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Form **990**

Return of Organization Exempt From Income Tax

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

For the 2009 calendar year, or tax year beginning January 1 2009, and ending December 31 20 09 C Name of organization Southeastern Brain Tumor Foundation D Employer identification number B Check if applicable Doing Business As 58 2166144 ☐ Address change Telephone number print or Number and street (or P O box if mail is not delivered to street address) Room/suite Name change type. See PO Box 422471 (404) 843-3700 Initiàl retum Specific City or town, state or country, and ZIP + 4 Terminated Atlanta, GA 30342 G Gross receipts \$ 239,276 Amended return F Name and address of principal officer. H(a) Is this a group return for affiliates? Yes Application pending H(b) Are all affiliates included? ☐Yes ☐ No √ 501(c) (3)
✓ (insert no) 4947(a)(1) or If "No." attach a list (see instructions) Website: ► www.sbtf.org H(c) Group exemption number ▶ L Year of formation. Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ M State of legal domicile Κ Part I Summarv Briefly describe the organization's mission or most significant activities: Provide funding for brain cancer research and patient counseling/support Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 5 Total number of employees (Part V, line 2a) . . . 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. b Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year **Current Year** 318,054 227,460 Contributions and grants (Part VIII, line 1h) . Program service revenue (Part VIII, line 2g) . 20,323 11,816 Investment income (Part VIII, column (A), Lines 3, 4, and 7d) Other revenue (Part Will, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 388,337 239,276 12 137,500 300,000 1,650 1,500 16a Professional fundraising fees (Part IX-column (A), line 11e)

b Total fundraising expenses (Part IX-column (D), line 25) ▶ 25324 36,295 40,516 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 337,945 179,516 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25). 59,760 Revenue less expenses. Subtract line 18 from line 12 432 Beginning of Current Year End of Year 342,602 385,672 20 Total assets (Part X, line 16) . 340,000 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 2,602 385,672 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 this true, correct, and complete peclaration of preparer (other than officer) is based on all information of which pleparer has any knowledge Sign Date Here nature of officer Type or print name and title Check if Preparer's identifying number Preparer's self-(see instructions) employed ► L 11/2/10 Paid Preparer's Firm's name (or yours **AKB Solutions, Robert Prince** Use Only Phone no ► (404) 4129 Council Rock Road, Marietta, GA 30068 414-6650 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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

Cat No 11282Y

Form 990 (2009)

Pai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Provide funding for brain cancer research and patient counseling/support.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
•	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?
	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 \$ \$179,516 including grants of \$ \$137,500) (Revenue \$ \$227,460) Provide funding for brain cancer research and patient counseling/support.
4b	(Code:) (Expenses \$
40	(Code:) (Expenses \$
40	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ 141028 including grants of \$ 137500) (Revenue \$)
4e	Total program service expenses ► 141028

Pai	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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 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		1
6	Did the organization maintain any donor advised funds or any similar funds or 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		_	ا
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b		✓
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		1
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	_ ✓_

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓_
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		!
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		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	,	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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		1
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		1
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		1
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		, .
0-				Ť
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			
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	-	<u> </u>
	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		√
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		` \
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	organization solicit any contributions that were not tax deductible?			
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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		✓
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			1
		8		V
	Sponsoring organizations maintaining donor advised funds.	9a		1
	Did the organization make any taxable distributions under section 4966?	9b	<u> </u>	1
	Did the organization make a distribution to a donor, donor advisor, or related person?		<u> </u>	Ť
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		1	L

