS SATISFIED WITH THE DOCUMENT AS DRAFTED.

ANY ISSUES RAISED BY DIRECTORS WITHIN TEN DAYS AFTER RECEIVING THE DRAFT FORM 990 WILL BE REVIEWED AND RESOLVED BY THE EXECUTIVE DIRECTOR, THE TREASURER, AND A SIMPLE MAJORITY OF THE MEMBERS OF THE BOARD'S FINANCE COMMITTEE IN COLLABORATION, WITH ASSISTANCE AS NEEDED FROM THE TAX PREPARER.

A SUMMARY OF THE CHANGES MADE TO THE DRAFT FORM 990 AND THE REASONS FOR THE CHANGES WILL BE EMAILED TO ALL DIRECTORS TEN DAYS OR MORE BEFORE SCHEDULED SUBMISSION. SHOULD CHALLENGES BY DIRECTORS TO THE NEW DRAFT OF FORM 990 BE RECEIVED WITHIN SEVEN DAYS, THE BOARD PRESIDENT AND TREASURER WILL TOGETHER DECIDE WHETHER: (1) TO PROCEED WITH SUBMISSION AND MAKE WARRANTED ADJUSTMENTS THOUGH THE IRS AMENDMENT PROCESS; OR (2) REQUEST AN EXTENSION FOR FILING AND RESOLVE REMAINING ISSUES AT THE SUBSEQUENT BOARD MEETING.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number: 23-7286648

CONFLICT OF INTEREST POLICY ENFORCEMENT

PART VI, SECTION B, LINE 12C

EACH ASSOCIATE SHALL SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENT, WHICH DESCRIBES ANY EXISTING OR POTENTIAL CONFLICT OF INTEREST AND AFFIRMS THAT SUCH PERSON:

A. HAS RECEIVED A COPY OF THE POLICY;

B. HAS READ AND UNDERSTANDS THE POLICY; AND

C. HAS AGREED TO COMPLY WITH THE POLICY.

ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS SHALL BE FILED ON OR BEFORE JUNE 30 IN THE CASE OF EMPLOYEES AND ON OR BEFORE THE DATE OF THE FIRST MEETING OF THE BOARD IN EACH FISCAL YEAR IN THE CASE OF GOVERNANCE VOLUNTEERS.

IT SHALL BE THE CONTINUING RESPONSIBILITY OF ASSOCIATES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE ANY NECESSARY DISCLOSURES.

| Name of the organization | Employer identification number |
|---|---|
| AMERICAN BRAIN TUMOR ASSOCIATION. | 23-7286648 |

COMPENSATION REVIEW AND APPROVAL

PART VI, SECTION B, LINE 15

WHEN HIRING THE EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES, AND THEREAFTER AT LEAST EVERY THREE YEARS, THE EXECUTIVE COMMITTEE OF THE BOARD WILL ENGAGE IN A DETAILED REVIEW OF COMPENSATION PACKAGES TO ENSURE THEY FIT CURRENT CONDITIONS. AS PART OF THIS PROCESS, THE EXECUTIVE COMMITTEE WILL REVIEW:

- SALARY SURVEYS
- WRITTEN EMPLOYMENT CONTRACTS
- INFORMATION FROM 990'S FILED WITH THE IRS
- OTHER INFORMATION AND INPUT AS NEEDED SOURCED THROUGH AN INDEPENDENT COMPENSATION CONSULTANT

FOR POSITIONS OTHER THAN THAT OF EXECUTIVE DIRECTOR, THE EXECUTIVE DIRECTOR MAY ASSIST IN RESEARCHING COMPENSATION INFORMATION AND MAY RECOMMEND COMPENSATION PACKAGES FOR KEY EMPLOYEES. THE EXECUTIVE COMMITTEE WILL RECOMMEND SALARY LEVELS FOR KEY EMPLOYEES TO BE INCLUDED IN THE BUDGET AND APPROVED AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

THE PROCESS AND THE DOCUMENTS REVIEWED EACH TIME A COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR OR A KEY EMPLOYEE IS ESTABLISHED OR ASSESSED WILL BE RECORDED AS THE PROCESS IS OCCURRING. A REPORT ON THE PROCESS WILL BE MADE AT THE NEXT MEETING OF THE BOARD OF DIRECTORS AND ENTERED INTO THE MINUTES.

| Name of the organization | Employer identification number |
|---|---|
| AMERICAN BRAIN TUMOR ASSOCIATION. | 23-7286648 |

AVAILABILITY OF GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS

PART VI, SECTION C, LINE 19

AS PART OF ITS ACCOUNTABILITY TO ITS CONSTITUENCIES AND TO THE PUBLIC, ABTA IS COMMITTED TO DISCLOSURE OF ORGANIZATIONAL INFORMATION THAT IS APPROPRIATE FOR PUBLIC VIEWING. THE FOLLOWING ABTA DOCUMENTS ARE AVAILABLE FROM ABTA FOR PUBLIC INSPECTION UPON REQUEST:

---

- ABTA INCORPORATION PAPERS
- ABTA BY-LAWS
- IRS FORM 1023 AND SUPPORTING DOCUMENTS: APPLICATION FOR 501(C)(3) STATUS
- IRS DETERMINATION LETTER DOCUMENTING THAT ABTA IS AN EXEMPT ORGANIZATION
- ABTA'S ANNUAL 990'S FILED WITH THE IRS (NOT INCLUDING SCHEDULE B)-LAST THREE FILINGS
- ABTA'S ANNUAL REPORT TO THE ILLINOIS ATTORNEY GENERAL-LAST THREE YEARS
- ABTA'S CONFLICT OF INTEREST POLICY FOR BOARD AND STAFF

---

REQUESTS RECEIVED BY MAIL, PHONE, FAX, OR E-MAIL WILL BE HONORED BY DIRECTING THE INTERESTED PARTY TO THE APPROPRIATE SECTION ON THE ABTA WEBSITE. REQUESTS MADE IN-PERSON TO VIEW DOCUMENTS AT ABTA'S OFFICES DURING ABTA'S BUSINESS HOURS WILL BE HONORED THAT DAY UP UNTIL THE OFFICE CLOSES FOR THE DAY. INDIVIDUALS OR GROUPS WHO REQUEST HARD COPIES OF THE DOCUMENTS MAY BE ASKED TO PAY, IN ADVANCE, REASONABLE COPYING COSTS OF $.20 PER PAGE AND POSTAGE COSTS. DOCUMENTS WILL BE MAILED WITHIN THIRTY DAYS OF THE TIME PAYMENT FOR COPYING AND POSTAGE COSTS ARE RECEIVED. $.20



4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION.

