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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ 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 $ 4,442,635.

F Name and address of principal officer ELIZABETH WILSON, EXEC DIR
2720 S. RIVER ROAD, #146 DES PLAINES, IL 60018

H(a) Is this a group return for affiliates? ☐ Yes ☒ 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: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website ▶ WWW.ABTA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973 M State of legal domicile IL

Part I Summary

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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5	Total number of employees (Part V, line 2a)	5	17
6	Total number of volunteers (estimate if necessary)	6	225
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,428,331.	3,693,840.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,982.	50,989.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-93,419.	206,108.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,380,894.	3,950,937.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,014,837.	2,131,333.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	992,655.	1,065,311.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 585,530.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	800,880.	680,285.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,808,372.	3,876,929.
19	Revenue less expenses Subtract line 18 from line 12	572,522.	74,008.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	2,887,880.	3,194,489.
21	Total liabilities (Part X, line 26)	139,238.	211,759.
22	Net assets or fund balances Subtract line 21 from line 20	2,748,642.	2,982,730.

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 — Date 11.23.10

▶ Elizabeth Wilson, Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 11/22/10 — 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) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. * Form **990** (2009)

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917

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
ATTACHMENT 2

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 $ 2,638,057 including grants of $ 2,128,128) (Revenue $ 0)
ATTACHMENT 3

4b (Code _____) (Expenses $ 404,232 including grants of $ 3,205) (Revenue $ 0)
ATTACHMENT 4

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** ▶ 3,042,289.

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 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		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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• 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-securitiesin 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	X	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes: , No: X	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *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 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		X
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	X	
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		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part 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	X	
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	X	
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		X
24 a	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 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		
25 a	**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	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		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, 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		X
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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		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 sections 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
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	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 0		
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 17		
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	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	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	**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?	8		X
9	**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 *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*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	13		
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 organization 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	
9	Is there any officer, director, 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*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
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	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	
	If "Yes" to line 15a or 15b, 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 ► ATTACHMENT 5

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 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 compensate any current officer, director, or trustee

(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 SECRETARY	3.00	X		X				0.	0.	0.
ANTHONY DIGANGI	1.00	X						0.	0.	0.
BARBARA DUNN	1.00	X						0.	0.	0.
JEFF FOUGEROUSSE	1.00	X						0.	0.	0.
MICHAEL KISS TREASURER	3.00	X		X				0.	0.	0.
JAY KRAMES	1.00	X						0.	0.	0.
KENNETH LATIMER	1.00	X						0.	0.	0.
ERIC MYERS	1.00	X						0.	0.	0.
BRUCE A. RADKE	1.00	X						0.	0.	0.
JEANNE SAVEL	1.00	X						0.	0.	0.
THOMAS SEPUTIS	1.00	X						0.	0.	0.
MIKE SHARKEY PRESIDENT	3.00	X		X				0.	0.	0.
CLAUDETTE YASELL VICE PRESIDENT	3.00	X		X				0.	0.	0.
ELIZABETH WILSON EXECUTIVE DIRECTOR	40.00			X		X		130,000.	0.	0.

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 ▶								130,000.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		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 but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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	1,678,110			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,015,730.			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		3,693,840			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6		66,987.			66,987.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	32,796				
	b	Less cost or other basis and sales expenses	48,794				
	c	Gain or (loss)	-15,998.				
	d	Net gain or (loss)		-15,998			-15,998
	8a	Gross income from fundraising events (not including $ 1,678,110 of contributions reported on line 1c) See Part IV, line 18 ATCH 7	a 464,360				
	b	Less direct expenses	b 423,958				
	c	Net income or (loss) from fundraising events ATCH. 8.		40,402			40,402
	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		0.			
	10a	Gross sales of inventory, less returns and allowances	a 70,873				
	b	Less cost of goods sold	b 18,946				
	c	Net income or (loss) from sales of inventory ATCH. 12		51,927			51,927
		Miscellaneous Revenue	**Business Code**				
	11a	RETURN OF FISCAL YEAR 2009 FELLOWSHIP FU	900099	113,779	113,779		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d		113,779			
	12	**Total Revenue.** See instructions		3,950,937	113,779.		143,318.

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	351,000.	351,000.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,699,083.	1,699,083.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	81,250.	81,250.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	130,000.	78,000.	19,500.	32,500.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	758,529.	413,813.	22,454.	322,262.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,068.	8,283.	553.	2,232.
9 Other employee benefits	89,000.	41,317.	3,623.	44,060.
10 Payroll taxes	76,714.	43,118.	4,679.	28,917.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	683.	410.	102.	171.
c Accounting	27,619.	686.	26,647.	286.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	3,285.	1,971.	493.	821.
g Other	87,460.	33,618.	39,507.	14,335.
12 Advertising and promotion	29,533.		29,533.	
13 Office expenses	178,572.	66,855.	19,863.	91,854.
14 Information technology	132,302.	124,862.	2,244.	5,196.
15 Royalties	0.			
16 Occupancy	88,338.	53,002.	13,251.	22,085.
17 Travel	28,784.	16,117.	4,397.	8,270.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	17,239.	8,120.	3,879.	5,240.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	19,455.	11,673.	2,918.	4,864.
23 Insurance	9,015.	5,796.	801.	2,418.
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	49,385.		49,385.	
b LICENSING, CERT EXPENSE	329.	329.		
c OTHER	75.	45.	11.	19.
d STAFF DEVELOPMENT/EDUCATION	3,041.	2,941.	100.	
e STATE REGISTRATION	5,170.		5,170.	
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	3,876,929.	3,042,289.	249,110.	585,530.
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		0.	1	0.
	2	Savings and temporary cash investments		792,628.	2	862,924.
	3	Pledges and grants receivable, net		494,049.	3	367,371.
	4	Accounts receivable, net		0.	4	0.
	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	Notes and loans receivable, net			7	
	8	Inventories for sale or use		29,023.	8	44,402.
	9	Prepaid expenses and deferred charges		35,230.	9	35,370.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 231,516.			
	b	Less accumulated depreciation	10b 162,822.	16,091.	10c	68,694.
	11	Investments - publicly traded securities ATCH 10		1,469,873.	11	1,809,246.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets		0.	14	0.
	15	Other assets See Part IV, line 11		50,986.	15	6,482.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,887,880.	16	3,194,489.
Liabilities	17	Accounts payable and accrued expenses		126,506.	17	159,983.
	18	Grants payable		0.	18	0.
	19	Deferred revenue ATCH 11		12,732.	19	51,776.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		139,238.	26	211,759.
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		1,805,905.	27	1,831,261.
	28	Temporarily restricted net assets		942,737.	28	1,151,469.
	29	Permanently restricted net assets		0.	29	0.
		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		2,748,642.	33	2,982,730.
	34	Total liabilities and net assets/fund balances		2,887,880.	34	3,194,489.

Part 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	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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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? 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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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 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 (For lines 1 through 11, check only one box)

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).**

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).**

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?

