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Form **990**

Department of the Treasury Internal Revenue Service

232001 12-10-12

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.

2012
Open to Public Inspection

Ar	or the	e 2012 calendar year, or tax year beginning and	ı enaing						
В	heck if pplicabl	C Name of organization		D Employer identific	cation number				
	Addre		·						
	Name chang	Doing Business As		23-7025700					
] Initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite						
	Termii ated	330 THUMBOOD HVE	900	415-	665-3003				
[Amen retum	City, town, or post office, state, and ZIP code		G Gross receipts \$	386,915.				
L	Applic tion pendi	DAN TRANCIBCO, CA 34117		H(a) Is this a group re					
	pendi	F Name and address of principal officer: DEAN L. RIDER, PL.		for affiliates?	Yes X No				
		350 PARNASSUS AVE, SUITE 900, SAN FRAN		7					
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no) 4947(a)(1)	or 527	1	list. (see instructions)				
		te: ► N/A	1	H(c) Group exemption					
		forganization X Corporation Trust Association Other ►	L Year	of formation 1900 N	State of legal domicile CA				
1 1-2	art [Summary	TE EIME	ער העם אייים	N DICENCE				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: RAIS MEDICAL RESEARCH	SE FUNL	OS FOR BATTE	N DISEASE				
ř	2	Check this box If the organization discontinued its operations or disposition of the organization discontinued its operations or disposition.	osed of more	e than 25% of its net as	ssets.				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	5				
<u>ფ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
es.	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0				
<u>×</u>	6	Total number of volunteers (estimate if necessary)		6	0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C) time 12		7a	0.				
_	b	Net unrelated business taxable income from Form 990 T, line 34		7b	0.				
		980	<u> </u>	Prior Year	Current Year				
e	8	Contributions and grants (Part VIII, line 11) & MAY 1 4 2013 Program service revenue (Part VIII, line 29) &	<u> </u>	21,403.	28,448.				
Revenue	9			370.	11,126.				
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ļ	61,417.	60,547.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 82, 9c, 10c, and 1 tel	<u> </u>	83,190.	100,121.				
2013		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,000.	84,483.				
20		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	04,403.				
₩,		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	, <u> </u>	31,833.	14,575.				
MAY 3 Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	′ ⊢	0.	0.				
₽ĕ			550.		***************************************				
≅ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,984.	21,912.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	63,817.	120,970.				
កា	19	Revenue less expenses. Subtract line 18 from line 12		19,373.	-20,849.				
Sec.			Be	eginning of Current Year	End of Year				
Sets	20	Total assets (Part X, line 16)		887,465.	896,588.				
	21	Total liabilities (Part X, line 26)		0.	0.				
W = 3	22	Net assets or fund balances. Subtract line 21 from line 20		887,465.	896,588.				
-	art II	······································							
		alties of perjury, I declare that I have examined this return, including accompanying schedul			y knowledge and belief, it is				
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of v	which prepare	r has any knowledge					
		Signature of officer		1 4-25-1 Date	<u> </u>				
Sig				Date					
Her	e	DEAN L. RIDER, M.D. Type or print name and title			<u>.</u>				
			4	Date Check	PTIN				
Paid	ı	PATRICK V. POLO Print/Type preparer's name Preparer's signature Print/Type preparer's name	le la	14/22/12/1	D01202661				
	i Darer	Firm's name SIMENS & POLO, LLP		Firm's EIN ►	27-1356243				
	Only	Firm's address 111 PINE STREET, STE 1400		Timsen					
036	J,	SAN FRANCISCO, CA 94111		Phone no (415) 418-2400				
Max	tha l	RS discuss this return with the preparer shown above? (see instructions)		1 : 110110 110	X Yes No				

	n 990 (2012) CHILDREN'S BRAIN DISEASE FOUNDATION 23-7025700 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
•	RAISE FUNDS FOR MEDICAL RESEARCH INTO THE CAUSES AND TREATMENTS OF
	BATTEN DISEASE
	DATTEN DIGEAGE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 95,023. including grants of \$ 84,483.) (Revenue \$
	FINANCIAL SUPPORT FOR MEDICAL RESEARCH ON THE CAUSES AND TREATMENTS OF
	BATTEN DISEASE
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$
4c	/6
4C	(Code) (Expenses \$
	, , , , , , , , , , , , , , , , , , , ,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
46	Total program service expenses 95,023.