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			,
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		✓_
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			
'a	of the management of the state of	7a		1
_		7b		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.		
	The governing body?	8a		
þ	Each committee with authority to act on behalf of the governing body?	8b	•	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			,
<u></u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		V
	tion B. Policies (This Section B requests information about policies not required by the Internal Code)	ernai		
nev	enue Code.)			
		40	Yes	No /
	Does the organization have local chapters, branches, or affiliates?	10a		✓
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		_	
	nse to conflicts?	12b	✓	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
_	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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?			
а	The organization's CEO, Executive Director, or top management official	15a		✓
	Other officers or key employees of the organization	15b		\
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
162	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		√
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
D	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	1/3/e	onka	
. •	available for public inspection. Indicate how you make these available. Check all that apply.	,,(U)3	∵…y /	
	Own website Another's website Upon request			
10	, ,	of .=±	orost	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	OI INC	ei est	
20	policy, and financial statements available to the public.		£ 41	
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization: AKB Solutions - Robert Prince	rus 0	ııne	
	organization: ARB Solutions - Robert Prince 4129 Council Rock Road, Marietta, GA 30068 404-414-6650		 -	

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 co	mpensate	any c	curre			cer, d	lirec	tor, or trustee.		
(A)	(B)			-	C)			(D)	(E)	(F)
Name and Title	Average					that ap		Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	

Part VII Section A. Officers, Directors, Tr	ustees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensate	d Employees	(continue	ed)	
(A)	(A) (B) (C) (D) (E)								(F)			
Name and title	Average	Positi	on (c	_	k all	that ap		Reportable	Reportable compensation		stimate	
	hours per week	Individual trustee or director	Institutional	Officer	Key employee	Highest of	Former	compensation from the organization	from related organizations (W-2/1099-MIS	com	other ipensal rom the	tion
		Il trustee or	nal trustee		loyee	Highest compensated employee		(W-2/1099-MISC)		ar	ganizati d relati anizati	ed
						i ed					_	
										= :		
						ļ						
												
									_			
1b Total	<u> </u>	<u> </u>		l	L	L				<u> </u>		
2 Total number of individuals (including but	not limited	to the	ose	liste	ed a	above) wh	no received mo	ore than \$100	.000 in		
reportable compensation from the organiz							,					
											Yes	No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete \$							oyee	. •	ompensated	3		1
4 For any individual listed on line 1a, is the the organization and related organizations	greater tha									4	-	7
 individual	or accrue	com	ens	satio	on f	rom	any	unrelated org	anization for	5		j
Section B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,							<i>po.oo.</i>	· · · · ·			
 Complete this table for your five highest of compensation from the organization. 	compensate	d ind	epe	nde	nt c	contra	icto	rs that receive	d more than	\$100,000) of	
(A) Name and business ad	dress							(B) Description of s	ervices	Compe		1
	_	,	_									
2 Total number of independent contractors	including h	ut not	lı.~	1400	to 4	those	lict.	ad about who	received			
more than \$100,000 in compensation from					101	11036	IIŞU	ed above) wild	received			

Part	VII	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	b	Federated campaigns	151085				,
	e f	Related organizations	76375				
<u> </u>		Total. Add lines 1a-1f	•	227460			
Program Service Revenue	2a b c		Business Code			-	
Š	d		-				
Prograr	f g	All other program service revenue . Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividend other similar amounts)	► I	11816			
	6a b c	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal			- -	
	1	Net rental income or (loss)	(ii) Other	:			,
		Less: cost or other basis and sales expenses . Gain or (loss)		<u>.</u> -		-	
Other Revenue	8a	Gross income from fundraising events (not including \$					
Othe	b c	Less: direct expenses k Net income or (loss) from fundraising					
		Gross income from gaming activities. See Part IV, line 19					
	b b	Less: direct expenses	ivities ►				
	b	Gross sales of inventory, less returns and allowances	·		-		
		Miscellaneous Revenue	Business Code				
	b c						
		All other revenue		_			
		Total. Add lines 11a–11d Total revenue. See instructions		239276	<u>.</u>		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are not	t required to comp	olete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, , 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	137500	137500		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4500	4500		
7	Other salaries and wages	1500	1500	.	
8 9 10	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits				
11	Fees for services (non-employees):				
	Management	27352	2028		25324
	=				
	Legal	4300		4300	
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	3610		3610	
	Other	3010		3010	
12	Advertising and promotion	1657		1657	·
13	Office expenses	50		50	
14	Information technology	- 30		30	
15	Royalties				·
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				 .
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.	85.5			
23	Insurance	3547		3547	
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.)				
а					
b					
c					
d					
e					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	179516	141028	13164	25324
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			:	