(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) Yes ☐ No ☒

(ii) A family member of a person described in (i) above? . . . . . 11g(ii) Yes ☐ No ☒

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . 11g(iii) Yes ☐ No ☒

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,857,362.	3,616,161	4,209,156	4,428,331	3,693,840.	18,804,850
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0.	0.	0	0	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 **Total.** Add lines 1 through 3	2,857,362	3,616,161.	4,209,156.	4,428,331.	3,693,840.	18,804,850
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						18,804,850

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,857,362.	3,616,161	4,209,156	4,428,331	3,693,840	18,804,850.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,046	111,729.	20,164	62,070.	66,987.	308,996
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0.	0	0	0	0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0.	0.	0	0
11 **Total support.** Add lines 7 through 10						19,113,846
12 Gross receipts from related activities, etc (see instructions)					12	1,674,423

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	98.38 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	98.26 %

16a **33 1/3 % support test - 2009.** 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 ▶ [X]

b **33 1/3 % support test - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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 ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, acces sion, 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 solici t 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 Escrow and Custodial Arrangements. Complete if the 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, custo dian 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 XI V 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 XI V.

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 Net investment earnings, gains, and 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 y ear end balance held as

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

3a Are there endowment funds not in the pos session 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 organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		189,297.	132,560.	56,737.
e Other		42,219.	30,262	11,957.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . . . . ▶				68,694.

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		
Closely-held equity interests		
Other		
Total *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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) must 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) must equal Form 990, Part X, col (B) line 15)* ▶	

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

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

2. FIN 48 Footnote 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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,950,937.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,876,929.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	74,008.
4	Net unrealized gains (losses) on investments	4	160,080.
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 through 8	9	160,080.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	234,088.

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	4,111,017.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	160,080.		
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	160,080.
3	Subtract line 2e from line 1			3	3,950,937.
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 must equal Form 990, Part I, line 12)*			5	3,950,937.

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

1	Total expenses and losses per audited financial statements			1	3,876,929.
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,876,929.
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 must equal Form 990, Part I, line 18)*			5	3,876,929.

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

SCHEDULE D PART X LINE 2

FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. FASB ASC 740-10 ALSO PROVIDES GUIDANCE ON DERECOGNITION OF TAX BENEFITS, CLASSIFICATION ON THE STATEMENT OF FINANCIAL POSITION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. THE ADOPTION OF FASB ASC 740-10 DID NOT IMPACT THE ABTA'S FINANCIAL POSITION OR CHANGES IN ITS NET ASSETS FOR THE YEAR ENDED JUNE 30, 2010.

Schedule F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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? . . . . . [X] 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	0	0	GRANTMAKING	GRANTMAKING	81,250.
Totals . . . . . ▶	0	0			81,250

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

Schedule F (Form 990) 2009

JSA
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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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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	NORTH AMERICA	1	17,500	CHECK	0	N/A	FMV
RESEARCH FELLOWSHIPS	NORTH AMERICA	3	58,750	CHECK	0	N/A	FMV
EDUCATIONAL GRANT	NORTH AMERICA	1	5,000	CHECK	0	N/A	FMV

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

MONITOR USAGE OF GRANT FUNDS OUTSIDE 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

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
2009
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. Form 990-EZ filers are not required to complete this part

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

a ☐ Mail solicitations
b ☐ Internet and 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 services? ☐ 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

(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

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

		(a) Event #1 CHI MARATHON (event type)	(b) Event #2 PTH TO PROGRESS (event type)	(c) Other Events 102 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	144,302.	837,191.	1,160,977.	2,142,470.
	2 Less Charitable contributions	135,656.	634,644.	907,810.	1,678,110.
	3 Gross income (line 1 minus line 2)	8,646.	202,547.	253,167.	464,360.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	19,243.	129,727.	274,988.	423,958.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(423,958.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				40,402.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column d, and line 7 ▶				

			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			
10 a	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	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ▶				
	Address ▶				
15 a	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 of the third party				
	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 to be 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 United States

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

OMB No 1545-0047

2009

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? . . . . . [X] 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" to 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
OTHER - GRANTS (SUM OF GRANTS LESS THAN $5,			22,295				RESEARCH AND EDUCATI
AANS/CNS SECTION ON TUMORS 7550 EAGLE WAY CHICAGO, IL 60678-1075			58,000				RESEARCH GRANTS
CENTRAL BRAIN TUMOR REGISTRY OF THE U S 244 EAST OGDEN AVENUE HINSDALE, IL 60521			50,000				RESEARCH GRANT
COLD SPRING HARBOR LABORATORY OFFICE OF SPOSORED PROGRAMS			45,000				EDUCATIONAL GRANT
SOCIETY OF NEURO ONCOLOGY (SNO) 4617 BIRCH STREET BELLAIRE, TX 77401-5509			75,705				RESEARCH FELLOWSHIPS
THE PHILANTHROPIC INITIATIVE, INC 160 FEDERAL STREET BOSTON, MA 02110			100,000				RESEARCH GRANT

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

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 Part IV and 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
SEE ATTACHMENT		1,699,083			

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

THE AMERICAN BRAIN TUMOR ASSOCIATION FUNDS RESEARCH THROUGH FIVE PRIMARY PROGRAMS: THE BASIC RESEARCH FELLOWSHIP PROGRAM, AWARDING TWO-YEAR, $80,000 GRANTS SUPPORTING YOUNG RESEARCHERS ENTERING THE FIELD OF BRAIN TUMOR RESEARCH; THE DISCOVERY RESEARCH GRANT PROGRAM, ONE-YEAR, $50,000 GRANTS FOR HIGH-RISK, HIGH-IMPACT PROJECTS DEEMED TO HAVE THE POTENTIAL TO CHANGE CURRENT DIAGNOSTIC OR TREATMENT PARADIGMS FOR ADULT AND PEDIATRIC BRAIN TUMOR CARE; THE TRANSLATIONAL GRANT PROGRAM, ONE-YEAR, $75,000 GRANTS TO RESEARCHERS WORKING TO GATHER THE DATA NECESSARY TO

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 Part IV and 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.

TRANSITION RESEARCH FROM THE LABORATORY INTO ACTUAL PATIENT TREATMENT AND CARE; THE MEDICAL STUDENT RESEARCH FELLOWSHIP PROGRAM, $3,000 GRANTS FOR TEN-TO-TWELVE WEEK SUMMER LABORATORY EXPERIENCES; AND COLLABORATIVES, THE JOINT FUNDING OF FEASIBILITY RESEARCH AND CLINICAL STUDIES WITH PROFESSIONAL AND OTHER RESEARCH FUNDING ORGANIZATIONS. WE ALSO SUPPORT PROFESSIONAL FORUMS AND OPPORTUNITIES FOR DATA GATHERING AND/OR INFORMATION EXCHANGES AMONG THE MEDICAL AND SCIENTIFIC COMMUNITIES. ABTA FELLOWSHIPS, TRANSLATIONAL GRANTS, AND FELLOWSHIPS REQUIRE A WRITTEN

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 Part IV and 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.