Form 990 (2012) CHILDREN'S B
Part IV Checklist of Required Schedules

	± 4.7 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °		V	
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
ь	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	х	
С	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		Х
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
е	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_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
D	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

Page 4

Part IV Checklist of Required Schedules (continued) Yes No 21' Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the Х United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a Х disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified Х 26 person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b 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 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

> Х Form **990** (2012)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Second Programment Second Promise	ra	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W2G included in line 1s. Enter 0-f not applicable ○ Old the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to pirze winners? 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 1 If the same of the foreign country (such as a bank account, securities account, or other financial account)? 2 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 3 If Yes, in the same of the foreign country. 4 If Yes, in the same of the foreign country. 5 If Yes, in the same of the foreign country. 5 If Yes, in the same of the foreign country. 5 If Yes, in the same of the organization in the it was or is a party to a prohibited tax shelter transaction at any time duming the tax year? 5 If Yes, include the organization include with every sobicitation an express statement that such contributions or gifts were not tax deductibles of tax deductibles of the same of the sa				Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Eafer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. (a	1a	· · · · · · · · · · · · · · · · · · ·	-		
gambling) winnings to prize winners? a Enter the number of employees reported on Form WG, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines is a and 2 as 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? 5a If 1 Yeas, has if filed a Form 990 To frost his year If 1 1 No. *provide an explination in Schedule O 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 fusich as a bank account, securities account, or other financial accounts? 5b If 1 Yeas, enter the name of the foreign country. ■ 5c Was the organization a park by a princhibid tax sheller transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c If 1 Yeas, or line \$6 or \$5, did the organization that it was or is a party to a prohibid tax shelter transaction? 5c If Yeas, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles acharizatio contributions? 5c If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not its deductible as charizatios contributions? 5c If Yes, indicate the number of forms 8822 fled during the year 5d Organizations that may receive deductible contributions under section 170(c). 5d If Yes, indicate the number of forms 8822 fled during the year 6d Did the organization neares any strings, directly or indirectly, to pay premiums on a personal benefit contriact? 7d Did the organization received	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Eiter the number of employees reported on Form W3. Transmittal of Wages and Tax Statements, filled for the calendar year ending with or within the year covered by this return If all least one is reported on line 2a, did the organization fille all required federal employment tax returns? Note. If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3 bid the organization have unrelated business gross income of \$1,000 or more dump the year? 3 bif Yes, has it filled a Form 990-T for this year? If Yho, *provide an explanation in Schedule O 3 bif Yes, *has it filled a Form 990-T for this year? If Yho, *provide an explanation in Schedule O 4 bif Yes, *has it filled a Form 990-T for this year? If Yho, *provide an explanation in Schedule O 5 bif Yes, *to lite the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 bif Yes, *to lite organization to form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 were not that explanation and the organization that it was or as a party to a prohibited tax shelter transaction at any time duming the tax year? 5 bif Yes, *to lite organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5 bif Yes, *to dit the organization miclade with very solicitation an express statement that such contributions or gifts were not tax deductible? 6 city or organizations that may receive deductible contributions under section 170(c). 9 bif the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 contributions that may receive deductible contributions under section 170(c). 9 bif the organization received a contribution of qualified intellectual property, did the organization file a form 1098-C? 9 bif the organization received a contribution of accounts disposed file property for which it was required?	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Filed for the calendary year ending with or within the year covered by this return 2a 0		(gambling) winnings to prize winners?	1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? 3b If Yes,* has It filed a Form 990-T for this year? If Yes,* provide an explanation in Schedule 0 3b At any time during the calendary 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)? 5b If Yes,* enter the name of the foreign country. 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5c Was the organization a party to a prohibited tax sheller transaction at any time during the tax year. 5c Was the organization and provide a prohibited tax sheller transaction at any time during the tax year? 5d Was the organization an expert to a prohibited tax sheller transaction at any time during the tax year. 5d Was the organization shell we organization file Form 8886-17 5d Does the organization shell with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Was if Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization received a payment in excess of 375 made party as a contribution of ground and party for goods and services provided to the payor? 7a Was if Yes,* did the organization nority the donor of the value of the goods or services provided? 7b Did the organization received a contribution of qualified intellectual property, did the organization file a F	2 a		1		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	<u>'</u>		
3a Dk the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has if filed a Form 990-T for this year? If 'No, 'provide an explanation in Schedule O 3b 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)? 4b If Yes, 'the first the name of the foreign country: ▶ 5c enstructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial accounts. 5c Was the organization for the foreign country: ▶ 5c was the organization foreign to a prohibited tax shelter transaction? 5c Was the organization foreign explaination file Form 8886+1? 5c Uf 'res,' to line 5o or 5b, did the organization file Form 8886+1? 6d Does the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible? 6c Uf 'res,' to line 5o or 5b, did the organization include with overy solicitation an express statement that such contributions or gifts were not tax deductible? 6d Uf the organization receive a payment in excess of 37s made partly as a contribution and partly for goods and services provided to the payor? 7c Organizations that many receive deductible contributions under section 170(c). 8d Uf the organization receives a payment in excess of 37s made partly as a contribution of payment or goods and services provided? 9b Uf Yes,' did the organization notify the donor of the value of the goods or services provided? 9c Up the organization received a contribution of qualified intellectual property, did the organization foreign and contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, anplaines, or other vehicles, did the organization make a distribution of cars, boats, anplaines, or other vehi	ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
b If Yes,* has filled a Form 990-T for this year? If ™o.* provide an explanation in Schedule O 4 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)? 4					
4a Alary 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)? 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. 8 Was the organization requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization from the second that it was or is a party to a prohibited tax shelter transaction? 5 L X b Ix Ix Ix In	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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? 5b IV 20 and yas taxbel party notify the organization that this as or a party to a prohibited tax shelter transaction? 5b IV 3c If "Yes," to line 5a or 5b, clid the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soloid any contributions that were not tax deductible? 6b IV "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Dorganizations that may receive deductible contributions under section 170(c). a bid the organization sclews a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b IV "Yes," indicate the number of Forms 8282 filed during the year 1c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b IV the organization received a contribution of qualified intellectual property, did the organizations. Did the supporting organization received a contribution of cars, boats, anjanes, or other vehicles, did the organizations. Did the supporting organization make a distribution to a donor, donor advised funds a Did the organization make any taxable distributions under section 4968? Did the organization make any taxable distributions under section 4968? Did the organization make any taxable distributions under section 4968? Did the organization make any taxable distributions under section 4968? Did the organizat	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 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? 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 c Enter the amount of reserves any payments for indoor tanning services during the tax year? 14a X	Ü				
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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 c Enter the amount of reserves on hand 13c 14a X			13a		
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c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X		1 1			
14a Did the organization receive any payments for indoor tanning services during the tax year?	С		1		
			14a		X