Employer identification number: 23-7286648

PER PAGE AND POSTAGE COSTS. DOCUMENTS WILL BE MAILED WITHIN THIRTY DAYS OF THE TIME PAYMENT FOR COPYING AND POSTAGE COSTS ARE RECEIVED.



4008AW 4116 09/04/2010 13:32:00 V08-8.3 01133.0

| Name of the organization | Employer identification number |
|---|---|
| AMERICAN BRAIN TUMOR ASSOCIATION. | 23-7286648 |

REASON FOR AMENDING RETURN

SECTION B - AMENDED RETURN

THE 2008 990 HAS BEEN AMENDED TO PROPERLY REPORT CONTRIBUTION INCOME FROM FUNDRAISING EVENTS AS CONTRIBUTIONS RATHER THAN GROSS REVENUES FROM FUNDRAISING EVENTS.

PREVIOUSLY, $1,675,992 OF CONTRIBUTIONS FROM FUNDRAISING EVENTS WERE REPORTED ON FORM 990 PART VIII LINE 8A. THIS AMENDMENT REPORTS CONTRIBUTIONS FROM FUNDRAISING EVENTS ON FORM 990 PART VIII LINE 1C, SCHEDULE B PART I AND SCHEDULE G PART II LINE 2.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN BRAIN TUMOR ASSOCIATION EXISTS TO ELIMINATE BRAIN TUMORS THROUGH RESEARCH AND TO MEET THE NEEDS OF BRAIN TUMOR PATIENTS AND THEIR FAMILIES. THE ORGANIZATION IS COMMITTED TO SUPPORTING GROUNDBREAKING RESEARCH CONDUCTED BY THE BEST AND BRIGHTEST MINDS IN THE SCIENTIFIC COMMUNITY WHILE PROVIDING DESPERATELY NEEDED INFORMATION AND SERVICES TO PATIENTS, THEIR FAMILIES AND CAREGIVERS.

FOUNDED IN 1973, THE AMERICAN BRAIN TUMOR ASSOCIATION (ABTA) WAS THE FIRST NATIONAL, NONPROFIT ORGANIZATION DEDICATED TO PROMOTING BRAIN TUMOR RESEARCH, WHILE OFFERING INFORMATION AND SUPPORT TO BRAIN TUMOR PATIENTS AND THEIR FAMILIES. OUR REPUTATION AS A DEPENDABLE STEWARD OF GIFTS, AS REFLECTED IN KEY NONPROFIT CHARITABLE RANKINGS, IS UNMATCHED. RECENTLY, AND FOR THE SIXTH CONSECUTIVE YEAR, CHARITY NAVIGATOR AWARDED ABTA A FOUR-STAR RATING FOR SOUND FISCAL MANAGEMENT. IN ADDITION, ABTA HAS RECEIVED THE HIGHEST ACCREDITATIONS AND RATINGS FROM THE BETTER BUSINESS BUREAU; IS LISTED AMONG THE AMERICAN INSTITUTE OF PHILANTHROPY'S "TOP RATED CHARITIES," AND AS A "BEST IN AMERICA" NONPROFIT CHARITY BY THE INDEPENDENT CHARITIES OF AMERICA.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

BRAIN TUMOR RESEARCH FUNDING. THE ABTA'S HISTORICAL SUPPORT OF YOUNG, TALENTED RESEARCHERS WORKING TO IMPROVE BRAIN TUMOR DIAGNOSTICS AND TREATMENT HAS CONTRIBUTED TO SIGNIFICANT ADVANCES IN BRAIN TUMOR CARE. MANY OF THE YOUNG SCIENTISTS WE HAVE SUPPORTED HAVE GONE ON TO MENTOR NEW RESEARCHERS AND TO LEAD SOME OF THE NATION'S MOST PRESTIGIOUS BRAIN TUMOR CENTERS. OVER THE YEARS, THE RESEARCHERS AND SCIENTISTS ABTA HAS FUNDED HAVE CONTRIBUTED TO ADVANCING OUR KNOWLEDGE AND TREATMENT OF BRAIN TUMORS; MANY HAVE GONE ON TO MENTOR A NEW GENERATION OF RESEARCHERS; AND STILL OTHERS HAVE GONE ON TO LEAD SOME OF THE COUNTRY'S MOST PRESTIGIOUS BRAIN TUMOR CENTERS. IN ADDITION TO SUPPORTING YOUNG INVESTIGATORS, THE ASSOCIATION FUNDS LARGE AND EXCITING PROJECTS LIKE THE 5-YEAR INTERNATIONAL GLIOGENE STUDY, WHICH IS EXPLORING THE ROLE GENETICS PLAY IN BRAIN TUMORS. THE RESULT IS THAT THE ABTA HAS CONTRIBUTED MORE TO ADVANCING WHAT IS KNOWN AND UNDERSTOOD ABOUT BRAIN TUMORS IN THE LAST 10 YEARS THAN WHAT HAD BEEN ACHIEVED IN THE LAST CENTURY.

