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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01, **2010, and ending** 06/30, **20** 11

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

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): 8550 W. BRYN MAWR AVE

Room/suite: 550

City or town, state or country, and ZIP + 4: CHICAGO, IL 60631

D Employer identification number: 23-7286648

E Telephone number: (773) 577-8750

G Gross receipts $ 4,835,176.

F Name and address of principal officer: ELIZABETH WILSON, EXEC DIR
8550 W. BRYN MAWR AVE #550 CHICAGO, IL 60631

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

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

H(c) Group exemption number ▶

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

J Website. ▶ WWW.ABTA.ORG

K Form of organization: [X] 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
SEE STATEMENT 1

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	12.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	12.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	21.
6	Total number of volunteers (estimate if necessary)	6	250.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,693,840.	3,974,151.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,989.	35,109.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	206,108.	236,352.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,950,937.	4,245,612.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,131,333.	2,440,775.
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)	1,065,311.	1,061,375.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 768,127.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	680,285.	1,115,029.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,876,929.	4,617,179.
19	Revenue less expenses Subtract line 18 from line 12	74,008.	-371,567.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,194,489.	3,399,745.
21	Total liabilities (Part X, line 26)	211,759.	757,882.
22	Net assets or fund balances Subtract line 21 from line 20	2,982,730.	2,641,863.

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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: 2-2-12

▶ Elizabeth M Wilson, President and CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ARUM KATZ	Preparer's signature	Date: 1/24/12	Check if self-employed ▶ [ ] PTIN: P00033618
Firm's name ▶ MILLER, COOPER & CO., LTD.			Firm's EIN ▶ 36-2897372
Firm's address ▶ 1751 LAKE COOK ROAD, SUITE 400 DEERFIELD, IL 60015			Phone no 847-205-5000

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
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10 9/17

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 3,097,566 including grants of $ 2,381,804) (Revenue $ 0)
ATTACHMENT 2

4b (Code _____) (Expenses $ 559,875 including grants of $ 58,971) (Revenue $ 0.)
ATTACHMENT 3

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** ▶ 3,657,441.

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 line 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 (or a family member thereof) 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)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
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**

Check if Schedule O contains a response to any question in this Part V. ☐

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 24		
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 21		
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* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		

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.*

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
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 governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant 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*	9			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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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 4

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, PRES & CEO 8550 W. BRYN MAWR AVE #550 CHICAGO, IL 60631 773-577-8750

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) WILLIAM BASDEN VICE PRESIDENT	3.00	X		X				0.	0.	0.
(2) ANTHONY DIGANGI DIRECTOR	1.00	X						0.	0.	0.
(3) BARBARA DUNN SECRETARY	3.00	X		X				0.	0.	0.
(4) JEFF FOUGEROUSSE TREASURER	3.00	X		X				0.	0.	0.
(5) JAY KRAMES DIRECTOR	1.00	X						0.	0.	0.
(6) ERIC MYERS DIRECTOR	1.00	X						0.	0.	0.
(7) JEANNE SAVEL DIRECTOR	1.00	X						0.	0.	0.
(8) THOMAS SEPUTIS DIRECTOR	1.00	X						0.	0.	0.
(9) MICHAEL CATHEY DIRECTOR	1.00	X						0.	0.	0.
(10) RONALD PETROCELLI DIRECTOR	1.00	X						0.	0.	0.
(11) ROBERT SCHUMACHER DIRECTOR	1.00	X						0.	0.	0.
(12) CLAUDETTE YASELL PRESIDENT	3.00	X		X				0.	0.	0.
(13) ELIZABETH WILSON EXECUTIVE DIRECTOR	38.75			X				133,859.	0.	0.
(14) DENEEN HESEER DIRECTOR OF RESEARCH & PAT ED	38.75					X		102,456.	0.	0.
(15)										
(16)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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				
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
(26)											
(27)											
(28)											
1b Sub-total ▶									236,315.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c) ▶									236,315.	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 ▶ 2

		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 or individual 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
ATTACHMENT 5		

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 ▶ 1

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	1,727,023			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,247,128			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		3,974,151			
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		60,017			60,017
	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	192,521	0			
	b Less cost or other basis and sales expenses	212,438.	4,991			
	c Gain or (loss)	-19,917	-4,991			
	d Net gain or (loss)		-24,908			-24,908.
	8a Gross income from fundraising events (not including $ 1,727,023 of contributions reported on line 1c) See Part IV, line 18	a	ATCH 7 420,079.			
	b Less direct expenses	b	318,140			
	c Net income or (loss) from fundraising events		ATCH. 8. 101,939			101,939.
	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	58,173			
	b Less cost of goods sold	b	53,995			
	c Net income or (loss) from sales of inventory		ATCH. 9. 4,178			4,178.
	Miscellaneous Revenue		Business Code			
	11a RETURN OF FELLOWSHIP FUNDS		900099	130,235	130,235	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			130,235.		
	12 Total revenue See instructions			4,245,612	130,235	141,226.