REPORT OF OUTCOMES (AN ABSTRACT) AT THE CONCLUSION OF THE FUNDING PERIOD.

THOSE COMPLETING THEIR AWARD PERIOD COME TO CHICAGO TO REPORT THEIR FINDINGS AT A POSTER RECEPTION ATTENDED BY THE BOARD OF DIRECTORS, RESEARCH COMMITTEE MEMBERS, AND ABTA CONSTITUENTS. ATTENDEES AT THAT EVENT ASK QUESTIONS AND INTERACT DIRECTLY WITH THE RESEARCHERS. PRINT COPIES OF THE OUTCOMES REPORTS ARE DISTRIBUTED AT THOSE MEETINGS.

EXPENDITURE REPORTS AT THE CONCLUSION OF FUNDING ARE NOW ALSO REQUIRED AT THE CONCLUSION OF THE FUNDING PERIOD (THIS WAS A RECENT ADDITION.) FOR

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 Part IV and 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.

FELLOWSHIPS AND TRANSLATIONAL GRANTS, UNUSED FUNDS ARE DUE BACK TO ABTA.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

ATTACHMENT 1

REVIEW OF 990

PART VI, SECTION B, LINE 11A

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 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 THE BOARD PRESIDENT WILL ENTERTAIN 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.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

ATTACHMENT 1 (CONT'D)

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

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

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

ATTACHMENT 1 (CONT'D)

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.

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.

COMPENSATION REVIEW AND APPROVAL

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

*ATTACHMENT 1 (CONT'D)

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.

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,

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

ATTACHMENT 1 (CONT'D)

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.

ATTACHMENT 2

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

ATTACHMENT 2 (CONT'D)

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

MISSION STATEMENT

THE AMERICAN BRAIN TUMOR ASSOCIATION EXISTS TO ELIMINATE BRAIN TUMORS THROUGH RESEARCH AND TO MEET THE NEEDS OF BRAIN TUMOR PATIENTS AND THEIR FAMILIES.

IMPACT STATEMENT

FOUNDED IN 1973, ABTA WAS THE FIRST NATIONAL ORGANIZATION DEDICATED TO FUNDING BRAIN TUMOR RESEARCH. THROUGH THE FUNDING OF A GENERATION OF YOUNG INVESTIGATORS, ABTA IS CREDITED WITH HAVING POPULATED MUCH OF THE CURRENT DAY BRAIN TUMOR RESEARCH AND MEDICAL COMMUNITY. MANY OF THE YOUNG INVESTIGATORS WE HAVE FUNDED OVER THE YEARS HAVE GONE ON TO MENTOR A NEW GENERATION OF RESEARCHERS; OTHERS HAVE GONE ON TO LEAD SOME OF THE COUNTRY'S MOST PRESTIGIOUS BRAIN TUMOR LABORATORIES AND TREATMENT CENTERS.

THE ABTA ALSO WAS INSTRUMENTAL IN RECOGNIZING THE NEED FOR A MEDICAL SPECIALTY DEDICATED TO BRAIN TUMORS AND PLAYED A KEY ROLE IN EFFORTS LEADING TO THE FORMATION OF THE SOCIETY FOR NEURO-ONCOLOGY, WHICH ULTIMATELY LED TO THE ESTABLISHMENT OF NEURO-ONCOLOGY AS A MEDICAL SPECIALTY.

TO TRACK THE PREVALENCE AND INCIDENCE OF BRAIN TUMORS NATIONWIDE, ABTA HELPED FOUND THE CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES (CBTRUS). TODAY, CBTRUS SERVES AS A RESOURCE TO RESEARCHERS AND PATIENT ADVOCACY GROUPS BY PROVIDING VALUABLE INFORMATION ON

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number: 23-7286648

ATTACHMENT 2 (CONT'D)

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

BRAIN TUMOR INCIDENCE AND SURVIVAL.

THE ABTA RESEARCH PROGRAM HAS EXPANDED OVER THE YEARS. TODAY, ABTA OFFERS FIVE FORMAL GRANT PROGRAMS FOR SCIENTISTS WORKING TOWARD BREAKTHROUGHS IN BRAIN TUMOR DIAGNOSIS, TREATMENT AND CARE. THIS INCLUDES THE ACCLAIMED FELLOWSHIP PROGRAM THROUGH WHICH ABTA CONTINUES TO FOSTER THE CAREERS OF PROMISING RESEARCHERS. THE ABTA ALSO ROUTINELY PARTNERS WITH PROFESSIONAL ORGANIZATIONS TO FUND RESEARCH OPPORTUNITIES AND COLLABORATIVE RESEARCH PROJECTS.

FOR PATIENTS AND FAMILIES, ABTA PROVIDES AN EXTENSIVE LIBRARY OF BRAIN TUMOR INFORMATION, CARE AND SUPPORT MATERIALS AND RESOURCES. THESE INCLUDE THE HIGHLY ACCLAIMED LIVING WITH A BRAIN TUMOR, A GUIDE FOR NEWLY DIAGNOSED PATIENTS AND THEIR FAMILIES; THE BRAIN TUMOR PRIMER, A COMPREHENSIVE GUIDE TO BRAIN TUMORS; AND THE BRAIN TUMOR DICTIONARY. ALL TOTAL, THE ABTA OFFERS MORE THAN 40 PUBLICATIONS AND FACT SHEETS. THESE MATERIALS, THE GOLD STANDARD IN BRAIN TUMOR PATIENT INFORMATION, ARE REGULARLY UPDATED, AND READILY AVAILABLE IN PRINT AND AT THE ABTA WEB SITE: ABTA.ORG.

ALSO PROVIDED ON THE ABTA WEB SITE, ARE THE LATEST NEWS AND UPDATES ON HEALTH CARE AND BRAIN TUMORS, AND COMPREHENSIVE ARTICLES AND INFORMATION ON TUMORS, TREATMENTS AND CARE AND SUPPORT ISSUES. MOST RECENTLY, ABTA ADDED AN "ACT NOW!" ADVOCACY WEB PAGE TO INFORM AND ENGAGE SUPPORTERS IN LEGISLATIVE AND POLICY ISSUES PERTAINING TO BRAIN TUMOR TREATMENT AND CARE. IN ADDITION, ABTA LAUNCHED ITS NEW

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

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ATTACHMENT 2 (CONT'D)

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

SOCIAL NETWORKING SITE THIS YEAR - HTTPS://CONNECTIONS.ABTA.ORG - BRINGING TOGETHER PATIENTS, FAMILY MEMBERS AND FRIENDS TO SHARE PHOTOS, STORIES, INFORMATION, INSPIRATION AND HOPE.