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27428	1	7438
	2	Savings and temporary cash investments	315174	2	378234
9	3	Pledges and grants receivable, net	_	3	
	4	Accounts receivable, net		4	
	٠.5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. 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	
Assets	7	Notes and loans receivable, net		8	
As	8	Inventories for sale or use		9	
	9 10a	Prepaid expenses and deferred charges			
	IVa	other basis. Complete Part VI of Schedule D			i i
	h	Less: accumulated depreciation 10b	-	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
3	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	•	14	
	15	Other assets. See Part IV, line 11	•	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	342602	16	385672
	17	Accounts payable and accrued expenses	340000	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key		.	
ia		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	<u> </u>
	24	Unsecured notes and loans payable to unrelated third parties		24	· · · · · · · · · · · · · · · · · · ·
	25 26	Other liabilities. Complete Part X of Schedule D	340000	25	
	20		340000	26	
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balanc	27	Unrestricted net assets	2602	27	385672
Ba	28	Temporarily restricted net assets		28	
Б	29	Permanently restricted net assets		29	
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets	33	Total net assets or fund balances	2602	33	385672
_	34	Total liabilities and net assets/fund balances	342602	34	385672

Pa	rt XI Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔽 Accrual 🗌 Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.		:					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	b Were the organization's financial statements audited by an independent accountant?							
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
Ī	the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
a	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
u								
	issued on a consolidated basis, separate basis, or both:			}				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	-	- 1					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			١.				
	the Single Audit Act and OMB Circular A-133?	3a		✓				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection
Employer identification number

Sou	the	astern Brain	Tumor Founda	tion					58		2166144		
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.	_	
The	orga	anization is n	ot a private four	idation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)			
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).			
2				on 170(b)(1)(A)(ii). (Att									
3				nospital service organ		-	ın sectio	n 170(b)	(1)(A)(iii).				
4		A medical re		ition operated in conj		with a ho					I)(A)(iii). Enter ti	he	
5		An organizat	=	the benefit of a colle			wned or o	perated	by a gov	ernmenta	l unit described	เก	
6	П			•	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v) <u>.</u>			
7	_	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
				1)(A)(vi). (Complete F				3 0			90		
8				in section 170(b)(1)		Complete	Part II.)						
9				receives: (1) more that			-	m contrib	outions, n	nembersh	ip fees, and gro	SS	
				ed to its exempt funct									
				ent income and unre									
		acquired by	the organization	after June 30, 1975.	See sec	tion 509	(a)(2). (Co	omplete F	Part III.)				
10		An organizat	tion organized ai	nd operated exclusive	elv to tes	t for publ	ic safety.	See sec	tion 509	(a)(4).			
11				and operated exclusiv							r to carry out t	he	
	_	•	•	blicly supported organ	•					-	-		
				it describes the type									
		a 🗌 Type	1 b 🗆	Type II c	: □ Tvc	e III-Fun	ctionally	integrate	d	d [Type III-Other	r	
е	Z	• •		tify that the organizat			-	•			,,		
_	_			n managers and other									
			section 509(a)(2)				•						
f				a written determinati	on from	the IRS	that it is	a Type I	I Tyne II	or Type	III supporting		
•		_	, check this box		011 110111	110 1110	tilat it is	a Type	i, iypc ii	, ог турс	, in supporting		
g		•	•	the organization acce	onted any	 / aift or c	ontribute	n from a	nv of the				
3		following per		o.g	, p	, g			,				
	•			r indirectly controls, e	either alo	ne or too	ether wit	h persor	ns descri	bed in (ii)	Yes N	0	
				ning body of the supp							11g(i)		
			=	rson described in (i) a							11g(ii)	_	
				of a person described							11g(iii)	_	
h				ation about the suppo								_	
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(îv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Amount of	_	
	org	janization		(described on lines 1–9 above or IRC section	in col (i) listed in your the organization governing document? col. (i) of your				tion in col ized in the	support			
				(see instructions))	governing	document		port?		S?			
					Yes	No	Yes	No	Yes	No			
												_	
												_	
					L							_	
												_	
										· ·			
												_	
												_	
												_	
			l l		1	I	I	I	i .	t .			