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	564,780.	564,780.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,825,995.	1,825,995.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	50,000.	50,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	137,159.	82,295.	20,574.	34,290.
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	760,990.	398,349.	21,316.	341,325.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,729.	7,629.	793.	2,307.
9 Other employee benefits	64,664.	28,985.	2,933.	32,746.
10 Payroll taxes	87,833.	47,473.	4,129.	36,231.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	19,574.	17,116.	922.	1,536.
c Accounting	28,620.	936.	27,294.	390.
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	3,075.	1,845.	461.	769.
g Other	357,622.	188,970.	17,727.	150,925.
12 Advertising and promotion	15,795.	8,688.	30.	7,077.
13 Office expenses	220,123.	116,013.	13,955.	90,155.
14 Information technology	164,385.	159,335.	96.	4,954.
15 Royalties	0.			
16 Occupancy	100,237.	60,142.	15,036.	25,059.
17 Travel	43,332.	26,767.	2,524.	14,041.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	21,868.	13,143.	5,128.	3,597.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	26,095.	15,657.	3,914.	6,524.
23 Insurance	7,836.	5,055.	616.	2,165.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CREDIT CARD FEES	45,519.	95.	45,424.	
b RECRUITING EXPENSE	54,658.	37,301.	3,597.	13,760.
c STATE REGISTRATION	4,976.		4,976.	
d STAFF DEVELOPMENT/EDUCATION	1,093.	656.	164.	273.
e LICENSING, CERT EXPENSE	210.	210.		
f All other expenses	11.	6.	2.	3.
25 Total functional expenses Add lines 1 through 24f	4,617,179.	3,657,441.	191,611.	768,127.
26 Joint Costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	862,924.	2	835,873.
	3	Pledges and grants receivable, net	367,371.	3	274,513.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	44,402.	8	34,628.
	9	Prepaid expenses and deferred charges ATCH 10	35,370.	9	94,290.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 393,857.			
	b	Less accumulated depreciation — 10b: 36,102.	68,694.	10c	357,755.
	11	Investments - publicly traded securities ATCH 11	1,809,246.	11	1,783,979.
	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	6,482.	15	18,707.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,194,489.	16	3,399,745.
Liabilities	17	Accounts payable and accrued expenses	159,983.	17	144,804.
	18	Grants payable	0.	18	190,000.
	19	Deferred revenue ATCH 12	51,776.	19	135,814.
	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	0.	25	287,264.
	26	**Total liabilities.** Add lines 17 through 25	211,759.	26	757,882.
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	1,831,261.	27	1,995,172.
	28	Temporarily restricted net assets	1,151,469.	28	646,691.
	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	2,982,730.	33	2,641,863.
	34	Total liabilities and net assets/fund balances	3,194,489.	34	3,399,745.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,245,612.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,617,179.
3	Revenue less expenses Subtract line 2 from line 1	3	-371,567.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,982,730.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,700.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,641,863.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

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?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii)	A family member of a person described in (i) above?	11g(ii)	X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

JSA
0E1210 3 000

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	3,616,161.	4,209,156.	4,428,331.	3,450,253	3,974,151	19,678,052
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	3,616,161	4,209,156	4,428,331	3,450,253	3,974,151	19,678,052
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						19,678,052

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	3,616,161	4,209,156	4,428,331	3,450,253	3,974,151.	19,678,052
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	111,729	20,164	62,070.	66,987.	60,017	320,967
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						19,999,019
12 Gross receipts from related activities, etc (see instructions)					12	2,234,864

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 2010 (line 6, column (f) divided by line 11, column (f))	14	98.40 %
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	98.38 %

16a **33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2009.** 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 - 2010.** 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 - 2009.** 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** 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 - 2009.** 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 explanations required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Also complete this part for any 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

2010

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 education)
☐ 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 Tax 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, and not on a historic structure listed in the National Register	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 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as

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

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

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

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

Part VI 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	0.	217,337.	2,045	215,292.
d Equipment	0.	93,141.	28,904	64,237.
e Other	0.	83,379.	5,153	78,226.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				357,755.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	Federal income taxes	
(2)	DEFERRED RENT	287,264.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		287,264.

2. FIN 48 (ASC 740) 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 (ASC 740)

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	4,245,612.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,617,179.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-371,567.
4	Net unrealized gains (losses) on investments	4	274,287.
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	274,287.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-97,280.

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	4,524,890.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	274,287.		
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	274,287.
3	Subtract line 2e from line 1			3	4,250,603.
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	-4,991.		
c	Add lines 4a and 4b			4c	-4,991.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	4,245,612.

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

1	Total expenses and losses per audited financial statements			1	4,622,170.
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	4,991.		
e	Add lines 2a through 2d			2e	4,991.
3	Subtract line 2e from line 1			3	4,617,179.
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	4,617,179.