WHEN A PATIENT OR FAMILY MEMBERS NEEDS TO SPEAK WITH SOMEONE IN PERSON, THE ABTA'S TEAM OF CLINICAL LICENSED SOCIAL WORKERS IS AVAILABLE TO HELP, EITHER THROUGH INFO@ABTA.ORG OR 1-800-886-2282.

THE ABTA IS FORTUNATE TO HAVE THE SUPPORT OF MORE THAN 100 EVENT ORGANIZERS THROUGHOUT THE COUNTRY. EACH YEAR, THESE DEDICATED INDIVIDUALS ENGAGE THEIR PASSION TO THE BRAIN TUMOR CAUSE, ALLOWING US TO CONTINUE AND GROW OUR RESEARCH AND PATIENT PROGRAMS. ORGANIZERS KNOW AND RESPECT ABTA'S REPUTATION AS A DEPENDABLE STEWARD OF THEIR GIFTS, AS REFLECTED IN KEY NON-PROFIT CHARITABLE RANKINGS, INCLUDING THE BETTER BUSINESS BUREAU, AMERICA'S BEST CHARITIES AND CHARITY NAVIGATOR.

ATTACHMENT 3

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

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 3 (CONT'D)

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.

ATTACHMENT 4

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 OF 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

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

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FORM 990, PART III - PROGRAM SERVICES

ATTACHMENT 4 (CONT'D)

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.

ATTACHMENT 5

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,AR,CA,CO,CT,DE,
DC,FL,GA,ID,IL,IN,KS,KY,LA,ME,MD,MA,MI,
MN,MS,MO,MT,NE,NV,NH,NJ,NY,NC,ND,OH,OK,OR,PA,
RI,SC,SD,TN,TX,UT,VA,WA,WV,WI,

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	66,987			66,987.
TOTALS	66,987.			66,987.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
CHICAGO MARATHON	135,656.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

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ATTACHMENT 7 (CONT'D)

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
PATH. TO PROGRESS	634,644.
OTHER EVENTS	907,810.
TOTAL	1,678,110.

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
CHICAGO MARATHON	8,646.	19,243.	-10,597.
PATH TO PROGRESS	202,547.	129,727.	72,820.
OTHER EVENTS	253,167.	274,988.	-21,821.
TOTALS	464,360.	423,958.	40,402.

ATTACHMENT 9

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	35,370.
TOTALS	35,370.

ATTACHMENT 10

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

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ATTACHMENT 10 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE BONDS	863,946.	FMV
US GOVERNMENT OBLIGATIONS	40,983.	FMV
ASSET-BACKED SECURITIES	42,898.	FMV
EQUITIES	717,503.	FMV
MUTUAL FUNDS	143,916.	FMV
TOTALS	1,809,246.	

ATTACHMENT 11

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
UNEARNED REVENUE	51,776.
TOTALS	51,776.

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

ATTACHMENT 12

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS ENDING INVENTORY	COST OF GOODS SOLD
INVENTORY SALES	70,873	29,023	34,325.			44,402	18,946
TOTALS	70,873	29,023	34,325.			44,402	18,946

American Brain Tumor Assoc
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SCHEDULE I PART III ATTACHMENT