CHILDREN'S BRAIN DISEASE FOUNDATION

Form 990 (2012) 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 0 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? Х 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization 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 X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **CA** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MERYL LARSEN - 415-665-3003

232006 12-10-12

94117

350 PARNASSUS AVE, STE 900, SAN FRANCISCO, CA

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.

X Check this box if neither the organi (A)	(B)	(B) (C)						(D)	(E)	(F)		
Name and Title	Average	 ,		Pos	ition			Reportable	Reportable	Estimated		
· · · · · · · · · · · · · · · · · · ·	hours per	box	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensation	amount of		
	week	offi	cer ar	nd a d	Irecto	r/trus	tee)	from	from related	other		
	(list any	햧	1					the	organizations	compensation		
	hours for	Ę			ŀ	<u>ឆ</u> ្ន		organization	(W-2/1099-MISC)	from the		
	related	Stage	Tega			Seus		(W-2/1099-MISC)		organization		
	organizations	量	onal t		S S	5 g				and related		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) DIGWIDD DIDDD W.D.	line) 0 • 0 0	١	Ĕ	5	ᇂ	₹5	윤					
(1) RICHARD RIDER, M.D	0.00	$ \mathbf{x} $						0.	0.	0.		
TRUSTEE	0.00	╀	\vdash	\vdash	⊢	 		0.	<u> </u>	0.		
(2) DALE RIDER	0.00	٠,	İ		ļ			0.	0.	0		
TRUSTEE	0.00	X	 	⊢	-	-		0.	0.	0.		
(3) ROBERT SUTHERLAND	0.00	┨										
TRUSTEE		X	-	<u> </u>	ļ	<u> </u>		0.	0.	0.		
(4) DEAN L. RIDER, M.D.	0.00									_		
PRESIDENT		₽		Х		<u> </u>		0.	0.	0.		
(5) GRACLYNN RIDER	0.00	4		١						_		
SECRETARY/TREASURER	1 00	₩		Х		<u> </u>		0.	0.	0.		
(6) BRENDA K. OLIVER	1.00	-						12 22				
EMPLOYEE		ــــــــــــــــــــــــــــــــــــــ						13,933.	0.	0.		
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Page &	b
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(A) Name and title	(B) Average hours per week	(C) Position					one n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	r director	sonal trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compensa from the organizat and relat organizati		
	<u> </u>												
		-									· · · · · ·		
		-											
1b Sub-total			<u>i</u>]	L	>		13,933.		0.		0.	
 Total from continuation sheets to Pa Total (add lines 1b and 1c) 	art VII, Section A					>		13,933.		0.		0.	
Total number of individuals (including compensation from the organization		ose	liste	d at	oove	e) wh	o re	eceived more than \$100	0,000 of reportable	e 		0	
3 Did the organization list any former of			e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on	Γ	10	es No	
line 1a? If "Yes," complete Schedule J For any individual listed on line 1a, is t			mpe	ensa	ation	anc	d oth	her compensation from	the organization	-	3	X	
and related organizations greater thanDid any person listed on line 1a receive									idual for services		4	X	
rendered to the organization? If "Yes," Section B. Independent Contractors											5	X	
Complete this table for your five higher the organization Report compensation										pensa	tion fror	n	
(A Name and busi)	-	NE		AICH	OI WI		(B) Description of s		Co	(C)	ation	
								,					
		<u>-</u>								•			
· · · · · · · · · · · · · · · · · · ·													
							1						
2 Total number of independent contract		ot lir	nıted	d to		_	sted	l above) who received n	nore than				
\$100,000 of compensation from the or	rganization				(<u>) </u>							