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)*

AMOUNTS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1

PART XII, LINE 4B

LOSS ON DISPOSAL OF ASSETS	$(4,991)

AMOUNTS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25

PART XIII, LINE 2D

LOSS ON DISPOSAL OF ASSETS	$4,991

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, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for and investments in region
(1) NORTH AMERICA	0	0	GRANTMAKING	GRANTMAKING	45,000
(2) EUROPE	0.	0	GRANTMAKING	GRANTMAKING	5,000
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			50,000
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	0	0.			50,000.

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 . . . . . ▶ [X]
Part II can be duplicated 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)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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. Part III can be duplicated 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)
(1)	RESEARCH FELLOWSHIPS	NORTH AMERICA	2	45,000	CHECK		N/A	FMV
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☒ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☒ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☒ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☒ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☒ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☒ No

Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

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
2010
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 and address 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000

		(a) Event #1 PTH TO PROGRESS (event type)	(b) Event #2 HUMOR TO FIGHT (event type)	(c) Other Events 100. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,002,264.	275,982.	868,856.	2,147,102.
	2 Less Charitable contributions	751,964.	206,832.	768,227.	1,727,023.
	3 Gross income (line 1 minus line 2)	250,300.	69,150.	100,629.	420,079.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	119,790.	89,623.	108,727.	318,140.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(318,140.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				101,939.

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 ▶				

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? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

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

2010

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. Part II can be duplicated 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
(1) OTHER - GRANTS (SUM OF GRANTS LESS THAN $5,			12,050				RESEARCH AND EDUCATI
(2) AANS/CNS SECTION ON TUMORS 7550 EAGLE WAY CHICAGO, IL 60678-1075			54,000				RESEARCH GRANTS
(3) CENTRAL BRAIN TUMOR REGISTRY OF THE U S 244 EAST OGDEN AVENUE HINSDALE, IL 60521			60,000				RESEARCH GRANT
(4) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO UCSF CONTROLLER'S OFFICE			30,000				RESEARCH AND EDUCATI
(5) SOCIETY OF NEURO ONCOLOGY (SNO) P O BOX 273296 HOUSTON, TX 77277-3296			72,500				RESEARCH FELLOWSHIPS
(6) ONS FOUNDATION P O BOX 3258 PITTSBURGH, PA 15230-3258			19,230				RESEARCH GRANT
(7) BRAIN TUMOR EPIDEMIOLOGY CONSORTIUM (BTEC) 625 S COUNTY LINE ROAD HINSDALE, IL 60521			10,000				RESEARCH
(8) TOCAGEN, INC 3030 BUNKER HILL STREET, SUITE 540			200,000				RESEARCH GRANT
(9) MAYO CLINIC 200 FIRST STREET ROCHESTER, MN 55905			90,000				RESEARCH GRANTS
(10) PUT 105 PEAVEY ROAD, SUITE 190 CHASKA, MN 55318			7,000				FUND A CAUSE
(11) ANGEL FOUNDATION 708 SOUTH 3RD STREET, SUITE 105			10,000				FUND A CAUSE
(12)							

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. Part III can be duplicated 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
1	SEE ATTACHMENT		1,825,995			
2						
3						
4						
5						
6						
7						

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, WHICH THIS YEAR WAS INCREASED FROM AN $80,000 TWO-YEAR GRANT TO A $100,000 TWO-YEAR GRANT 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

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

RESEARCHERS WORKING TO GATHER THE DATA NECESSARY TO 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 AND DISCOVERY GRANTS REQUIRE A WRITTEN REPORT OF OUTCOMES (AN ABSTRACT) AT THE CONCLUSION OF THE FUNDING PERIOD. THOSE COMPLETING THEIR AWARD PERIOD

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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 REQUIRED. FOR FELLOWSHIPS AND TRANSLATIONAL GRANTS, UNUSED FUNDS ARE TO BE RETURNED TO THE ABTA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

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

REVIEW OF 990

PART VI, SECTION B, LINE 11B

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

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

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

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

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

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

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

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

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

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

A SUMMARY OF THE CHANGES MADE TO THE DRAFT FORM 990 AND THE REASONS FOR THE CHANGES WILL BE EMAILED TO ALL DIRECTORS TEN DAYS OR MORE BEFORE SCHEDULED SUBMISSION. SHOULD CHALLENGES BY DIRECTORS TO THE NEW DRAFT OF FORM 990 BE RECEIVED WITHIN SEVEN DAYS, THE BOARD PRESIDENT AND TREASURER WILL TOGETHER DECIDE WHETHER: (1) TO PROCEED WITH SUBMISSION AND MAKE

WARRANTED ADJUSTMENTS THOUGH THE IRS AMENDMENT PROCESS; OR (2) REQUEST AN EXTENSION FOR FILING AND RESOLVE REMAINING ISSUES AT THE SUBSEQUENT BOARD MEETING.