4B PROGRAM SERVICE

BRAIN TUMOR PATIENT, FAMILY AND CAREGIVER INFORMATION, EDUCATION AND SUPPORT. OUR LICENSED HEALTH CARE PROFESSIONALS RESPOND DAILY TO REQUESTS FROM PATIENTS AND FAMILIES SEEKING HELP AND SUPPORT IN UNDERSTANDING A DIAGNOSIS OR TREATMENT, OR NAVIGATING THE COMPLEXITIES OF THE HEALTH CARE SYSTEM. THIS YEAR, ABTA'S LICENSED HEALTH CARE PROFESSIONALS WILL OFFER A FULL RANGE SERVICES AND RESOURCES TO BRAIN TUMOR PATIENTS, THEIR FAMILIES AND THE PROFESSIONALS WHO CARE FOR AND TREAT THEM INCLUDING PUBLICATIONS AND RESOURCES, COMPASSIONATE SUPPORT BE A DEDICATED TEAM OF LICENSED SOCIAL WORKERS, UPDATES ON ADVANCES IN BRAIN TUMOR CARE AND TREATMENT, REGIONAL MEETINGS FOR PATIENTS, SURVIVORS, FAMILY MEMBERS AND CAREGIVERS, AND THROUGH ADVOCACY AND SUPPORT OF BRAIN TUMOR RESEARCH FUNDING, PATIENTS RIGHTS AND OTHER RELEVANT HEALTH CARE INITIATIVES.

FORM 990, PART VI, LINE 17 - STATES
==========

AL, AK, AZ, AR, CA, CO, CT,
FL, GA, IL, IN, KS, KY, ME, MD, MA, MI,
MN, MS, MO, NH, NJ, NY, NC, OH, OK, OR, PA,
RI, TN, TX, UT, VA, WA, WV, WI,

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|---|---|---|---|---|
| INTEREST | 62,070. | | | 62,070. |
| TOTALS | 62,070. | | | 62,070. |

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

| DESCRIPTION | GROSS SALES | BEGINNING INVENTORY | PURCHASES | SALARIES AND WAGES | OTHER COSTS | MINUS: ENDING INVENTORY | COST OF GOODS SOLD |
|---|---|---|---|---|---|---|---|
| INVENTORY SALES | 82,416 | 30,909. | 53,837. | | | 29,023. | 55,723. |
| TOTALS | 82,416. | 30,909. | 53,837. | | | 29,023. | 55,723. |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION | ENDING BOOK VALUE |
|---|---|
| PREPAID EXPENSES | 35,230. |
| TOTALS | 35,230. |

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| DESCRIPTION | ENDING BOOK VALUE | COST OR FMV |
|---|---|---|
| COMMON STOCK | NONE | FMV |
| CORPORATE BONDS | 754,100. | FMV |
| US GOVERNMENT OBLIGATIONS | 67,705. | FMV |
| US AGENCY BONDS | NONE | FMV |
| ASSET-BACKED SECURITIES | 56,144. | FMV |
| TOTALS | 877,949. | |

FORM 990, PART X - DEFERRED REVENUE

| DESCRIPTION | ENDING BOOK VALUE |
|---|---|
| UNEARNED REVENUE | 12,732. |
| TOTALS | 12,732. |

# Schedule I Part III Attachment

**American Brain Tumor Association**
**Employee Identification Code 23-7286648**
**Grants and Other Assistance to Individuals In the U S**
**As of Fiscal Year Ended June 30, 2009**