				RAIN DISE	ASE FOUNDA	TION	23-702	5700 Page 9
Pa	rt V	Statement of Reven	ue		<u>. </u>			
		Check if Schedule O conta	ains a response	to any question				
`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 6	Federated campaigns	1a					310, 01 314
Contributions, Gifts, Grants and Other Similar Amounts	t	Membership dues	1b					
A. G		Fundraising events	1c	18,100.				
la it	(d Related organizations	1d					
im.	•	Government grants (contribution	ons) 1e					
er S	1	All other contributions, gifts, grant	s, and					
들		similar amounts not included abov	e 1f	10,348.				
9 5		Noncash contributions included in lines	1a-1f \$		20 440			
O a	<u> </u>	Total. Add lines 1a-1f		<u> </u>	28,448.	,		
o)	2 a	•		Business Code				
Š	"			-				+
Program Service Revenue	,				-		· · · · · · · · · · · · · · · · · · ·	
am eVe	,							
P.C.	•							
ፈ	f	All other program service rever	nue				-	
		Total. Add lines 2a-2f						
	3	Investment income (including	dıvıdends, ınter	est, and				
		other similar amounts)		>	7,478.			7,478.
	4	Income from investment of tax	exempt bond p	proceeds				
	5	Royaities [<u> </u>	, ,			
		Cross reads	(i) Real 68,447.	(ii) Personal				
		Gross rents Less: rental expenses	00,447.					
		Rental income or (loss)	68,447.					
		Net rental income or (loss)		>	68,447.			68,447.
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	282,542.					
	b	Less: cost or other basis						
		and sales expenses .	278,894.					
		Gain or (loss)	3,648.					
		Net gain or (loss)			3,648.			3,648.
Other Revenue	8 a	Gross income from fundraising including \$18,1						
3ev		contributions reported on line	1c). See	_				
erl		Part IV, line 18	а					
ਰੋ		Less: direct expenses	b	7,900.	7 000			7 000
		Net income or (loss) from fundi	=	<u> </u>	-7,900.			-7,900.
	9 a	Gross income from gaming act						
		Part IV, line 19 Less: direct expenses	a b					
		Net income or (loss) from gamil		L		•		
		Gross sales of inventory, less r	_					
		and allowances	а					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales	of inventory	. ▶				1
		Miscellaneous Revenue		Business Code				
	11 a							
	b							
	C			ļ				
	d	All other revenue						1
	12	Total. Add lines 11a-11d Total revenue. See instructions			100,121.	0.	0 .	71,673.
23200 12-10-		. Seei 1640mae. Occ matructivits			100,1210			Form 990 (2012)
	·-							(200)