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

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:

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.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN/LOSS 274,287

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FINANCIAL STATEMENTS HAVE BEEN RESTATED TO CORRECT AN ERROR IN THE ACCOUNTING OF A $250,000 CASH RECEIPT. THE ABTA IN ERROR RECORDED $243,587 OF THE CASH RECEIPT AS CONTRIBUTION REVENUE IN 2010 INSTEAD OF REDUCING THE RELATED GRANT RECEIVABLE. THE ADJUSTMENT RECORDED REDUCED CONTRIBUTION REVENUE, TOTAL REVENUE, CHANGE IN NET ASSETS, TEMPORARILY RESTRICTED NET ASSETS, NET ASSETS, GRANTS RECEIVABLE, TOTAL CURRENT ASSETS, AND TOTAL ASSETS, EACH BY $243,587, AS PREVIOUSLY REPORTED IN THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2010.

ATTACHMENT 1

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

THE MISSION OF THE AMERICAN BRAIN TUMOR ASSOCIATION IS TO ADVANCE THE UNDERSTANDING AND TREATMENT OF BRAIN TUMORS WITH THE GOALS OF IMPROVING, EXTENDING AND, ULTIMATELY, SAVING THE LIVES OF THOSE IMPACTED BY A BRAIN TUMOR DIAGNOSIS. WE DO THIS THROUGH INTERACTIONS AND ENGAGEMENTS WITH BRAIN TUMOR PATIENTS AND THEIR FAMILIES, COLLABORATIONS WITH ALLIED GROUPS AND ORGANIZATIONS, AND THE FUNDING OF BRAIN TUMOR RESEARCH.

IMPACT STATEMENT

FOUNDED IN 1973, ABTA WAS THE FIRST NATIONAL ORGANIZATION DEDICATED TO FUNDING BRAIN TUMOR RESEARCH AND PROVIDING SUPPORTIVE CARE

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 1 (CONT'D)

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

SERVICES TO PATIENTS AND THEIR FAMILIES COPING WITH A BRAIN TUMOR DIAGNOSIS.

RESEARCH FUNDING

THROUGH THE FUNDING OF A GENERATION OF YOUNG INVESTIGATORS, THE 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 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.

THE ABTA HELPED FOUND THE CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES (CBTRUS) TO TRACK THE PREVALENCE AND INCIDENCE OF BRAIN TUMORS NATIONWIDE.

TODAY, THE CBTRUS SERVES AS A RESOURCE TO RESEARCHERS AND PATIENT ADVOCACY GROUPS BY PROVIDING VALUABLE INFORMATION ON BRAIN TUMOR INCIDENCE AND SURVIVAL.

IN RECENT YEARS, THE ABTA RESEARCH PROGRAM HAS EXPANDED TO INCLUDE

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 1 (CONT'D)

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

FIVE FORMAL GRANT PROGRAMS THAT FUND SCIENTISTS WORKING TOWARD BREAKTHROUGHS IN BRAIN TUMOR DIAGNOSIS, TREATMENT AND CARE. THESE FUNDING MECHANISMS INCLUDE THE ABTA'S FELLOWSHIP PROGRAM, WHICH FOSTERS THE CAREERS OF PROMISING RESEARCHERS, AND THE DISCOVERY GRANT PROGRAM, WHICH FUNDS HIGH RISK HIGH IMPACT PROJECTS THAT HAVE THE POTENTIAL TO CHANGE DIAGNOSTIC OR TREATMENT PARADIGMS.

THE ABTA ROUTINELY PARTNERS WITH ALLIED ORGANIZATIONS TO FUND RESEARCH OPPORTUNITIES AND COLLABORATIVE RESEARCH PROJECTS. THIS YEAR, THE ABTA FUNDED A BIOMARKER RESEARCH PROJECT WITH THE BRAIN TUMOR FUNDERS' COLLABORATIVE, A TWO-YEAR CLINICAL AWARD WITH THE AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS/CONGRESS OF NEUROSURGEONS' JOINT SECTION ON TUMORS, TWO THERAPEUTIC TREATMENT CLINICAL TRIALS THROUGH A PUBLIC-PRIVATE PARTNERSHIP WITH THE NATIONAL CANCER INSTITUTE (NCI), AND AN INTERNATIONAL RESEARCH FELLOWSHIP TRAINING AWARD WITH EMD SERONO AND THE SOCIETY FOR NEURO-ONCOLOGY.

IN ALL, THIS YEAR THE ABTA FUNDED MORE THAN 65 RESEARCHERS WORKING ON A WIDE RANGE OF PROJECTS AND IDEAS REFLECTING THE LATEST AND MOST PROMISING TRENDS IN BRAIN TUMOR RESEARCH, TREATMENT AND CARE INCLUDING: SINGLAING PATHWAYS, GENE EXPRESSION AND TARGETED THERAPIES; BIOMARKERS AND PERSONALIZED MEDICINE; IMAGING; VACCINES AND IMMUNOTHERAPIES; CELLULAR METABOLISM; AND COMBINATION THERAPIES.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 1 (CONT'D)

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

PATIENT AND CAREGIVER SUPPORT

WITH SO MANY LIVES IMPACTED BY A BRAIN TUMOR DIAGNOSIS, THE ABTA REMAINS COMMITTED TO PROVIDING COMPREHENSIVE SUPPORT SERVICES TO BRAIN TUMOR PATIENTS, THEIR FAMILIES AND SUPPORT NETWORK. WHEN A PATIENT OR FAMILY MEMBER NEEDS TO SPEAK WITH SOMEONE IN PERSON, THE ABTA'S TEAM OF CLINICAL LICENSED SOCIAL WORKERS IS AVAILABLE EITHER THROUGH THE ABTA CARELINE (1-800-886-2282) OR VIA EMAIL AT ABTACARES.ORG.