| Date | Name | Address | City | State | Zip | Memo | Amount |
|---|---|---|---|---|---|---|---|
| **United States Research Fellowships** | | | | | | | |
| 07/31/2008 | Brigham & Women s - POB 3149 | David Mahoney Research Management P O Box 3149 | Boston | MA | 02241-3149 | | 13 750 |
| 07/31/2008 | Johns Hopkins University-Off of Dean | Ofc of the Dean Research Admin 733 N Broadway #117 Baltimore MD 21205 | Baltimore | MD | 21205 | Grant#100830 IO 90029931 | 8 750 |
| 09/16/2008 | General Hosp Corp - Cambridge Street | CPZN 3800 185 Cambridge Street Boston MA 02114 | Boston | MA | 02114 | | 8 750 |
| 10/02/2008 | Salk Institute for Biological Studies | Attn Kim E Witmer P O Box 85800 San Diego, CA 92186-5800 | San Diego | CA | 92186-5800 | Renee Read | 22 500 |
| 10/03/2008 | Brigham & Women s - POB 3149 | David Mahoney Research Management P O Box 3149 | Boston | MA | 02241-3149 | | 8 750 |
| 10/03/2008 | Beckman Research Institute/City of Hope | Angela Martinez Office of Sponsored Research 1450 East Duarte Road | Duarte | CA | 91010-3000 | | 13 000 |
| 10/03/2008 | Dana-Farber Cancer Institute-Binney | Wilma L. Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | | 8 750 |
| 10/03/2008 | Johns Hopkins University-Central Lockbox | Bank of America 12529 Collections Center Drive Chicago Il 60693 | Chicago | IL | 60693 | Grant#100830 IO 90029931 | 8,750 |
| 10/03/2008 | Kennedy Krieger Research Institute | Peggy Fong 707 N Broadway Baltimore MD 21205 | Baltimore | MD | 21205 | Sun MD | 8,750 |
| 10/03/2008 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | G Gomez | 8 750 |
| 10/03/2008 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | M Del Mar In | 8 750 |
| 10/03/2008 | Massachusetts General Hospital-Spilotis | MGH Research Finance Attn Diane Spiliotis P O Box 414876 | Bostson | MA | 02241-4876 | T Wurdinger | 8 750 |
| 10/03/2008 | MSKCC - 3rd Avenue | Lauren B Brennan Research Administration 633 Third Avenue 3rd floor | New York | NY | 10017 | B Bhatia | 8 750 |
| 10/03/2008 | MSKCC - Starkey | Alicia Starkey Office of Development 1275 York Avenue | New York | NY | 10065 | AM Bleau | 8 750 |
| 10/03/2008 | National Cancer Institute | Elizabeth Brawner Administrative Officer P O Box B | Frederick | MD | 21702 | Q Zhang | 8 750 |
| 10/03/2008 | Ohio State University-Kenny | Richard Bradbury Accounting 4th floor 1960 Kenny Road | Columbus | OH | 43210 | M O Nowicki | 8 750 |
| 10/03/2008 | UCSF - Folsom Street | Controller's Office 1855 Folsom Street #425 Box 0897 San Francisco CA 94143 | San Francisco | CA | 94143 | Kan Lu | 8 750 |
| 10/03/2008 | UCSF - Folsom Street | Controller's Office 1855 Folsom Street #425 Box 0897 San Francisco CA 94143 | San Francisco | CA | 94143 | JM Lupo | 8 750 |
| 10/03/2008 | UCSF - Parnassus | Diane Block, Senior Analyst 505 Parnassus Avenue M649 Box 0106 | San Francisco | CA | 94143 | T Nicolaides | 14,208 |
| 10/03/2008 | University of North Carolina-Chapel Hill | Department of Biochemistry & Biophysics 405 MEJ Bldg, CG#7260 Chapel Hill NC 27599 | Chapel Hill | NC | 27599 | Robert Dejournett | 8 750 |
| 10/03/2008 | UT Southwestern Grants Management | P O Box 841753 Dallas TX 75284-1753 | Dallas | TX | 75284-1753 | SK Lim | 8,750 |
| 10/03/2008 | MDACC - POB 4390 | Grants & Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | E Sulman | 8,750 |
| 11/25/2008 | | | | | | Research Award refund | (858) |
| 11/29/2008 | | | | | | PRG - research Awards | (22 500) |
| 01/06/2009 | Henry Ford Hospital | Mary Thorpe Dept of Neurosurgery E & R Bldg Room 3094 2799 West Grand Blvd | Detroit | MI | 48202 | Dr Stacey Thomas | 17,500 |
| 01/06/2009 | MSKCC - Box 701 | Richard Naum VP of Development Box 701 New York NY 10065 | New York | NY | 10065 | Dr Massimo Squatrito | 17 500 |
| 01/06/2009 | Duke University Medical Center | David Selman Box 3624 Durham NC 27710 | Durham | NC | 27710 | Dr Jiafang Wang | 17 500 |
| 01/06/2009 | Massachusetts GH-Cambridge St | Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800 | Boston | MA | 02114 | Dr Ayguen Sahin | 17 500 |
| 01/06/2009 | UCSF - 9th Avenue | Mei Luu Financial Analyst Department of Neurology 1294 9th Ave Box 0609 | San Francisco | CA | 94143 | Dr Anders Persson | 17 500 |
| 01/06/2009 | MSKCC - Box 701 | Richard Naum VP of Development Box 701 New York NY 10065 | New York | NY | 10065 | Dr Tatsuya Ozawa | 17 500 |