Form 990 (2012) CHILDREN'S BRA Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	
	Check if Schedule O contains a respon		Is Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	84,483.	84,483.		
2	Grants and other assistance to individuals in			[
	the United States. See Part IV, line 22	_			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16			· · · · · · · · · · · · · · · · · · ·	
4	Benefits paid to or for members	· · · · · ·			
5	Compensation of current officers, directors,				
	trustees, and key employees	13,933.	10,540.	2,000.	1,393.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	640		C 4 0	
10	Payroll taxes	642.		642.	
11	Fees for services (non-employees):				
а	Management				
ь	Legal	7 077		6,720.	1,257.
C	Accounting	7,977.		0,720.	1,25/.
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	688.		688.	
13	Office expenses	000.	-	000.	
14	Information technology				
15	Royalties	10,400.		10,400.	
16 17	Occupancy Travel	10,400.	-	10,400.	 .
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	354.		354.	
23	Insurance	2,458.		2,458.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line	·			
	24e amount exceeds 10% of line 25, column (A)				
•	amount, list line 24e expenses on Schedule 0) STATE FILING FEES	35.		35.	111 11 111-1-1-1-1-11111
b	····				-
c	 -			- -	·
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	120,970.	95,023.	23,297.	2,650.
26	Joint costs. Complete this line only if the organization	•	-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				
22201/	12-10-12				Form 990 (2012)

Form 990 (2012)
Part X · Balance Sheet

	Check if Schedule O contains a response to any	question in this Part X			
•			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		345,340.	1	131,330.
2	Savings and temporary cash investments	_		2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and for	ormer officers, directors,			
	trustees, key employees, and highest compensations	ated employees. Complete			
	Part II of Schedule L		_	5	
6	Loans and other receivables from other disquali	fied persons (as defined under			
	section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of sections	ion 501(c)(9) voluntary			
.	employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
S 7	Notes and loans receivable, net			7	
Assets 7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a 1,476. 10b 944.			
ь	Less: accumulated depreciation	10ь 944.	886.	10c	532.
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line	541,239.	12	764,726.	
13	Investments - program-related. See Part IV, line		13	· ·	
14	Intangible assets		_	14	
15	Other assets. See Part IV, line 11		. .	15	
16	Total assets. Add lines 1 through 15 (must equ	al line 34)	887,465.	16	896,588.
17	Accounts payable and accrued expenses			17	
18	Grants payable		18		
19	Deferred revenue		19	, , , , , , , , , , , , , , , , , , , ,	
20	Tax-exempt bond liabilities		· ·	20	
ဖွ 21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
	Loans and other payables to current and former		1		
	key employees, highest compensated employee				
ا دُ	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrela	ated third parties		23	
24	Unsecured notes and loans payable to unrelate	·		24	
25	Other liabilities (including federal income tax, pa	· I	- '		
	parties, and other liabilities not included on lines	·			
	Schedule D	, , , , , , , , , , , , , , , , , , ,		25	
26	Total liabilities. Add lines 17 through 25		0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ဖွ	complete lines 27 through 29, and lines 33 ar	•			
ဥ္က 27	Unrestricted net assets			27	
Net Assets or Fund Balances 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Temporarily restricted net assets			28	
n 29	Permanently restricted net assets			29	
Š	Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ X			
<u>.</u>	and complete lines 30 through 34.				
ğ 30	Capital stock or trust principal, or current funds		0.	30	0.
31	Paid-in or capital surplus, or land, building, or ed	upment fund	0.	31	0.
32	Retained earnings, endowment, accumulated in	• •	887,465.	32	896,588.
33	Total net assets or fund balances		887,465.	33	896,588.
34	Total liabilities and net assets/fund balances	i	887,465.	34	896,588.
1 04	TOTAL HADRICO GITO HOT ASSETS TOTTO DAIGHTOES			•	Form 990 (201

orn	990 (2012) CHILDREN'S BRAIN DISEASE FOUNDATION	23-702	<u>5700</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,121.
2	Total expenses (must equal Part IX, column (A), line 25)	2		970.
3	Revenue less expenses. Subtract line 2 from line 1	3		,849.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,465.
5	Net unrealized gains (losses) on investments	5	31	,372.
6	Donated services and use of facilities	6		
7	Investment expenses	7		,400.
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	896	,588.
Pa	rt 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: X 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
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		ļ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	990 (2012