THIS YEAR ALONE, THE ABTA RECEIVED MORE THAN 4,000 INQUIRIES TO ITS TOLL FREE CARELINE (1.800.886.ABTA)AND ABTACARES@ABTA.ORG EMAIL FROM CONSTITUENTS FROM ALL 50 STATES SEEKING A BETTER UNDERSTANDING OF BRAIN TUMORS AND THEIR TREATMENTS AS WELL AS INFORMATION ON LOCAL RESOURCES, SUPPORT GROUPS, SECOND OPINIONS, STATISTICS, AND CAREGIVER INFORMATION.

UNDERSTANDING BRAIN TUMORS

THE ABTA PRODUCES AND DISTRIBUTES A PORTFOLIO OF MORE THAN 40 PUBLICATIONS AND RESOURCE MATERIALS INCLUDING 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. THESE MATERIALS, REGARDED AS THE GOLD STANDARD IN BRAIN TUMOR PATIENT INFORMATION, ARE REGULARLY UPDATED AND AVAILABLE IN PRINT AND AT WWW.ABTA.ORG, THE ORGANIZATION'S WEB SITE.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 1 (CONT'D)

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

THIS YEAR THE ABTA INTRODUCED TRIALCONNECT, A CLINICAL TRIAL MATCHING SERVICE. PROVIDED THROUGH A PARTNERSHIP WITH EMERGINGMED, TRIALCONNECT ASSISTS INDIVIDUALS IN LOCATING A CLINICAL TRIAL BEST SUITED TO THEIR DIAGNOSIS. IN JUST SIX MONTHS, THE ABTA EXPERIENCED MORE THAN 1600 UNIQUE VISITS TO THE ITS TRIALCONNECT WEBSITE, DISTRIBUTED MORE THAN 100 CLINICAL TRIAL INFORMATION PACKETS, AND HAD 50 CLINICAL TRIAL PROFILES COMPLETED. THIS SERVICE IS ACCESSIBLE VIA TELEPHONE OR AT THE ABTA.ORG WEB SITE.

COMMUNITY EDUCATION AND OUTREACH

THIS YEAR THE ABTA CONDUCTED FOUR COMMUNITY-BASED PILOT PROGRAMS THAT EXPLORED THE POTENTIAL FOR LEVERAGING GRASS-ROOTS PARTNERSHIPS IN THE DELIVERY OF LOCAL BRAIN TUMOR EDUCATIONAL WORKSHOPS. THE FOCUS OF EACH COMMUNITY-BASED PROGRAM WAS DRIVEN BY THE NEEDS OF THE LOCAL BRAIN TUMOR POPULATION BEING SERVED. THESE PILOT PROGRAMS PROVED SUCCESSFUL IN ENABLING THE ABTA TO REACH BRAIN TUMOR PATIENTS, CAREGIVERS AND HEALTH CARE PROFESSIONALS AT THE LOCAL LEVEL WITH EFFECTIVELY DEVELOPED AND EFFICIENTLY DELIVERED BRAIN TUMOR EDUCATION PROGRAMS.

FOR MANY BRAIN TUMOR PATIENTS AND FAMILY MEMBERS, THEIR FIRST INTRODUCTION TO THE ABTA IS THROUGH AN INTERNET SEARCH WHICH LEADS TO OUR WEBSITE. OFTEN JUST NEWLY DIAGNOSED, THESE INDIVIDUALS ARE FRIGHTENED, STUNNED AND DESPERATE TO BETTER UNDERSTAND THEIR DIAGNOSIS, TREATMENT OPTIONS AND OVERALL IMPACT ON THEIR LIVES. ABTA'S WEBSITE, WHICH THIS YEAR ALONE RECEIVED 1.5 MILLION VISITS, IS

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 1 (CONT'D)

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

DESIGNED TO PROVIDE ANSWERS TO THEIR QUESTIONS AS WELL AS LINKAGES TO LOCAL RESOURCES.

WE ALSO FORMALIZED A THREE-YEAR AGREEMENT WITH MAYO CLINIC IN ROCHESTER, MN, TO PROVIDE 1) SUPPORT FOR A PART-TIME NURSE EDUCATOR SPECIALIZED IN BRAIN TUMORS; 2) DISTRIBUTION AND FURTHER DEVELOPMENT OF ABTA PATIENT EDUCATION MATERIALS; AND 3) AN ANNUAL ASSESSMENT OF BRAIN TUMOR PATIENT EDUCATION EFFORTS AND NEEDS. THIS INITIATIVE WILL PROVIDE VALUABLE INFORMATION ABOUT THE EDUCATION, INFORMATION AND RESOURCE NEEDS OF BRAIN TUMOR PATIENTS AND CAREGIVERS.