| 01/06/2009 | St Jude Children s Research Hospital | Suzanne Gronemeyer PhD 262 Danny Thomas Pl Mail Stop 304 Memphis TN 38105-2794 | Memphis | TN | 38105-2794 | Dr Haotian Zhao | 17,500 |
| 01/06/2009 | Stanford University | SPO 41502 P O Box 44253 San Francisco CA 94144-4553 | San Francisco | CA | 94144-4553 | Dr Ryan Nitta | 17,500 |
| 01/06/2009 | MDACC - POB 4390 | Grants & Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | Dr Dan Liu | 17,500 |
| 01/06/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Dr Ming Li | 17,500 |
| 01/06/2009 | Johns Hopkins Univ-Wolfe St | Kristy Larsen Adm Manager Department of Neurosurgery 600 N Wolfe St Phipps 388 | Baltimore | MD | 21287 | Dr Avadhut Joshi | 17 500 |
| 01/06/2009 | Burnham Institute for Medical Research | Jean Freiser CRA Director of sponsored Research 10901 North Torrey Pines Rd | La Jolla | CA | 92037 | Dr Rahul Jandial | 17,500 |
| 01/06/2009 | Dana-Farber Cancer Institute-Binney | Wilma L. Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | Dr Ahmed Idbaih | 17 500 |
| 01/06/2009 | Ohio State University-Carmack | Juli Kenoski, (2006 Rightmire Hall) Center for Molecular Neurobiology 1060 Carmack Road | Columbus | OH | 43210 | Dr Bin Hu | 17 500 |
| 01/06/2009 | University of Pittsburgh | Research/Cost Accounting P O Box 371220 Pittsburgh, PA 15251-7220 | Pittsburgh | PA | 15251-7220 | Dr Craig Horbinski | 17 500 |
| 01/06/2009 | Massachusetts General Hospital-Huntington | Kristine Holley-Williams Research Management 101 Huntington Avenue | Boston | MA | 02199 | Dr Shawn D Hingtgen | 17,500 |
| 01/06/2009 | Dana-Farber Cancer Institute-Binney | Wilma L. Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | Dr Katherine Dunn | 17 500 |
| 01/06/2009 | Dana-Farber Cancer Inst-Huntington | Diane S Spiliotis Partners Heath Care Systems 101 Huntington Ave Ste 300 | Boston | MA | 02199 | Dr Mila Chheda | 17 500 |
| 01/06/2009 | UT Southwestern Grants Management | P O Box 841753 Dallas TX 75284-1753 | Dallas | TX | 75284-1753 | Dr Yuntao Chen | 17 500 |
| 01/06/2009 | MDACC - POB 4390 | Grants & Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | Dr Veerakumar Balasubramanyan | 17 500 |
| 01/13/2009 | Beckman Research Institute/City of Hope | Angela Martinez Office of Sponsored Research 1450 East Duarte Road | Duarte | CA | 91010-3000 | Dr Donghong Zhao | 13 000 |
| 01/13/2009 | Dana-Farber Cancer Institute-Binney | Wilma L. Ruffen 44 Binney Street Boston, MA 02115 | Boston | MA | 02115 | Dr Haoqiang Ying | 8 750 |
| 01/13/2009 | Massachusetts General Hospital-Spilotis | MGH Research Finance Attn Diane Spiliotis P O Box 414876 | Boston | MA | 02241-4876 | Dr Thomas Wurdinger | 8 750 |
| 01/13/2009 | Kennedy Krieger Research Institute | Peggy Fong 707 N Broadway Baltimore MD 21205 | Baltimore | MD | 21205 | Dr Peng Sun | 8 750 |
| 01/13/2009 | MDACC - POB 4390 | Grants & Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | Dr Enk Sulman | 8 750 |
| 01/13/2009 | Johns Hopkins University-Central Lockbox | Bank of America 12529 Collections Center Drive Chicago Il 60693 | Chicago | IL | 60693 | Dr Donal Williams | 8,750 |
| 01/13/2009 | Ohio State University-Kenny | Richard Bradbury Accounting 4th floor 1960 Kenny Road | Columbus | OH | 43210 | Dr Oskar Nowicki | 8 750 |
| 01/13/2009 | UCSF - Parnassus | Diane Block, Senior Analyst 505 Parnassus Avenue M649 Box 0106 | San Francisco | CA | 94143 | Dr Theodore Nicolaides | 14 207 |
| 01/13/2009 | Regents of the University of California | Attn Amoy Injo Box 0112 505 Parnassus Ave | San Francisco | CA | 94143-0112 | Dr Janine M Lupo | 8 750 |
| 01/13/2009 | UCSF - Folsom Street | Controller's Office 1855 Folsom Street #425 Box 0897 San Francisco, CA 94143 | San Francisco | CA | 94143 | | 8 750 |
| 01/13/2009 | UT Southwestern Grants Management | P O Box 841753 Dallas TX 75284-1753 | Dallas | TX | 75284-1753 | Dr Kyun Lim | 8,750 |
| 01/13/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Dr Maria del Mar Inda | 8 750 |
| 01/13/2009 | Brigham & Women s - POB 3149 | David Mahoney Research Management P O Box 3149 | Boston | MA | 02241-3149 | Dr Galina Gabriely | 8 750 |
| 01/13/2009 | University of North Carolina-Chapel Hill | Department of Biochemistry & Biophysics 405 MEJ Bldg CG#7260 Chapel Hill NC 27599 | Chapel Hill | NC | 27599 | Dr Robert Dejournett | 8 750 |