Date	Name	Name Address	Name City	Name State	Name Zip	Memo	Amount
UNITED STATES RESEARCH FELLOWSHIPS							
07/29/2009	Brigham & Women's - POB 3149	David Mahoney Research Management P O Box 3149	Boston	MA	02241-3149	Fellowship awarded to Dr Galina Gabriely	5 833
08/04/2009	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	Zeng-Jie Yang Ph D	20 000
10/15/2009	Salk Institute for Biological Studies	Attn Kim E Witmer P O Box 85800 San Diego, CA 92186-5800	San Diego	CA	92186-5800	Fellowship awarded to dr Renee Read	22 500
01/21/2010	UT Southwestern Grants Management	P O Box 841753 Dallas TX 75284-1753	Dallas	TX	75284-1753	Dr Yuntao Chen	17 500
01/21/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York NY 10065	New York	NY	10065	Dr Massimo Squatrito	17 500
01/21/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue, Box 701 New York, NY 10065	New York	NY	10065	Dr Tatsuya Ozawa	17,500
01/21/2010	Stanford University	SPO 41502 P O Box 44253 San Francisco CA 94144-4553	San Francisco	CA	94144-4553	Dr Ryan Nitta	17,500
01/21/2010	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
01/21/2010	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
01/21/2010	Ohio State University-Carmack	Juli Kunoski (2006 Rightmire Hall) Center for Molecular Neurobiology 1060 Carmack Road	Columbus	OH	43210	Dr Bin Hu	17,500
01/21/2010	The General Hospital Corp Res Management	Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave Suite 300	Boston	MA	02199	Dr Shawn D Hingtgen	17 500
01/21/2010	Richard B Simmons Research Center	Attn Alicia Doherty 185 Cambridge Street CPZN 3800	Boston	MA	02114	Dr Ayguen Sahin	17,500
01/21/2010	The General Hospital Corp Res Management	Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave,Suite 300	Boston	MA	02199	Dr Milan G Chheda	17,500
01/21/2010	UTMD Anderson Cancer Center	Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390	Houston	TX	77210-4390	Dr Dan Liu	17,500
01/21/2010	Duke University Medical Center-NC	Attn Judy T Hall Box 103035 1087 Medical Science Research Building II	Durham	NC	27710	Dr Jialang Wang	17,500
01/21/2010	University of California San Francisco	Attn Mei Luu Department of Neurology 1294 9th Avenue Suite 1	San Francisco	CA	94122	Dr Anders Persson	17 500
01/21/2010	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	Dr Zeng-Jie Yang	20 000
01/21/2010	University of Alabama at Birmingham	Office of Grants and Contracts Admin Attn Lynn W Stedman Interim Director 1530 Third Avenue South,AB 990	Birmingham	AL	35294-0109	Dr Vedrana Montana	20 000
01/21/2010	Ludwig Institute for Cancer Research CA	P O Box 12385 La Jolla California 92039-2385	La Jolla	CA	92039-2385	Dr Jorge Alejandro Benitez Hernandez	20,000
01/21/2010	Massachusetts GH-Cambridge St	Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800	Boston	MA	02114	Dr Gavin Dunn	20 000
01/21/2010	Virginia Commonwealth University	Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039	Richmond	VA	23284	Dr Sarah Golding	20 000
01/21/2010	Cleveland Clinic Foundation	c/o Mike Murray NE30 9500 Euclid Ave	Cleveland	OH	44195	Dr Justin Lathia	20 000
03/08/2010	St Jude Children s Research Hospital	Financial Services c/o Lena Kung Manager Mail Stop 509	Memphis	TN	38105-3678	Final payment fellowship - Dr Haotian Zhao	1,250
04/21/2010	Salk Institute for Biological Studies	Attn Kim E Witmer P O Box 85800 San Diego, CA 92186-5800	San Diego	CA	92186-5800	Final payment for the fellowship awarded to Dr Renee Read	17,500
06/01/2010	Cleveland Clinic Foundation	c/o Mike Murray NE30 9500 Euclid Ave	Cleveland	OH	44195	ABTA Fellowship - Dr Justin Lathia	20 000
06/01/2010	Virginia Commonwealth University	Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039	Richmond	VA	23284	ABTA Fellowship - Dr Sarah Golding	20 000
06/01/2010	Ludwig Institute for Cancer Research, CA	P O Box 12385 La Jolla California 92039-2385	La Jolla	CA	92039-2385	ABTA Fellowship - Dr Jorge Alejandro Benitez Hernandez	20,000
06/01/2010	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	ABTA Fellowship - Dr Zeng-Jie Yang	20 000
06/01/2010	University of Alabama at Birmingham AL	Attn Debbie Snider Grants and Contracts Accounting 1530 Third Avenue South,AB 990	Birmingham	AL	35294-0109	ABTA Fellowship - Dr Vedrana Montana	20 000
06/16/2010	Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829	ABTA Fellowship - Dr Tooba A Cheema	20 000
06/16/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York NY 10065	New York	NY	10065	ABTA Fellowship - Dr Daniel Ciznadija	20 000
06/16/2010	Fred Hutchinson Cancer Research Center	Attn Mark Boyer 1100 Fairview Ave N, J6-500 P O Box 19024	Seattle	WA	98109-1024	ABTA Fellowship - Dr Scott John Diede	20,000
06/16/2010	UCSF - Folsom Street	UCSF Controller s Office Extramural Fu 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143	San Francisco	CA	94143	ABTA Fellowship - Dr Amelie Griveau	20,000
06/16/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York NY 10065	New York	NY	10065	ABTA Fellowship - Dr Christian Grommes	20 000
06/16/2010	Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin, Sponsored Prg Ass Nine Cambridge Center	Cambridge	MA	02142-1479	ABTA Fellowship - Dr Dohoon Kim	20,000
06/16/2010	University of California San Diego	OPAFS Attn C Bellger 9500 Gilman Drive MC 0954 La Jolla CA 92093-0954	La Jolla	CA	92093-0954	ABTA Fellowship - Dr Jtsook Lee	20,000
06/16/2010	UCSF - Folsom Street	UCSF Controller s Office Extramural Fu 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143	San Francisco	CA	94143	ABTA Fellowship - Dr Yan Li	20 000
06/16/2010	Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829	ABTA Fellowship - Dr Casey Maguire	20,000
06/16/2010	Cleveland Clinic Foundation OH	P O Box 931531 Cleveland OH 44193-5012	Cleveland	OH	44193-5012	ABTA Fellowship - Dr Monica Venere	20,000
06/23/2010	Massachusetts General Hospital, MA	MGH Research Finance P O Box 414876 Boston MA 02241-4876	Boston	MA	02241-4876	ABTA Fellowship - Dr Andrew S Chi	20,000
06/23/2010	St Jude Children's Research Hospital	Financial Services c/o Lena Kung , Manager Mail Stop 509	Memphis	TN	38105-3678	ABTA Fellowship - Dr Karen Vrijens	20,000
06/25/2010	Massachusetts GH-Cambridge St	Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800	Boston	MA	02114	ABTA Fellowship-Dr Gavin Dunn	8 400
09/10/2009	Ryan Urchek	1908 Aschinger Blvd Columbus OH 43212	Columbus	OH	43212	Medical Student Summer Fellowship- Ryan Urchek	1 250
10/02/2009	Mark Chao	453 East Okeefe St Apt 301 East Palo Alto CA 94303	East Palo Alto	CA	94303	Mark Chao- Medical Student Summer Fellowship	1,250
10/02/2009	Georgetown University	3970 Reservoir Road NW NRB E304 Washington DC 20007	Washington	DC	20007	Eric Oermann-Medical Student Summer Fellowship	1 250
10/02/2009	Mohammed Azeem	176 Chesterfield Lane Apt 6 Maumee OH 43537	Maumee	OH	43537	Mohammed Azeem-Medical Student Summer Fellowship	1 250
10/02/2009	Northwestern University	Department of Neurosurgery Attn Amy Jarboe 676 N St Clair Suite 2210	Chicago	IL	60611	Paul Lukac	1 250
10/02/2009	Grettel Zamora-Berridi	1028 Rabbit Run Circle # 208 Ann Arbor MI 48103	Ann Arbor	MI	48103	Grettel Zamora-Berridi -MSSF	1,250
10/03/2009	Duke University Medical Center-DUMC 3050	Attn Tracy Cheuning DUMC 3050 Durham NC 27710	Durham	NC	27710	MSSF- Bryan Choi	1 250
11/03/2009	Office of Graduate Medical Education	Mt Sinai Hospital Act 011007070 Attn Karen Williams 1500 S California Ave	Chicago	IL	60608	MSSF -Alexander Ksendzovsky	1,250
12/21/2009	Office of Graduate Medical Education	Mt Sinai Hospital Act 011007070 Attn Karen Williams 1500 S California Ave	Chicago	IL	60608	ABTA Medical Student Summer Fellowship- Alexander Ksendzovsky	1 000
06/01/2010	The General Hospital Corp Res Management	Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave Suite 300	Boston	MA	02199	MSSF- Zachary R Barnard	1 500
06/01/2010	University of California Los Angeles	Department of Neurosurgery Attn Nagwa Khattab Grant Officer 10833 Le Conte Ave CHS 74-173	Los Angeles	CA	90095	MSSF - Brendan Fong	1,500
06/01/2010	Yale University	Grant&Contract Financial Administration Attn David Gillich P O Box 1873	New Haven	CT	06508-1873	MSSF - Michael Fu	1 500
06/01/2010	Johns Hopkins University-Central Lockbox	Bank of America 12529 Collections Center Drive Chicago Il 60693	Chicago	IL	60693	MSSF - Bowen Jiang	1,500
06/01/2010	University of Alabama at Birmingham	Office of Grants and Contracts Admin Attn Lynn W Stedman Interim Director 1530 Third Avenue South AB 990	Birmingham	AL	35294-0109	MSSF - Megan McPheeters	1 500
06/01/2010	Georgetown University DC	Office of Student Financial Planning Attn Amanda S Ashley Campus Box 571424	Washington	DC	20057-1424	MSSF - Hari Nandu	1 500
06/01/2010	University of Washington	Univ of Washington Grant and Contract Acc Attn Lynn Chronister Executive Director 12455 Collections Drive	Chicago	IL	60693	MSSF - Julia Olson	1,500
06/01/2010	The Board of Trustees of the Univ of IL	MB 502, M/C 551 Attn Joe G Garcia MD 809 S Marshfield Avenue	Chicago	IL	60612-7205	MSSF - Kunal Yugeshkumar Patel	1 500
06/01/2010	The University of Alabama at Birmingham	Office of Grants and Contracts Accounting Attn Debbie Snyder Director University of Alabama 990	Birmingham	AL	35294-0109	MSSF - Stephanie Robert	1 500
06/01/2010	The Regents of the Univ of California	1855 Folsom Street, MCB 535 Box 1631 San Francisco CA 94143-1631	San Francisco	CA	94143-1631	MSSF - Ryan Salinas	1,500
						Refunds	(12 900)
TOTAL UNITED STATES RESEARCH FELLOWSHIPS							776,083