Total

(Complete only if you chec					and 170(b)(1)(A)(vi)
tion A. Public Support				-		
lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
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 (no.5.1						
		<u> </u>		j	L	1
	(a) 2005	(b) 2006	(a) 2007	(4) 2009	(%) 2000	(f) Total
	(a) 2003	(b) 2006	(6) 2007	(a) 2006	(e) 2009	(i) Iolai
				<u> </u>		
Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
Total support. Add lines 7 through 10 .						l
organization, check this box and stop he	re					on 501(c)(3) ▶ □
tion C. Computation of Public Su	pport Perce	ntage		<u>.</u>		
Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u>%</u>
	•	•				%_
and stop here. The organization qualifies	as a publicly	supported organ	nization			▶ □
box and stop here. The organization qua	lifies as a pub	licly supported	organization .			▶ □
more, and if the organization meets the "fa	acts-and-circu	mstances" test,	check this box	and stop here.	. Explain in Part	IV how the
more, and if the organization meets the "forganization meets the "facts-and-circumstates"	acts-and-circur inces" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
	(Complete only if you chection A. Public Support lendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. tion B. Total Support lendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for organization, check this box and stop hetion C. Computation of Public Support test—2009. If the organization, check this box and stop here. The organization qualifies 33% % support test—2009. If the organization and stop here. The organization meets the "forganization meets the "forganization meets the "forganization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and	(Complete only if you checked the box tion A. Public Support lendar year (or fiscal year beginning in) (a) 2005 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. tion B. Total Support lendar year (or fiscal year beginning in) (a) 2005 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructive First five years. If the Form 990 is for the organization croganization, check this box and stop here. Tion C. Computation of Public Support Percee Public support percentage from 2008 Schedule A, Part 33½ % support test—2009. If the organization did not and stop here. The organization qualifies as a publicly 33½ % support test—2008. If the organization did not box and stop here. The organization meets the "facts-and-circum organization m	(Complete only if you checked the box on line 5, 7, 1 tion A. Public Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, seconorganization, check this box and stop here. Tion C. Computation of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 33% % support test—2009. If the organization did not check a box on box and stop here. The organization qualifies as a publicly supported organization here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization of proganization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test, organization meets the "facts-and-circumstances" test. The organization qualifies as an understances test—2008. If the organization did not check a box on box and stop here. The organization meets the "facts-and-circums	(Complete only if you checked the box on line 5, 7, or 8 of Part I tion A. Public Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. tion B. Total Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 Amounts from line 4 Gross income from unrelated business activities, whether or not the business is regularly carried on Other income for on tinclude gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth organization, check this box and stop here Public support percentage from 2008 Schedule A, Part II, line 14 33% support test—2009. If the organization did not check thox on line 13, and and stop here. The organization qualifies as a publicly supported organization 33% support test—2008. If the organization did not check a box on line 13 or 16a, box and stop here. The organization meets the "facts-and-circumstances" test, check this box organiza	(Complete only if you checked the box on line 5, 7, or 8 of Part I.) tion A. Public Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 Gifts, grants, contributions, and membership fees reserved. (Do not include any "unusual grants.") Tax revenues lewied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 296 of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Ition B. Total Support lendar year (or fiscal year beginning in) ▶ Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax y organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2008 Schedule A, Part II, line 14 33% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% and stop here. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, o more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization under the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization under the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly	(Complete only if you checked the box on line 5, 7, or 8 of Part I.) tion A. Public Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4. tion B. Total Support lendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources Net income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc (see instructions) First five years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 333% % support test—2009. If the organization did not check the box on line 13, and line 14 is 33% % or more, check this contraction in the check the box on line 13, and line 14 is 33% % or more, check this contraction in the contraction of the check the box on line 13, and line 14 is 33% % or more, check