THE ABTA LAUNCHED "CONNECTIONS," ITS SOCIAL NETWORKING SITE THIS YEAR. LOCATED AT HTTPS://CONNECTIONS.ABTA.ORG, THE SITE BRINGS TOGETHER PATIENTS, FAMILY MEMBERS, FRIENDS AND OTHERS IN SIMILAR CIRCUMSTANCES TOGETHER TO SHARE PHOTOS, STORIES, INFORMATION AND INSPIRATION. LAUNCHED IN SPRING OF 2011, THE CONNECTIONS ONLINE SUPPORT COMMUNITY HAS GROWN TO 500 MEMBERS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

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

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 2 (CONT'D)

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

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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 PROVIDE 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, UPDATES ON ADVANCES IN BRAIN TUMOR CARE AND

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 3 (CONT'D)

TREATMENT, REGIONAL MEETINGS FOR PATIENTS, FAMILY MEMBERS AND CAREGIVERS.

THE ABTA IS ALSO AN ADVOCATE FOR BRAIN TUMOR PATIENTS AND THEIR FAMILIES FOR THE INVESTIGATION OF INNOVATIVE RESEARCH AND TREATMENT APPROACHES AS WELL AS LEGISLATIVE AND REGULATORY HEALTH CARE ISSUES THROUGH ITS ALLIANCES WITH SUCH ORGANIZATIONS AS THE NATIONAL ORGANIZATION FOR RARE DISORDERS(NORD)AND THE PATIENT ADVOCACY FOUNDATION'S REGULATORY EDUCATION AND ACTION FOR PATIENTS(REAP)GROUP.

ATTACHMENT 4

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 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE MARTIN GROUP 949 N PLUM GROVE ROAD, SUITE C SCHAUMBURG, IL 60173	PRINT & DESIGN	114,252.
	TOTAL COMPENSATION	114,252.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

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	60,017.			60,017.
TOTALS	60,017.			60,017.

ATTACHMENT 7

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
PATH TO PROGRESS	751,964.
HUMOR TO FIGHT THE TUMOR	206,832.
OTHER EVENTS	768,227.
TOTAL	1,727,023.

ATTACHMENT 8

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
PATH TO PROGRESS	250,300.	119,790.	130,510.
HUMOR TO FIGHT THE TUMOR	69,150.	89,623.	-20,473.
OTHER EVENTS	100,629.	108,727.	-8,098.
TOTALS	420,079.	318,140.	101,939.

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 9

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

GROSS SALES LESS RETURNS AND ALLOWANCES	58,173.
INVENTORY AT BEGINNING OF YEAR	44,402.
PURCHASES	44,221.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	88,623.
MINUS ENDING INVENTORY	34,628.
COST OF GOODS SOLD	53,995.

ATTACHMENT 10

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION	ENDING BOOK VALUE
PREPAID EXPENSES	94,290.
TOTALS	94,290.

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE BONDS	250,686.	FMV
US GOVERNMENT OBLIGATIONS	15,101.	FMV
ASSET-BACKED SECURITIES	27,788.	FMV
EQUITIES	777,702.	FMV

Name of the organization: AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number:

ATTACHMENT 11 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	712,702.	FMV
TOTALS	1,783,979.	

ATTACHMENT 12

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION	ENDING BOOK VALUE
UNEARNED REVENUE	135,814.
TOTALS	135,814.

FEDERAL FOOTNOTES

STATEMENT 1:

FORM 990: PART 1 SUMMARY
MISSION STATEMENT

THE MISSION OF THE AMERICAN BRAIN TUMOR ASSOCIATION IS TO ADVANCE THE UNDERSTANDING AND TREATMENT OF BRAIN TUMORS WITH THE GOALS OF IMPROVING, EXTENDING AND, ULTIMATELY, SAVING THE LIVES OF THOSE IMPACTED BY A BRAIN TUMOR DIAGNOSIS. WE DO THIS THROUGH INTERACTIONS AND ENGAGEMENT WITH BRAIN TUMOR PATIENTS AND THEIR FAMILIES; COLLABORATIONS WITH ALLIED GROUPS AND ORGANIZATIONS; AND THE FUNDING OF BRAIN TUMOR RESEARCH.