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UNITED STATES RESEARCH GRANTS

06/16/2010 University of California San Francisco	Attn Mei Luu Department of Neurology 1294 9th Avenue, Suite 1	San Francisco	CA	94122	Translational grant - dr Anders Persson	75 000
06/16/2010 UCSF - Folsom Street	UCSF Controller's Office Extramural Fu 1855 Folsom Street MCB 425 , Box 0897 San Francisco CA 94143	San Francisco	CA	94143	Translational Grant - Dr Rudhika Srinivasan	75 000
06/16/2010 Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829	Translational Grant - Dr Johan Skog	75 000
06/16/2010 Duke University School of Medicine	Attn Cynthia O Case Director 2200 W Main St Suite 820 Erwin Square Plaza Box 104008	Durham	NC	27705	Translational Grant - Dr Laura Johnson	75 000
06/23/2010 UC Regents - Los Angeles	UCLA Remittance Center Box 951432,1125 Murphy Hall 405 Hilgard Avenue	Los Angeles	CA	90095-9000	Translational grant - Dr Dehang Guo	75,000
06/23/2010 UTMD Anderson Cancer Center	Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390	Houston	TX	77210-4390	Translational grant - Dr Erik P Sulman	75,000
06/16/2010 Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin Sponsored Prg Ass Nine Cambridge Center	Cambridge	MA	02142-1479	Small Project Discovery Grant - Dr Yakov Chudnovsky	50 000
06/16/2010 Regents of the University of Minnesota	NW 5957 P O Box 1450 Minneapolis, MN 55485-5957	Minneapolis	MN	55485-5957	Small Project Discovery Grant - Dr Matthew Hunt	50 000
06/16/2010 Vanderbilt University Medical Center	Department of Finance DEPT AT 40303 Atlanta GA 31192-0303	Atlanta	GA	31192-0303	Small Project Discovery Grant - Dr Rajappa S Kenchappa	50,000
06/16/2010 The Regents of the Univ of California	1855 Folsom Street MCB 535 Box 1631 San Francisco, CA 94143-1631	San Francisco	CA	94143-1631	Small Project Discovery Grant - Dr Claudia Petritsch	50 000
06/16/2010 Dana-Farber Cancer Institute-Binney	Attn Deborah Brown 44 Binney Street BP 431C Boston, MA 02115	Boston	MA	02115	Small Project Discovery Grant - Dr Tatyana Ponomaryov	50 000
06/16/2010 Texas Tech University	Office Of Research Services 203 Holden Hall Box 41035 Lubbock, TX 79409-1035	Lubbock	TX	79409-1035	Small Project Discovery Grant - Dr Siva A Vanapalli	50 000
06/23/2010 Johns Hopkins University-Central Lockbox	Bank of America 12529 Collections Center Drive Chicago Il 60693	Chicago	IL	60693	Small Project Grant - Dr Kathleen Burns	50 000
11/11/2009 The Philanthropic Initiative, Inc	Attn Wendy Staggs 160 Federal Street Boston MA 02110	Boston	MA	02110	Brain Tumor Funders Collaborative(BTFC)-TPI	100,000
03/15/2010 Central Brain Tumor Registry of the US	President Central Brain Tumor Registry of the US 244 East Ogden Avenue Suite 116	Hinsdale	IL	60521	Final installment	15,000
08/21/2009 Moffitt Cancer Center	Attn Lauren Bush Patient Education 12902 Magnolia Drive	Tampa	FL	33612-9416	In support of the Neuro-oncology Larson position to the Patient Library	5,000
03/29/2010 Gathering Place, The	Attn Ellen Heyman Arnold & Sydell Miller Family Campus 23300 Commerce Park	Cleveland	OH	44122	Grant in support of Second Annual Brain Tumor Symposium , Cleveland	3,000
						923 000
TOTAL UNITED STATES RESEARCH GRANTS						1,699,083

American Brain Tumor Assoc
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Grants and Other Assistance to Individuals in the U S
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SCHEDULE I PART III ATTACHMENT