	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support	·					
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 2	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				· · · · · · · · · · · · · · · · · · ·		
Ca	ılendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
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.)		1		501		504()(0)
14	First five years. If the Form 990 is for torganization, check this box and stop tion C. Computation of Public Su	here	<u> </u>				on 501(c)(3) ▶ □
	· · · · · · · · · · · · · · · · · · ·	. •				145	
15	Public support percentage for 2009 (lin			ne 13, column	(1))	15	<u>%</u>
16	Public support percentage from 2008 S				· . · · ·	16	
<u>>ec</u>	tion D. Computation of Investmer					 	
17	Investment income percentage for 2009	9 (line 10c, co	lumn (f) dıvıde	d by line 13, c	olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 20					18	%_
19a							
b	17 is not more than 33% %, check this b 33% % support tests—2008. If the organ	ization did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3 %, and
<u>20</u>	line 18 is not more than 33% %, check this Private foundation. If the organization	-	_	•			
-		_		_	Sch	edule A (Form 99	0 or 990-EZ) 2009

Southeastern Brain Tumor Foundation 58-2166144

	orm 990 or 990-EZ) 2009				Page 4
Part IV	Supplemental Information Part II, line 17a or 17b	ation. Complete this	part to provide the ex	planations required b	y Part II, line 10;
	Part II, line 17a or 17b	, and Part III, line 12	. Provide any other add	altional information. S	ee instructions.
		·			
					••••
					••••
		-			
					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open To Public Inspection

Name of the organization Southeastern Brain Tumor Four	ndation				58 :	2166144
Fundraising Activ	ities. Complete				<u> </u>	
Form 990-EZ filers		<u> </u>	<u>-</u>			
1 Indicate whether the organiz a Mail solicitations	ation raised funds		•	-		/ .
a Mail solicitations b Internet and email solicitations	ations	e	1	on of non-governm on of government	_	
c Phone solicitations	ations	a√		fundraising events	grants	
d In-person solicitations		9	у ороони	directioning overno		
2a Did the organization have a w or key employees listed in Fo	rritten or oral agree orm 990. Part VII) o	ement with a	any individ	ual (including office	rs, directors, truste fundraising service	es s? 🗌 Yes 🔽 No
b If "Yes," list the ten highest to be compensated at least	paid individuals o	r entities (f				
(i) Name of individual	(ii) Activity	(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity	custody o	r control of outlons?	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
		 	ļ			
		1				
			<u> </u>			
		ļ				
				-		
					-	-
Total			•			
3 List all states in which the or registration or licensing.				solicit funds or h	as been notified it	is exempt from
			• • • • • • • • • • • • • • • • • • •			•••••
						· · · · · · · · · · · · · · · · · · ·