American Brain Tumor Association
FEIN 23-7286648
Grants and Other Assistance to Individuals in the U S
Fiscal Year Ended June 30 2011

SCHEDULE I PART III ATTACHMENT

Date	Name	Name Address				Memo	Amount
UNITED STATES RESEARCH FELLOWSHIPS							
01/05/2011	Massachusetts General Hospital-Research	Bank of America N.A P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829		20 000.00
01/05/2011	Massachusetts General Hospital MA	MGH Research Finance P O Box 414876 Boston MA 02241-4876	Boston	MA	02241-4876		20 000.00
01/05/2011	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		20,000.00
01/05/2011	UCSF - Folsom Street	UCSF Controller's Office 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143-0897	San Francisco	CA	94143-0897		20 000.00
01/05/2011	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		20 000.00
01/05/2011	UCSF - Folsom Street	UCSF Controller's Office 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143-0897	San Francisco	CA	94143-0897		20 000.00
01/05/2011	Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin Sponsored Prg.Ass Nine Cambridge Center	Cambridge	MA	02142-1479		20 000.00
01/05/2011	University of California San Diego	OPAFS Attn. C Belliger 9500 Gilman Drive MC 0954 La Jolla CA 92093-0954	La Jolla	CA	92093-0954		20 000.00
01/05/2011	Massachusetts General Hospital-Research	Bank of America N.A P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829		20 000.00
01/05/2011	Cleveland Clinic Foundation, OH	P O Box 931531 Cleveland OH 44193-5012	Cleveland	OH	44193-5012		20 000.00
01/05/2011	St. Jude Children's Research Hospital	Financial Services c/o Lena Kung , Manager Mail Stop 509	Memphis	TN	38105-3678		20 000.00
01/05/2011	Ludwig Institute for Cancer Research CA	P O Box 12385 La Jolla California 92039-2385	La Jolla	CA	92039-2385		20,000.00
01/05/2011	Massachusetts GH-Cambridge St	Simches Research Building Alicia Doherty 185 Cambridge ST CPZN 3800	Boston	MA	02114		8 400.00
01/05/2011	Hospital for Sick Children-Grants Mgt.Off	Attn.Zeeshan Ghaznavi Grants Management Office 555 University Avenue	Toronto	ON	M5G 1X8		20 000.00
01/05/2011	Virginia Commonwealth University	Attn Margie R Booker Theatre Row 730 E Broad Street P O Box 843039	Richmond	VA	23284		20 000.00
01/05/2011	University of Alabama at Birmingham AL	Attn Debbie Snider Grants and Contracts Accounting 1530 Third Avenue South,AB 990	Birmingham	AL	35294-0109		20 000.00
01/13/2011	Cleveland Clinic Foundation	c/o Mike Murray NE30 9500 Euclid Ave	Cleveland	OH	44195		20 000.00
01/13/2011	Fred Hutchinson Cancer Research Center	Attn Mark Boyer 1100 Fairview Ave N J6-500 P O Box 19024	Seattle	WA	98109-1024		20 000.00
06/30/2011	Massachusetts General Hospital-Research	Bank of America N.A P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829		20 000.00
06/30/2011	Massachusetts General Hospital MA	MGH Research Finance P O Box 414876 Boston MA 02241-4876	Boston	MA	02241-4876		20 000.00
06/30/2011	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		20 000.00
06/30/2011	Fred Hutchinson Cancer Research Center	Attn Mark Boyer 1100 Fairview Ave N J6-500 P O Box 19024	Seattle	WA	98109-1024		20 000.00
06/30/2011	The Regents of the Univ of California	Controller's Office UCSF 1855 Folsom Street MCB 425 Box 0897	San Francisco	CA	94143-0897		20 000.00
06/30/2011	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		20,000.00
06/30/2011	Whitehead Institute for Biomedical Resea	Office of Sponsored Programs Attn Ronald Rankin Sponsored Prg.Ass. Nine Cambridge Center	Cambridge	MA	02142-1479		20 000.00
06/30/2011	University of California San Diego	OPAFS Attn C Belliger 9500 Gilman Drive MC 0954 La Jolla CA 92093-0954	La Jolla	CA	92093-0954		20 000.00
06/30/2011	UCSF - Folsom Street	UCSF Controller's Office 1855 Folsom Street MCB 425 Box 0897 San Francisco CA 94143-0897	San Francisco	CA	94143-0897		20 000.00
06/30/2011	Massachusetts General Hospital-Research	Bank of America N.A. P O Box 3829 Boston MA 02241-3829	Boston	MA	02241-3829		20 000.00
06/30/2011	Cleveland Clinic Foundation OH	P O Box 931531 Cleveland OH 44193-5012	Cleveland	OH	44193-5012		20,000.00
06/30/2011	St. Jude Children s Research Hospital	Financial Services c/o Lena Kung Manager Mail Stop 509	Memphis	TN	38105-3678		20 000.00
06/30/2011	Massachusetts General Hospital-Spilotis	Bank of America N.A P O Box 414876 Bostson MA 02241-4876	Bostson	MA	02241-4876		25 000.00