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

2012

Open to Public inspection

Name of the organization

CHILDREN'S BRAIN DISEASE FOUNDATION

Employer identification number 23-7025700

Part I	Reason	for Public Charl	ity Status (All organiz	ations mu:	st complet	e this part	:.) See inst	ructions.				
The organ	ization is not a	a private foundation l	because it is: (For lines 1	through 1	11, check (only one b	юх.)					
1 🖳	A church, co	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	•				
2 🔛	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔	A hospital or	a cooperative hospit	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	prtal descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ıe,
	city, and stat	e:										
5 🗌	An organizati	on operated for the I	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🗀	A federal, sta	ite, or local governme	ent or governmental und	t described	d ın sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally reco	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	cribed	in
	section 170((b)(1)(A)(vi). (Complet	te Part II.)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally reco	eives: (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, a	ınd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	inves	tment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June	30, 197	75.
	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	/pell c ∐ Ty	ype III • Fu	nctionally i	integrated	C	і 📖 Тур	e III - No	n-functiona	lly inte	grated
e	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons ot	her tha	חנ
	foundation m	nanagers and other ti	han one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described i	ın (ii) and (iii) below		Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		—
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)		—
	(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii	<u>) </u>	l
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).							
		1	T	1		 		I (N)		-		
• •	of supported anization	(ii) EIN	1 (0000	in col (i) lis	•	organizat	ion in col	(vi) Is organization (i) organiz	on in col ed in the	(VII) Amoun	it of mo pport	netary
			above or IRC section (see instructions))		document?	ļ	r support?	ับร		<u> </u>		
			(coo mencement)	Yes	No	Yes	No	Yes	No			
	<u>.</u>				-							
 								<u> </u>	 			
-										-		
Total								1		İ		

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 CHILDREN'S BRAIN DISEASE FOUNDATION 23-7025700 Page 2 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.)

<u>Se</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	140,325.	20,290.	21,755.	21,403.	28,448.	232,221.
2	Tax revenues levied for the organ-		•				
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge	140 335	20 200	21 755	21 402	20 440	222 221
	Total. Add lines 1 through 3	140,325.	20,290.	21,755.	21,403.	28,448.	232,221.
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		1				
	amount shown on line 11, column (f)						
•	,,,						232,221.
	Public support. Subtract line 5 from line 4	1		1	1	:	232,221.
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	140,325.	20,290.	21,755.	21,403.	28,448.	232,221.
	Gross income from interest,	110/0231	20,2300	21,7330	21,1001	20,1100	202,2210
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	72,923.	91,792.	79,509.	69,103.	79,573.	392,900.
9	Net income from unrelated business	1 - 7		, , , , , , ,	,		
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						625,121.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here			<u></u>		▶□
Sec	tion C. Computation of Publ	ic Support Per	centage			····	
14	Public support percentage for 2012 (I	line 6, column (f) div	rided by line 11, co	olumn (f))		14	37.15 %
	Public support percentage from 2011	·	•		Į	15	37.12 %
16a	33 1/3% support test - 2012. If the o	organization did not	check the box on	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				$\triangleright X$
b	33 1/3% support test - 2011. If the c				line 15 is 33 1/3%	or more, check th	. —
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the *fac					t IV how the organ	. —
_	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				-		,
40	organization meets the "facts-and-circ			•			>
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a	i, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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

Section A. Public Support	slow, please com	ipiete Part II.)				·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(b) 2009	(6) 2010	(d) 2011	(e) 2012	(i) rotai
membership fees received. (Do not						
Include any "unusual grants.")						
· · · · · · · · · · · · · · · · · · ·		 			 	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	····				<u> </u>	
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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				ļ		
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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,		1				
whether or not the business is regularly carried on						
12 Other income. Do not include gain					1	
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	'e firet eacond thu	rd fourth or fifth t	av vear as a sect	ION 501(c)(3) organiz	zation
check this box and stop here	the organization	s mst, second, tim	a, loaitii, oi iiitii t	ax year as a sect	on so recitor organiz	▶ □
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2012 (II			column (fl)		15	%
16 Public support percentage from 2011	, ,,	•	Solutili (I))		16	%
Section D. Computation of Inves					1 14-1	
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2		•	ie 10, column (i)/		18	%
19a 33 1/3% support tests - 2012. If the			on line 14 and line	e 15 je more than		
						., is iiot ▶ □
more than 33 1/3%, check this box ar			•			and —
b 33 1/3% support tests - 2011. If the	-					, [
line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization			•	, ,		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization

Employer identification number

	CHILDREN'S BRAIN D	ISEASE FOUNDATION		-	23-7025700
Pa	1 Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Ac	ccou	nts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Donor advised funds	(b) Fund	ds 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 advis	ed func	ds	
	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 a	advisors in writing that grant funds can be	used o	nly	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferr	ing	
	Impermissible private benefit?				Yes No
Pai	THE Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, P	art IV, I	ıne 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).			
	Preservation of land for public use (e.g., recreation or	education) Preservation of an his	toncally	y impo	rtant land area
	Protection of natural habitat	Preservation of a cert	ified his	storic s	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	nserva	ation easement on the last
	day of the tax year.		,		
					Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	<u> </u>
С	Number of conservation easements on a certified historic st	ructure included in (a)	}	2c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structi	ure		
	listed in the National Register		Ł	2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organı	ızatıon	during the tax
_	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe				Yes No
_	violations, and enforcement of the conservation easements		umaa th		
6	Staff and volunteer hours devoted to monitoring, inspecting				
7	Amount of expenses incurred in monitoring, inspecting, and				<u> </u>
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	(11)(4)(0))(1)	Yes No
0	In Part XIII, describe how the organization reports conservat	ion apparents in the revenue and expense	ctatem	ant s	
9	include, if applicable, the text of the footnote to the organization	·			
	conservation easements.	mon 3 imariciai statements that describes	inc org	annead	ion a docoditing for
Pa	T III Organizations Maintaining Collections	f Art. Historical Treasures, or O	ther S	Simil	ar Assets.
L.::::::	Complete if the organization answered "Yes" to Form				
1a	If the organization elected, as permitted under SFAS 116 (A	**************************************	nent an	d bala	nnce sheet works of art.
	historical treasures, or other similar assets held for public ex	•			
	the text of the footnote to its financial statements that descri				
b	If the organization elected, as permitted under SFAS 116 (A)		t and ba	alance	sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e				
	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 tre	easures, or other similar assets for financia	al gain. r		
_	the following amounts required to be reported under SFAS 1		J, [
а	Revenues included in Form 990, Part VIII, line 1	, ,			\$
	Assets included in Form 990, Part X	·			\$

Sche	dule D (Form 990) 2012 CHILDREN	YS BRAIN	DISE	ASE FO	UNDATI	ON		23-70	25700	Page 2
Par	t III Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, d	or Other	Simila	ar Asse	ts (continu	Jed)
3	Using the organization's acquisition, accession									
	(check all that apply):									
а	Public exhibition	d	יוַוּי	oan or exc	hange progra	ams				
b	Scholarly research	e	. 🗆	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organızatı	on's exem _l	ot purpo	ose in Par	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er sımılar a	ssets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organizatio	n answered	"Yes" to Fo	orm 990	, Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		-						Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing to	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year	_					1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	217						Yes	No No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete if	the organization ar	swered '	'Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) Pi	nor year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
ь	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1ç	g, column (a	a)) held as.					
а	Board designated or quasi-endowment ▶ _		_%							
b	Permanent endowment ▶	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	ınd admınıste	ered for the	organiz	zation	_	
	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 of	on Sched	ule R?					3ь	
4	Describe in Part XIII the intended uses of the	organization's endo	owment f	unds.						
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X,	line 10.						
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulate	∍d	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment .				1,476.		9	44.	****	532.
<u>e</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colum	nn (B), line 1	10(c).)			>		532.

Schedule D (Form 990) 2012

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

Inspection

Name of the organization

Employer identification number 23-7025700 CHILDREN'S BRAIN DISEASE FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2 a 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? 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. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) have custody or control of contributions? (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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 GOLF TOURNAMENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	18,100.			18,100.
	2	Less: Contributions	18,100.			18,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes .				
.	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,957.			1,957.
Orrect E	7	Food and beverages	2,143.			2,143.
_	8	Entertainment				
	9	Other direct expenses	3,800.			3,800.
	10	Direct expense summary. Add lines 4 through			•	7,900
Ps	rt l	Net income summary. Combine line 3, column Gaming. Complete if the organization is		990 Part IV line 19 or r	enorted more than	-7,900.
		\$15,000 on Form 990-EZ, line 6a.		000,1 art 17, mio 10, 01 1	oportod more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %		Yes %	
	6	Volunteer labor	L No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		•	(
	8	Net gaming income summary. Combine line 1	, column d, and line 7		>	
		er the state(s) in which the organization opera				
		he organization licensed to operate gaming ac				Yes No
D.	11	No,* explain:				
10a				removed during the toy.	100r?	Yes No
	We	re any of the organization's gaming licenses re	evoked, suspended or te	inninated duning the tax v	real:	162 140
b		ere any of the organization's gaming licenses re Yes, explain:	•			
b			•			