Schedule G (Form 990 or 990-EZ) 2009

Pa	art II	Fundraising Events. Comore than \$15,000 on F					r repor	ted	
			(a) Event #1	(b) Event #2	(c) Other events	(d) To	otal event	ts	
			Race for Research	None	None		l (a) thro	ough	
			(event type)	(event type)	(total number)	_ °	xol (c))		
Revenue									
š	1	Gross receipts	151,085			ļ	1	51,0	<u>)85</u>
æ	2	Less: Chantable							
		contributions							
	3	Gross income (line 1							
		minus line 2)	151,085	<u></u>	······································		1	51,0	<u> 185</u>
	4	Cash prizes				·			—
	_	Name of the second				1			
	5	Noncash prizes							
w	6	Rent/facility costs							
Se	١	neminacimity costs					_		
Direct Expenses	7	Food and beverages							
Ж	•	. Joa una pororugos			- 110				
3ct	8	Entertainment							
ă									
	9	Other direct expenses	25,324						
		,		·					
		Direct expense summary. Ad-	d lines 4 through 9 in co	olumn (d)				25,32	
	11	Net income summary. Comb	ine line 3, column (d), a	nd line 10	<u> ▶</u>	<u> </u>		25,7	
Pa	irt III	Gaming. Complete if t	he organization ansv	vered "Yes" to Form	990, Part IV, line 19,	or repo	orted n	nore	€
		than \$15,000 on Form	990-EZ, line 6a.						
'n			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming		tal gamın through		
Revenue	ŀ	}	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	billigor progressive billigo					
æ	1	Gross revenue							
	<u> </u>	Gloss revenue	····			 			
Ś	,	Cook prizes							
nse	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
û	٦	Noncasii piizes				<u> </u>			
ect	4	Rent/facility costs							
۵	•	Tional additional grounds and a second secon							
	5	Other direct expenses .							
			☐ Yes%	☐ Yes%	☐ Yes%				
	6	Volunteer labor	□ No	No	No				
						1.			
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)					
	_	No.	. O						
	8	Net gaming income summary	/. Compine line 1, colur	nin a, and line /	•	L			
						г	<u> Y</u>	es l	No
9		ter the state(s) in which the o	_	_				+	
a		the organization licensed to o	perate gaming activitie	s in each of these state	es?	· · -	9a	+	—
b	if"	No," explain:							
								-	
40-							10a	1	-
10a		ere any of the organization's of	garning licenses revoke	u, suspended or termin	ated during the tax yes	ar: -		\dashv	
b	, 11	Yes," explain:							
					••••••				
11	Do	es the organization operate g	aming activities with n	onmembers?	••••••••		ii ~		
12		the organization a grantor, be				entity			
	for	med to administer charitable	gamıng?				12		

Southeastern Brain Tumor Foundation 58 - 2166144

Sche	dule G (Form 990 or 990-EZ) 2009		F	age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			;
а	The organization's facility]		
b	An outside facility]		٠
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,
	Name ►			,
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	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 ▶ \$			t
С	If "Yes," enter name and address of the third party:			;
	Name ▶			
	Address ▶			ſ
16	Gaming manager information:			
	Name ▶			!
	Gaming manager compensation ▶ \$			1
	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization							Employer iden	tification number
Southeastern Brain Tumor Found	lation						58	2166144
Part I General Information of	on Grants and	Assistance	,					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants of	r assistance?					assistance, a	
Part II Grants and Other Ass Form 990, Part IV, line Part IV and Schedule I	sistance to Gov 21, for any reci	rernments and pient that recei	Organizations in to ved more than \$5,0	he United States. 00. Check this box		eceive	ed more than	n \$5,000. Use
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)		Description of ash assistance	(h) Purpose of grant or assistance
Duke University Medical Center PO Box 3054, Durham NC 27710	56-0532129		25,000					Therapeutics
Duke University Medical Center PO Box 3054, Durham NC 27710	56-0532129		25,000					Immunology
Emory University Medical Center 1365 C Clifton Rd NE, Atlanta Ga			37,500					Therapeutics
Emory University Medical Center 1365 C Clifton Rd NE, Atlanta Ga			25,000					Therapeutics
University of Alabama 1530 3rd Ave S. Birmingham AL :	63-6005396		25,000			<u></u>		Growth Factors
2 Enter total number of section 50	1(c)(3) and governi	ment organizations	3				•	3
3 Enter total number of other or	ganizations			<u> </u>	<u> </u>	<u>.</u>	<u>, , , ▶</u>	0

hedule I (Form 990) 2009					Pag
art III Grants and Other Assistance to Use Part IV and Schedule I-1 (Fo	Individuals in the orm 990) if additional	United States. Co space is needed.	omplete if the orgar	nization answered "Yes"	to Form 990, Part IV, line 22.
(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
					the transfer and the second
Supplemental Information. Com	onlete this part to pr	ovide the informat	ion required in Part	I line 2 and any other	additional information
	•••••				
	•••••				
		•••••			
		••••••	••••••		
					••••••

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. **Employer identification number** Name of the organization 58 2166144 **Southeastern Brain Tumor Foundation** Form 990 Part III, Line 4d - All other achievements Provide funding for brain cancer research and patient counseling/support.