06/30/2011	The Regents of the Univ of California	Controller's Office UCSF 1855 Folsom Street MCB 425 Box 0897	San Francisco	CA	94143-0897		25,000.00
06/30/2011	Univ.of Texas Southwestern Medical Center	Grant Management P O Box 841753 Dallas TX 75284-1753	Dallas	TX	75284-1753		25 000.00
06/30/2011	The University Of North Carolina Ch.Hill	Office of Sponsored Research c/o Bank of America Lock Box Service P O Box 402420	Atlanta	GA	30384-2420		25 000.00
06/30/2011	Cornell University	Sponsored Financial Services P O Box 22 Ithaca NY 14851-0022	Ithaca	NY	14851-0022		25 000.00
06/30/2011	Cleveland Clinic Foundation, OH	P O Box 931531 Cleveland, OH 44193-5012	Cleveland	OH	44193-5012		25 000.00
06/30/2011	UC Regents - Los Angeles	Administrative Main Cashier Office Box 951432 1125 Murphy Hall 405 Hilgard Avenue	Los Angeles	CA	90095-9000		25 000.00
06/30/2011	CPMC Reserch Institute	Attn Diane Carpio 475 Brannan Street Ste.220 San Francisco CA 94107	San Francisco	CA	94107		25 000.00
06/30/2011	The Regents of the Univ of California	Controller's Office UCSF 1855 Folsom Street MCB 425 Box 0897	San Francisco	CA	94143-0897		25 000.00
06/30/2011	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		25 000.00
06/30/2011	The University Of North Carolina Ch.Hill	Office of Sponsored Research c/o Bank of America Lock Box Service P O Box 402420	Atlanta	GA	30384-2420		25 000.00
06/30/2011	Cleveland Clinic Foundation OH	P O Box 931531 Cleveland OH 44193-5012	Cleveland	OH	44193-5012		25 000.00
06/30/2011	Hospital for Sick Children	Attn Ms Rebbie Pamintuan Grants Administration Officer 555 University Ave	Toronto	ON	M5G 1x8		25 000.00
06/30/2011	The Trustees of Columbia Univ NYC	Sponsored Project Finance P O Box 29789 General Post Office	New York	NY	10087-9789		25 000.00
	Other Research Fellowships under $5 000						37 000.00
	TOTAL UNITED STATES RESEARCH FELLOWSHIPS						975 400.00
UNITED STATES RESEARCH GRANTS							
06/30/2011	Health Research Inc Roswell Park Division	Elm and Carlton Streets Buffalo, NY 14263	Buffalo	NY	14263		75,000.00
06/30/2011	Vanderbilt University Medical Center	Department of Finance Attn Stephen Todd DEPT AT 40303	Atlanta	GA	31192-0303		75 000.00
06/30/2011	University of Colorado Denver	Dept. of Neurosurgery Research Complex 2(P15) Rm 5124 12700 E 19th Ave	Aurora	CO	80045		50 000.00
06/30/2011	The Regents of the Univ of California- J	Moores Cancer Center Attn Michelle Ghani 3855 Health Sciences Drive MC 0901	La Jolla	CA	92093-0901		50 000.00
06/30/2011	Stanford University	P O Box 44253 San Francisco CA 94144-4553	San Francisco	CA	94144-4553		50 000.00
06/30/2011	Ohio State University-Kenny	Attn Richard Bradbury Accounting 4th floor 1960 Kenny Road	Columbus	OH	43210		50 000.00
06/30/2011	Hugo W Moser Res Inst.at Kennedy Krieger	Attn Peggy Feng 707 North Broadway Baltimore, MD 21205	Baltimore	MD	21205		50 000.00
06/30/2011	Children s Hospital Boston	Research Finance P O Box 414413 Boston, MA 02241-4413	Boston	MA	02241-4413		50 000.00
06/30/2011	The Rehabilitation Institute of Chicago	Attn Ms Finley 345 East Superior Street ONT 938	Chicago	IL	60611		50 000.00
06/30/2011	The Regents of the Univ.of California-J2	University of California-San Diego Cashier's Office Mail Code 0009 9500 Gilman Drive	La Jolla	CA	92093-0009		50,000.00
06/30/2011	Catholic Healthcare W St.Joseph s Hos MC	St.Joseph s Hospital Medical Center Attn Misc A/R Cash File 57431	Los Angeles	CA	90074-8781		50 000.00
06/30/2011	The Methodist Hospital Research Institute	P O Box 4805 Houston TX 77210-4805	Houston	TX	77210-4805		50 000.00
06/30/2011	Children s Hospital Boston	Research Finance P.O Box 414413 Boston MA 02241-4413	Boston	MA	02241-4413		50 000.00
06/30/2011	UTMD Anderson Cancer Center	Attn Grants and Contracts P O Box 4390 Houston TX 77210-4390	Houston	TX	77210-4390		50 000.00
06/30/2011	Massachusetts General Hospital-Spilotis	Bank of America N.A P O Box 414876 Bostson MA 02241-4876	Bostson	MA	02241-4876		50 000.00
11/11/2010	Blanchette Rockefeller Neuroscience Inst.	Attn Muriel Hixenbaugh Chief Financial & Medical Center Drive Morgantown, WV 26505-3409	Morgantown	WV	26505-3409		43,091.86
	Other Grants Under $5 000						7 503.14
	TOTAL UNITED STATES RESEARCH GRANTS						850 595.00
							1 825 995.00