**American Brain Tumor Association**
**Employee Identification Code 23-7286648**
**Grants and Other Assistance to Individuals in the U S**
**As of Fiscal Year Ended June 30, 2009**

| Date | Name | Address | City | State | Zip | Memo | Amount |
|---|---|---|---|---|---|---|---|
| 01/13/2009 | MSKCC - Starkey | Alicia Starkey Office of Development 1275 York Avenue | New York | NY | 10065 | Dr Anne-Marie Bleau | 8 750 |
| 01/13/2009 | MSKCC - 3rd Avenue | Lauren B Brennan Research Administration 633 Third Avenue 3rd floor | New York | NY | 10017 | Dr Bipin Bobby Bhatia | 8 750 |
| 01/13/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Dr German Gomez | 8 750 |
| 01/16/2009 | | | | | | Constantino Hadjipanayis refund | (1 993) |
| 02/17/2009 | Duke University | Box 90660 Durham NC 27708-0660 | Durham | NC | 27708-0660 | Deposit | (3 241) |
| 03/02/2009 | Baylor College of Medicine | | | | | Refund check -dr Nabil Ahmed | (1 272) |
| 03/26/2009 | Massachusetts General Hospital-Huntington | Kristine Holley-Williams Research Management 101 Huntington Avenue | Boston | MA | 02199 | For research by dr Khalid Shah MS Phd | 9,741 |
| 03/30/2009 | | | | | | Unexpended funds at the end of the fellowship for Masayuki Nitta MD PhD | (5 993) |
| 04/14/2009 | Memorial Sloan Kettering Cancer Center | Attn Lauren B Brennan 633 Third Avenue ,3rd Floor New York, New York 10017 | New York | NY | 10017 | Fellowship - Dr Bipin Bobby Bhatia PhD for July 2007-June 30/ 2009 last payment | 8,750 |
| 04/14/2009 | Memorial Sloan Kettering Cancer Center NY | Attn Alicia Starkey 1275 York Avenue New York, New York 10065 | New York | NY | 10065 | Fellowship - Dr Anne-Marie Bleau | 8,750 |
| 04/14/2009 | University of North Carolina-Chapel Hill | Department of Biochemistry & Biophysics 405 MEJ Bldg CB#7260 Chapel Hill NC 27599 | Chapel Hill | NC | 27599 | Fellowship - Dr Robert Dejournett | 8,750 |
| 04/14/2009 | Brigham & Women s - POB 3149 | David Mahoney Research Management P O Box 3149 | Boston | MA | 02241-3149 | Fellowship - Dr Galina Gabrielv | 8 750 |
| 04/14/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Fellowship - Dr German G Gomez | 8 750 |
| 04/14/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Fellowship - Dr Maria-del-Mar Inda | 8 750 |
| 04/14/2009 | UT Southwestern Grants Management | P O Box 841753 Dallas TX 75284-1753 | Dallas | TX | 75284-1753 | Fellowship - Dr Kyun Lim | 8 750 |
| 04/14/2009 | Regents of the University of California | Attn Amoy Injo Box 0112 505 Parnassus Ave | San Francisco | CA | 94143-0112 | Fellowship - Dr Kan Lu | 8 750 |
| 04/14/2009 | Regents of the University of California | Attn Amoy Injo Box 0112 505 Parnassus Ave | San Francisco | CA | 94143-0112 | Fellowship - Dr Janine Lupo | 8 750 |
| 04/14/2009 | UC Regents | Diana Block, Senior Analyst M649 Box 0106 505 Parnassus Avenue | San Francisco | CA | 94143 | Fellowship - Dr Theodore Nicolaides PhD | 14 207 |
| 04/14/2009 | Ohio State University-Kenny | Richard Bradbury Accounting 4th floor 1960 Kenny Road | Columbus | OH | 43210 | Fellowship - Dr Michal Oskar Nowicki | 8 750 |
| 04/14/2009 | Johns Hopkins University-Central Lockbox | Bank of America 12529 Collections Center Drive Chicago, Il 60693 | Chicago | IL | 60693 | Fellowship - Dr Donald Williams Parsons | 8 750 |
| 04/14/2009 | UTMD Anderson Cancer Center | Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | Fellowship - Dr Erik Sulman | 8 750 |
| 04/14/2009 | Kennedy Krieger Research Institute | Peggy Feng 707 N Broadway Baltimore MD 21205 | Baltimore | MD | 21205 | Fellowship - Dr Peng Sun | 8,750 |
| 04/14/2009 | General Hospital Corp - Stanford Street | Diane Spiliotis Research Management 50 Stanford St #1001 | Boston | MA | 02114-2554 | Fellowship - Dr Thomas Wurdinger | 8 750 |
| 04/14/2009 | Dana-Farber Cancer Institute-Binney | Wilma L Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | Fellowship - Dr Haoqiang Ying | 8 750 |
| 04/14/2009 | Beckman Research Institute/City of Hope | Angela Martinez Office of Sponsored Research 1450 East Duarte Road | Duarte | CA | 91010-3000 | Fellowship - Dr Donghong Zhao | 13 000 |
| 04/14/2009 | Salk Institute for Biological Studies | Attn Kim E Witmer P O Box 85800 San Diego CA 92186-5800 | San Diego | CA | 92186-5800 | Fellowship - Dr Renee Read | 17 500 |
| 08/25/2009 | UT Southwestern Grants Management | P O Box 841753 Dallas TX 75284-1753 | Dallas | TX | 75284-1753 | Fellowship dr Yuntao Chen | 22,500 |
| 08/25/2009 | The General Hospital Corp Res Management | Attn Kristine Holley-Williams 101 Huntington Ave Suite 300 Boston MA 02199 | Boston | MA | 02199 | Fellowship - dr Milan G Chheda | 22 500 |
| 08/25/2009 | Dana-Farber Cancer Institute-Binney | Wilma L Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | Fellowship - dr Katherine Dunn | 22 500 |