Date	Name	Name Address	Name City	Name State	Name Zip	Memo	Amount
UNITED STATES RESEARCH FELLOWSHIPS							
07/29/2009	Brigham & Women's - POB 3149	David Mahoney Research Management P O Box 3149	Boston	MA	02241-3149	Fellowship awarded to Dr Galina Gabrielv	5,833
08/04/2009	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	Zeng-Jie Yang, Ph D	20,000
10/15/2009	Salk Institute for Biological Studies	Attn Kim E Witmer P O Box 85800 San Diego, CA 92186-5800	San Diego	CA	92186-5800	Fellowship awarded to dr Renee Read	22 500
01/21/2010	*UT Southwestern Grants Management*	P O Box 841753 Dallas, TX 75284-1753	Dallas	TX	75284-1753	Dr Yuntao Chen	17,500
01/21/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York, NY 10065	New York	NY	10065	Dr Massimo Squatrito	17 500
01/21/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue, Box 701 New York, NY 10065	New York	NY	10065	Dr Tatsuya Ozawa	17 500
01/21/2010	Stanford University	SPO 41502 P O Box 44253 San Francisco CA 94144-4553	San Francisco	CA	94144-4553	Dr Ryan Nitta	17,500
01/21/2010	Ludwig Institute for Cancer Research	Alma Munoz Canete CRA Branch Grants Accts Manager P O Box 12385	La Jolla	CA	92039-2385	Dr Ming Li	17 500
01/21/2010	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
01/21/2010	Ohio State University-Carmack	Juli Kunoski (2006 Rightmire Hall) Center for Molecular Neurobiology 1060 Carmack Road	Columbus	OH	43210	Dr Bin Hu	17,500
01/21/2010	The General Hospital Corp Res Management	Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave Suite 300	Boston	MA	02199	Dr Shawn D Hingtgen	17 500
01/21/2010	Richard B Simmons Research Center	Attn Alicia Doherty 185 Cambridge Street CPZN 3800	Boston	MA	02114	Dr Ayguen Sahin	17 500
01/21/2010	*The General Hospital Corp Res Management*	*Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave Suite 300*	Boston	MA	02199	Dr Milan G Chheda	17 500
01/21/2010	UTMD Anderson Cancer Center	Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390	Houston	TX	77210-4390	Dr Dan Liu	17 500
01/21/2010	Duke University Medical Center-NC	Attn Judy T Hall Box 103035 1087 Medical Science Research Building II	Durham	NC	27710	Dr Jialang Wang	17 500
01/21/2010	University of California San Francisco	Attn Mei Luu Department of Neurology 1294 9th Avenue Suite 1	San Francisco	CA	94122	Dr Anders Persson	17 500
01/21/2010	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	Dr Zeng-Jie Yang	20 000
01/21/2010	University of Alabama at Birmingham	Office of Grants and Contracts Admin Attn Lynn W Stedman, Interim Director 1530 Third Avenue South,AB 990	Birmingham	AL	35294-0109	Dr Vedrana Montana	20 000
01/21/2010	Ludwig Institute for Cancer Research CA	P O Box 12385 La Jolla California 92039-2385	La Jolla	CA	92039-2385	Dr Jorge Alejandro Benitez Hernandez	20 000
01/21/2010	Massachusetts GH-Cambridge St	Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800	Boston	MA	02114	Dr Gavin Dunn	20 000
01/21/2010	Virginia Commonwealth University	Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039	Richmond	VA	23284	Dr Sarah Golding	20 000
01/21/2010	Cleveland Clinic Foundation	c/o Mike Murray NE30 9500 Euclid Ave	Cleveland	*OH*	44195	*Dr Justin Lathia*	20 000
03/08/2010	St Jude Children's Research Hospital	Financial Services c/o Lena Kung Manager Mail Stop 509	Memphis	TN	38105-3678	Final payment fellowship - Dr Haotian Zhao	1 250
04/21/2010	Salk Institute for Biological Studies	Attn Kim E Witmer P O Box 85800 San Diego, CA 92186-5800	San Diego	CA	92186-5800	Final payment for the fellowship awarded to Dr Renee Read	17,500
06/01/2010	Cleveland Clinic Foundation	c/o Mike Murray NE30 9500 Euclid Ave	Cleveland	OH	44195	ABTA Fellowship - Dr Justin Lathia	20,000
06/01/2010	Virginia Commonwealth University	Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039	Richmond	VA	23284	ABTA Fellowship - Dr Sarah Golding	20,000
06/01/2010	Ludwig Institute for Cancer Research, CA	P O Box 12385 La Jolla California 92039-2385	La Jolla	CA	92039-2385	ABTA Fellowship - Dr Jorge Alejandro Benitez Hernandez	20,000
06/01/2010	Duke University Medical Center #3820160	Attn Cynthia Case Director Office of Research Administrat P O Box 104008	Durham	NC	27710	ABTA Fellowship - Dr Zeng-Jie Yang	20 000
06/01/2010	University of Alabama at Birmingham AL	Attn Debbie Snider Grants and Contracts Accounting 1530 Third Avenue South,AB 990	Birmingham	AL	35294-0109	ABTA Fellowship - Dr Vedrana Montana	20 000
06/16/2010	Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston, MA 02241-3829	Boston	MA	02241-3829	ABTA Fellowship - Dr Tooba A Cheema	20 000
06/16/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York NY 10065	New York	NY	10065	ABTA Fellowship - Dr Daniel Cznadya	20 000
06/16/2010	Fred Hutchinson Cancer Research Center	Attn Mark Boyer 1100 Fairview Ave N J6-500 P O Box 19024	Seattle	WA	98109-1024	ABTA Fellowship - Dr Scott John Diede	20 000
06/16/2010	UCSF - Folsom Street	UCSP Controller s Office Extramural Fu 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143	San Francisco	CA	94143	ABTA Fellowship - Dr Amelie Griveau	20 000
06/16/2010	Memorial Sloan Kettering Cancer Center-B	Attn Richard Naum VP of Development 1275 York Avenue Box 701 New York, NY 10065	New York	NY	10065	ABTA Fellowship - Dr Christian Grommes	20 000
06/16/2010	Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin Sponsored Prg Ass Nine Cambridge Center	Cambridge	MA	02142-1479	ABTA Fellowship - Dr Dohoon Kim	20 000
06/16/2010	University of California San Diego	OPAFS Attn C Belliger 9500 Gilman Drive MC 0954 La Jolla CA 92093-0954	La Jolla	CA	92093-0954	ABTA Fellowship - Dr Jisook Lee	20 000
06/16/2010	UCSF - Folsom Street	UCSP Controller s Office Extramural Fu 1855 Folsom Street MCB 425 , Box 0897 San Francisco, CA 94143	San Francisco	CA	94143	ABTA Fellowship - Dr Yan Li	20 000
06/16/2010	Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829	ABTA Fellowship - Dr Casey Maguire	20,000
06/16/2010	Cleveland Clinic Foundation OH	P O Box 931531 Cleveland OH 44193-5012	Cleveland	OH	44193-5012	ABTA Fellowship - Dr Monica Venere	20 000
06/23/2010	Massachusetts General Hospital, MA	MGH Research Finance P O Box 414876 Boston MA 02241-4876	Boston	MA	02241-4876	ABTA Fellowship - Dr Andrew S Chi	20 000
06/23/2010	St Jude Children s Research Hospital	Financial Services c/o Lena Kung Manager Mail Stop 509	Memphis	TN	38105-3678	ABTA Fellowship - Dr Karen Vrijens	20,000
06/25/2010	Massachusetts GH-Cambridge St	Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800	Boston	MA	02114	ABTA Fellowship-Dr Gavin Dunn	8,400
09/10/2009	Ryan Urchek	1908 Aschinger Blvd Columbus OH 43212	Columbus	OH	43212	Medical Student Summer Fellowship- Ryan Urchek	1 250
10/02/2009	Mark Chao	453 East Okeefe St Apt 301 East Palo Alto CA 94303	East Palo Alto	CA	94303	Mark Chao- Medical Student Summer Fellowship	1,250
10/02/2009	Georgetown University	3970 Reservoir Road NW NRB E304 Washington DC 20007	Washington	DC	20007	Eric Oermann-Medical Student Summer Fellowship	1,250
10/02/2009	Mohammed Azeem	176 Chesterfield Lane Apt 6 Maumee OH 43537	Maumee	OH	43537	Mohammed Azeem-Medical Student Summer Fellowship	1,250
10/02/2009	Northwestern University	Department of Neurosurgery Attn Amy Jarboe 676 N St Clair Suite 2210	Chicago	IL	60611	Paul Lukac	1,250
10/02/2009	Grettel Zamora-Berridi	1028 Rabbit Run Circle # 208 Ann Arbor Mi 48103	Ann Arbor	MI	48103	Grettel Zamora-Berridi -MSSP	1 250
11/03/2009	Duke University Medical Center-DUMC 3050	Attn Tracy Cheuning DUMC 3050 Durham NC 27710	Durham	NC	27710	MSSP- Bryan Choi	1 250
11/03/2009	Office of Graduate Medical Education	Mt Sinai Hospital Act 011007070 Attn Karen Williams 1500 S California Ave	Chicago	IL	60608	MSSP -Alexander Ksendzovsky	1,250
12/21/2009	Office of Graduate Medical Education	Mt Sinai Hospital Act 011007070 Attn Karen Williams 1500 S California Ave	Chicago	IL	60608	ABTA Medical Student Summer Fellowship- Alexander Ksendzovsky	1 000
06/01/2010	The General Hospital Corp Res Management	Attn Paula Cobbett Grant Officer Research Management 101 Huntington Ave Suite 300	Boston	MA	02199	MSSP- Zachary R Barnard	1,500
06/01/2010	University of California Los Angeles	Department of Neurosurgery Attn Nagwa Khattab, Grant Officer 10833 Le Conte Ave CHS 74-173	Los Angeles	CA	90095	MSSP - Brendan Fong	1,500
06/01/2010	Yale University	Grant&Contract Financial Administration Attn David Gillich P O Box 1873	New Haven	CT	06508-1873	MSSP - Michael Fu	1 500
06/01/2010	Johns Hopkins University-Central Lockbox	Bank of America 12529 Collections Center Drive Chicago, Il 60693	Chicago	IL	60693	MSSP - Bowen Jiang	1,500
06/01/2010	University of Alabama at Birmingham	Office of Grants and Contracts Admin Attn Lynn W Stedman Interim Director 1530 Third Avenue South AB 990	Birmingham	AL	35294-0109	MSSP - Megan McPheeters	1,500
06/01/2010	Georgetown University, DC	Office of Student Financial Planning Attn Amanda S Ashley Campus Box 571424	Washington	DC	20057-1424	MSSP - Hari Nandu	1 500
06/01/2010	University of Washington	Univ of Washington Grant and Contract Acc Attn Lynn Chronister, Executive Director 12455 Collections Drive	Chicago	IL	60693	*MSSP - Julia Olson*	*1,500*
06/01/2010	The Board of Trustees of the Univ of IL	MB 502 M/C 551 Attn Joe G Garcia MD 809 S Marshfield Avenue	Chicago	IL	60612-7205	MSSP - Kunal Yugeshkumar Patel	1,500
06/01/2010	The University of Alabama at Birmingham	Office of Grants and Contracts Accounting Attn Debbie Snyder Director University of Alabama 990	Birmingham	AL	35294-0109	MSSP - Stephanie Robert	1,500
06/01/2010	The Regents of the Univ of California	1855 Folsom Street, MCB 535 Box 1631 San Francisco CA 94143-1631	San Francisco	CA	94143-1631	MSSP - Ryan Salinas	1 500
						Refunds	(12 900)
TOTAL UNITED STATES RESEARCH FELLOWSHIPS							776 083