| 08/25/2009 | The General Hospital Corp Res Management | Attn Kristine Holley-Williams 101 Huntington Ave Suite 300 Boston MA 02199 | Boston | MA | 02199 | Fellowship - dr Shawn D Hingtgen | 22 500 |
| 08/25/2009 | University of Pittsburgh | Research/Cost Accounting P O Box 371220 Pittsburgh PA 15251-7220 | Pittsburgh | PA | 15251-7220 | Fellowship - dr Craig Horbinski | 2,917 |
| 08/25/2009 | Ohio State University-Carmack | Juli Kanoski (2006 Rightmire Hall) Center for Molecular Neurobiology 1060 Carmack Road | Columbus | OH | 43210 | Fellowship - dr Bin Hu | 22,500 |
| 08/26/2009 | Dana-Farber Cancer Institute-Binney | Wilma L Ruffen 44 Binney Street Boston MA 02115 | Boston | MA | 02115 | Fellowship - dr Ahmed Idbaih | 22,500 |
| 08/26/2009 | Johns Hopkins Univ-Wolfe St | Kristy Larsen Adm Manager Department of Neurosurgery 600 N Wolfe St Phipps 388 | Baltimore | MD | 21287 | Fellowship - dr Avadhut Joshi | 22 500 |
| 08/26/2009 | Ludwig Institute for Cancer Research | Alma Munoz Canete CRA Branch Grants Acctg Manager P O Box 12385 | La Jolla | CA | 92039-2385 | Fellowship - dr Ming Li | 22 500 |
| 08/26/2009 | MDACC - POB 4390 | Grants & Contracts P O Box 4390 Houston TX 77210-4390 | Houston | TX | 77210-4390 | Fellowship - dr Dan Liu | 22 500 |
| 08/26/2009 | Stanford University | SPO 41502 P O Box 44253 San Francisco CA 94144-4553 | San Francisco | CA | 94144-4553 | Fellowship- dr Ryan Nitta | 22 500 |
| 08/26/2009 | Memorial Sloan Kettering Cancer Center-B | Attn Richard Naum VP of Development Box 701 New York, NY 10065 | New York | NY | 10065 | Fellowship - dr Tatsuya Ozawa | 22,500 |
| 08/26/2009 | University of California San Francisco | Attn Mei Luu Financial Analyst Department of Neurology 1294 9th Avenue Box 0609 | San Francisco | CA | 94143 | Fellowship - dr Anders Persson | 22 500 |
| 08/26/2009 | Richard B Simmons Research Center | Attn Alicia Doherty 185 Cambridge Street CPZN 3800 | Boston | MA | 02114 | Fellowship - dr Ayguen Sahin | 22 500 |
| 08/26/2009 | Memorial Sloan Kettering Cancer Center-B | Attn Richard Naum VP of Development Box 701 New York, NY 10065 | New York | NY | 10065 | Fellowship - dr Massimo Squatrito | 22 500 |
| 08/26/2009 | Henry Ford Hospital | Mary Thorpe Dept of Neurosurgery E & R Bldg Room 3094 2799 West Grand Blvd | Detroit | MI | 48202 | Fellowship - dr Stacey Thomas | 22 500 |
| 08/26/2009 | Duke University Medical Center | David Selman Box 3624 Durham NC 27710 | Durham | NC | 27710 | Fellowship - dr Jialiang Wang | 22 500 |
| 08/26/2009 | St Jude Children's Research Hospital-Tn | Attn Lena Kung Manager Grants Accounting 332 N Lauderdale MS 509 Memphis TN 38105-2794 | Memphis | TN | 38105-2794 | Fellowship - Dr Haoban Zhao | 22 500 |
| 08/29/2009 | Ludwig Institute for Cancer Research CA | P O Box 12385 La Jolla California 92039-2385 | La Jolla | CA | 92039-2385 | Fellowship - Dr Jorge Alejandro Benitez Hernandez | 20 000 |
| 08/29/2009 | Massachusetts GH-Cambridge St | Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800 | Boston | MA | 02114 | Fellowship Dr Gavin Dunn | 20 000 |
| 08/29/2009 | Virginia Commonwealth University | Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039 | Richmond | VA | 23284 | Fellowship Dr Sarah Golding | 20,000 |
| 08/29/2009 | Cleveland Clinic Foundation | c/o Mike Murray NE30 9500 Euclid Ave | Cleveland | OH | 44195 | Fellowship Dr Justin Lathia | 20,000 |
| 08/29/2009 | University of Alabama at Birmingham | Attn Debbie Snider 1530 Third Avenue South AB 990 Birmingham AL 35294-0109 | Birmingham | AL | 35294-0109 | Fellowship Dr Vedrana Montana | 20 000 |
| 07/10/2008 | Columbia University | 710 West 168 th St Rm 431 New York, NY 10032 | New York | NY | 10032 | | 1 250 |
| 07/10/2008 | Thomas Evan | UAB Dept of Radiation Oncology 619 S 19th St., WTI 116 Birmingham, AL 35249 | Birmingham | AL | 35249 | | 1,250 |
| 07/10/2008 | Veeravagu, Anand | 2275 Sharon Rd Apt 107 Menlo Park, CA 94025 | Menlo Park | CA | 94025 | | 1 250 |
| 07/11/2008 | Patel Amar | 2226 E Lombard Street Baltimore MD 21205 | Baltimore | MD | 21205 | | 1,250 |
| 07/16/2008 | Adamson Corey MD PhD | 3712 Fews Ford Lane Durham NC 27712 | Durham | NC | 27712 | | 1,250 |
| 08/14/2008 | Wilson David | 3052 22nd Street San Francisco CA | San Francisco | CA | | | 1 250 |
| 10/16/2008 | Burt, Lindsay | 423 Medical Plaze Box 76-03 Salt Lake City UT 84112 | Salt Lake City | UT | 84112 | ABTA MSS Fellowship | 1,250 |
| 10/16/2008 | Kahn Jawaria | 1137 S Shadowridge Dr Kaysville UT 84037 | Kaysville | UT | 84037 | | 1,250 |
| 10/16/2008 | Saint Jude Children's Research Hospital | | | | | | 1 250 |
| 10/16/2008 | Wilson David | 3052 22nd Street San Francisco CA | San Francisco | CA | | | 1 250 |
| 10/16/2008 | Veeravagu Anand | 2275 Sharon Rd Apt 107 Menlo Park, CA 94025 | Menlo Park | CA | 94025 | | 1 250 |

**American Brain Tumor Association**
**Employee Identification Code 23-7286648**
**Grants and Other Assistance to Individuals in the U S**
**As of Fiscal Year Ended June 30, 2009**

| Date | Name | Address | City | State | Zip | Memo | Amount |
|---|---|---|---|---|---|---|---|
| 10/17/2008 | Ahmad Sarwat | 3252 Woodview Lake Rd West Bloomfield MI 48323 | West Bloomfield | MI | 48323 | | 1 250 |
| 10/24/2008 | Columbia University | 710 West 168 th St Rm 431 New York NY 10032 | New York | NY | 10032 | | 1 250 |
| 11/03/2008 | Patel Amar | 2226 E Lombard Street Baltimore MD 21205 | Baltimore | MD | 21205 | | 1 250 |
| 12/17/2008 | Adamson Corey MD PhD | 3712 Fews Ford Lane Durham NC 27712 | Durham | NC | 27712 | | 1 250 |
| 12/17/2008 | Halthore Aditya | 6400 Bridge Creek Ct Springfield VA 22152 | Springfield | VA | 22152 | | 1 250 |
| 12/22/2008 | Ahmad Sarwat | 3252 Woodview Lake Rd West Bloomfield MI 48323 | West Bloomfield | MI | 48323 | | 1 000 |
| 12/22/2008 | St Jude Children s Research Hospital | Suzanne Gronemeyer PhD 262 Danny Thomas Pl Mail Stop 304 Memphis TN 38105-2794 | Memphis | TN | 38105-2794 | | 1 000 |
| 06/11/2009 | Mohammed Azeem | MD Anderson Cancer Center 1515 Holcombe Blvd Unit 442 Houston TX 77005 | Houston | TX | 77005 | Mohammed Azeem | 1,250 |
| 06/11/2009 | Mark Chao | 453 East Okeefe St Apt 301 East Palo Alto CA 94303 | East Palo Alto | CA | 94303 | Mark Chao | 1 250 |
| 06/11/2009 | Duke University Medical Center-DUMC 3050 | Attn Tracy Cheuning DUMC 3050 Durham NC 27710 | Durham | NC | 27710 | Bryan Choi | 1 250 |
| 06/11/2009 | Office of Graduate Medical Education | Mt Sinai Hospital Act.011007070 Attn Karen Williams 1500 S California Ave | Chicago | IL | 60608 | Alexander Ksendzovsky | 1 250 |
| 06/11/2009 | Northwestern University | Department of Neurosurgery Attn Amy Jarboe 676 N St Clair Suite 2210 | Chicago | IL | 60611 | Paul J Lukac | 1 250 |
| 06/11/2009 | Georgetown University | 3970 Reservoir Road NW NRB E304 Washington DC 20007 | Washington | DC | 20007 | Eric Oermann | 1,250 |
| 06/11/2009 | Hospital for Sick Children | Attn Ms Rebbe Pamnton Grants Administration Officer 555 University Ave | Toronto | ON | M5G 1x9 | Paul Su | 1 250 |
| 06/11/2009 | Ryan Urchek | 1908 Aschinger Blvd Columbus OH 43212 | Columbus | OH | 43212 | Ryan Urchek | 1 250 |
| 06/11/2009 | Daniel Van Bibber | 5729 Longriffe Road Westerville OH 43081 | Westerville | OH | 43081 | | 1,250 |
| 06/26/2009 | Grettel Zamora | 406 Kellogg St # 28 Ann Arbor MI 48105 | Ann Arbor | MI | 48105 | Grettel Zamora | 1 250 |
| | | | | | | other | 19 995 |
| **Total United States Research Fellowships** | | | | | | | 1 420,100 |
| **United States Research Grants** | | | | | | | |
| 12/23/2008 | University of Virginia Medical Center Univ of Virginia Med Center | | | | | translation grant refund | (21 ) |
| 06/11/2009 | The General Hospital Corp Res Management | Attn Kristine Holley-Williams 101 Huntington Ave Suite 300 Boston MA 02199 | Boston | MA | 02199 | Khalid Shah, PhD | 29 000 |
| 06/26/2009 | UC Regents - Los Angeles | UCLA Remittance Center Box 951432 1125 Murphy Hall 405 Hilgard Avenue | Los Angeles | CA | 90095-9000 | Small project grant awarded to dr Albert Lai | 50 000 |
| 06/11/2009 | Regents of the University of California | Attn Amoy Injo Box 0112 505 Parnassus Ave | San Francisco | CA | 94143-0112 | Grant for Dr Manish Aghi | 75 000 |
| 06/11/2009 | John Hopkins University-Cancer Res | Attn Sridhar Nimmegadda 1550 Orleans Street #470 Cancer Research Building II | Baltimore | MD | 21231 | Dr Sridhar Nimegadda 2009 ABTA Recipient | 75,000 |
| 06/11/2009 | The General Hospital Corp Res Management | Attn Kristine Holley-Williams 101 Huntington Ave Suite 300 Boston MA 02199 | Boston | MA | 02199 | Khalid Shah PhD | 21 000 |
| 07/22/2008 | H Lee Moffitt Cancer Center | 12902 Magnolia Drive Tampa FL 33612 | Tampa | FL | 33612 | M Obadia/resource center | 5 000 |
| 07/22/2008 | Johns Hopkins School of Medicine | 720 Rutland Turner 20 Baltimore MD 21205 | Baltimore | MD | 21205 | International Neuro Oncology | 2,000 |
| 12/05/2008 | Cancer Care | 275 Seventh Avenue New York, NY 10001 | New York | NY | 10001 | | 2 200 |
| 02/16/2009 | "Cure ATRT Now" Fund | Pednatric Neuro-Oncology Dana-Farber Cancer Institute Boston MA 02115 | Boston | MA | 02115 | Cure ATRT Now" Fund | 3,000 |
| 03/02/2009 | Gathering Place The | Arnold & Sydell Miller Family Campus 23300 Commerce Park Cleveland, OH 44122 | Cleveland | OH | 44122 | | 3 000 |
| **Total United States Research Grants** | | | | | | | 264 983 |
| | | | | | | | 1,685,083 |

# Schedule F Part III Attachment

**American Brain Tumor Association**
**Employee Identification Code 23-7286648**
**As of Fiscal Year Ended June 30, 2009**

| Date | Name | Address | City | State | Zip | Memo | Amount |
|---|---|---|---|---|---|---|---|
| **Foreign Research Fellowships** | | | | | | | |
| 10/03/2008 | Hospital for Sick Children - Ramsunder | Cindy Ramsunder Research Awards & Financial Svcs 555 University Ave #5545 | Toronto | ON | M5G 1X8 | ABTA Fellowship - J Mukherjee | 8,750 |
| 01/06/2009 | Hospital for Sick Children-Mumtaz | Nausheen Laiq Mumtaz Research Financial Services 555 University Avenue | Toronto | ON | M5G 1X8 | -Dr Xiaochong WU | 17,500 |
| 01/06/2009 | University of Calgary | Tara Carroll, Research Accounting Health Science Centre G351 3330 Hospital Drive NW | Calgary | AB | T2N 1N4 | Dr Jennifer Rahn | 17,500 |
| 01/13/2009 | Hospital for Sick Children - Ramsunder | Cindy Ramsunder Research Awards & Financial Svcs 555 University Ave #5545 | Toronto | ON | M5G 1X8 | Dr Joydeep Mukherjee | 8,750 |
| 04/14/2009 | Hospital for Sick Children - Ramsunder | Cindy Ramsunder Research Awards & Financial Svcs 555 University Ave #5545 | Toronto | ON | M5G 1X8 | Fellowship - Dr Joydeep Mukherjee, PhD | 8,750 |
| 06/26/2009 | University of Calgary | Tara Carroll, Research Accounting Health Science Centre G351 3330 Hospital Drive NW | Calgary | AB | T2N 1N4 | Fellowship - dr Jennifer Rahn | 22,500 |
| 06/26/2009 | Hospital for Sick Children-Mumtaz | Nausheen Laiq Mumtaz Research Financial Services 555 University Avenue | Toronto | ON | M5G 1X8 | Felloship - dr Xiaochong Wu | 22,500 |
| 06/29/2009 | Hospital for Sick Children-Grants Mgt Off | Attn Zeeshan Ghaznavi Grants Management Office 555 University Avenue | Toronto | ON | M5G 1X8 | Fellowship Dr Livia Garzia | 20,000 |
| **Total Foreign Research Fellowships** | | | | | | | 126 250 |

Note - These contributions represent the count used in determining how many individuals outside of the United States received Research Fellowships from American Brain Tumor Association See Schedule F in the 990 Return