American Brain Tumor Assoc
FEIN 23-7286648
Grants and Other Assistance to Individuals In the U S
Fiscal Year Ended June 30, 2010

UNITED STATES RESEARCH GRANTS

06/16/2010 University of California San Francisco	Attn Mei Luu Department of Neurology 1294 9th Avenue Suite 1	San Francisco	CA	94122	Tanslational grant - dr Anders Persson	75 000
06/16/2010 UCSF - Folsom Street	UCSF Controller's Office Extramural Fu 1855 Folsom Street MCB 425 , Box 0897 San Francisco CA 94143	San Francisco	CA	94143	Translational Grant - Dr Radhika Srinivasan	75 000
06/16/2010 Massachusetts General Hospital-Research	Bank of America N A / Research Finance P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829	Translational Grant - Dr Johan Skog	75 000
06/16/2010 Duke University School of Medicine	Attn Cynthia O Case Director 2200 W Main St ,Suite 820 Erwin Square Plaza Box 104008	Durham	NC	27705	Translational Grant - Dr Laura Johnson	75 000
06/23/2010 UC Regents - Los Angeles	UCLA Remittance Center Box 951432,1125 Murphy Hall 405 Hilgard Avenue	Los Angeles	CA	90095-9000	Translational grant - Dr Deliang Guo	75,000
06/23/2010 UTMD Anderson Cancer Center	Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390	Houston	TX	77210-4390	Translational grant - Dr Erik P Sulman	75 000
06/16/2010 Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin Sponsored Prg Ass Nine Cambridge Center	Cambridge	MA	02142-1479	Small Project Discovery Grant - Dr Yakov Chudnovsky	50 000
06/16/2010 Regents of the University of Minnesota	NW 5957 P O Box 1450 Minneapolis MN 55485-5957	Minneapolis	MN	55485-5957	Small Project Discovery Grant - Dr Matthew Hunt	50,000
06/16/2010 Vanderbilt University Medical Center	Department of Finance DEPT AT 40303 Atlanta GA 31192-0303	Atlanta	GA	31192-0303	Small Project Discovery Grant - Dr Rajappa S Kenchappa	50,000
06/16/2010 The Regents of the Univ of California	1855 Folsom Street MCB 535 Box 1631 San Francisco, CA 94143-1631	San Francisco	CA	94143-1631	Small Project Discovery Grant - Dr Claudia Petritsch	50,000
06/16/2010 Dana-Farber Cancer Institute-Binney	Attn Deborah Brown 44 Binney Street, BP 431C Boston, MA 02115	Boston	MA	02115	Small Project Discovery Grant - Dr Tatyana Ponomaryov	50 000
06/16/2010 Texas Tech University	Office Of Research Services 203 Holden Hall Box 41035 Lubbock, TX 79409-1035	Lubbock	TX	79409-1035	Small Project Discovery Grant - Dr Siva A Vanapalli	50 000
06/23/2010 Johns Hopkins University-Central Lockbox	Bank of America 12529 Collections Center Drive Chicago Il 60693	Chicago	IL	60693	Small Project Grant - Dr Kathleen Burns	50 000
11/11/2009 The Philanthropic Initiative, Inc	Attn Wendy Staggs 160 Federal Street Boston MA 02110	Boston	MA	02110	Brain Tumor Funders Collaborative(BTFC)-TPI	100,000
03/15/2010 Central Brain Tumor Registry of the US	President Central Brain Tumor Registry of the US 244 East Ogden Avenue Suite 116	Hinsdale	IL	60521	Final installment	15,000
08/21/2009 Moffitt Cancer Center	Attn Lauren Bush Patient Education 12902 Magnolia Drive	Tampa	FL	33612-9416	In support of the Neuro-oncology Laison position to the Patient Library	5 000
03/29/2010 Gathering Place The	Attn Ellen Heyman Arnold & Sydell Miller Family Campus 23300 Commerce Park	Cleveland	OH	44122	Grant in support of Second Annual Brain Tumor Symposium Cleveland	3,000
TOTAL UNITED STATES RESEARCH GRANTS						923 000
						1,699 087

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

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

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

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	AMERICAN BRAIN TUMOR ASSOCIATION	23-7286648
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	2720 RIVER ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DES PLAINES, IL 60018	

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

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

- The books are in the care of ▶ ELIZABETH WILSON, EXEC DIR,

Telephone No. ▶ 847 827-9910 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ▶ [ ]. If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for:

▶ [ ] calendar year _____ or
▶ [X] tax year beginning 07/01, 2009, and ending 06/30, 2010.

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

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

JSA
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