Sch	nedule G (Form 990 or 990-EZ) 2012 CHILDREN'S BRAIN DISEASE FOUNDATION 23-7	<u> 7025700</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes Yes	☐ No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	%
	b An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		_
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	b If "Yes," enter the amount of gaming revenue received by the organization		
	of gaming revenue retained by the third party > \$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Da	organization's own exempt activities during the tax year \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III)	l and (v) and	Dort III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		
		-	
			<u> </u>
—		<u></u>	
			<u> </u>

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public' OMB No 1545-0047 Inspection Employer identification number 23-7025700 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 CHILDREN'S BRAIN DISEASE FOUNDATION Part i General Information on Grants and Assistance Name of the organization

	[22]	
_	criteria used to award the grants or assistance?	ž
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part	Part il 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. Part II can be duplicated if additional space is needed.	

1 (a) Name and address of organization or government (b) EIN (c) IRC section (d) Amount of (e) or government (a) paper or grant (a) paper or grant (b) EIN (c) IRC section (d) Amount of (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	(a)	(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
UNIVERSITY OF CHICAGO 5801 S. ELLIS AVE, SUITE 402 CHICAGO, IL 60637	36-2177139	501(C)(3)	81,720.	0.			BATTEN DISEASE RESEARCH, BATTEN DISEASE RESEARCH ENDOWNMENT, AND INDUSTRIAL FREEZER
UNIVERSITY OF CHICAGO, C/O GLYN DAWSON - 5841 S. MARYLAND AVE - CHICAGO, IL 60637			2,763.	0.			2012 NEURONAL CEROID LIPOFUSCINOSIS SYMPOSIUM CONFERENCE SPEAKER
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	e line 1 table				1.

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) CHILDREN'S BRAIN DISEASE FOUNDATION

Page 2

23-7025700

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

(a) I ype of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, I	ine 2, Part III, columr	(b), and any other additional inf	ormation.
SCHEDULE I, PART I, LINE 2: GRANTS ARE		NDED ON AN	INDIVIDUA	AWARDED ON AN INDIVIDUAL BASIS. ALL	
PROGRAM REQUESTS ARE ASSESSED. IF	THE	R CRITERI	PROPER CRITERIA ARE MET,	THE GRANT	
WILL BE AWARDED. THE FOUNDATION PAY	PAYS NO OVE	OVERHEAD EXPENSE.		ALL GRANT MONEY	
AWARDED MUST BE USED FOR DIRECT RESEARCH ON NEURONAL CEROID LIPOFUSCINOSIS	SEARCH ON	NEURONAL	CEROID LI	POFUSCINOSIS	
(NCL) KNOWN AS BATTEN DISEASE.	:				

THE FOUNDATION ALSO UNDERWRITES NATIONAL AND INTERNATIONAL SYMPOSIUMS WHICH

FURTHERS AWARENESS, EDUCATION AND RESEARCH ON NCL. THE FOUNDATION OFFICE

SERVES AS A RESOURCE CENTER FOR PARENTS, HEALTH WORKERS AND EDUCATORS IN

232102 12-18-12

Schedule I (Form 990) Part IV Supplement	CHILDRI	EN'S	BRAIN DIS	EASE FOUND	AT I	<u> </u>	23-7025700 Pa	<u>age 2</u>
Part IV Suppleme	ntal Information					<u>.</u>		
DISSEMINATING	TNEORMATTON	מואב	OFFERRING	REFERRALS	ON	BATTEN	DISEASE.	
DIDDENINATING	THI ORDAL TON	МИД	OTTERRING	KLI LIGGED	011	DATION	DIOLAGE.	
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SCHEDULE O (Form 990 or 990-EZ)

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-F7

2012
Open to Public

Department of the Treasury Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service **Employer identification number** Name of the organization 23-7025700 CHILDREN'S BRAIN DISEASE FOUNDATION FORM 990, PART VI, SECTION A, LINE 2: FAMILY RALATIONSHIP AMONG RIDER FAMILY MEMBERS WHO HOLD OFFICER, DIRECTOR OR TRUSTEE STATUS IN THE ORGANIZATION FORM 990, PART VI, SECTION B, LINE 11: NO FORMAL REVIEW OF 990 SINCE IT IS BASED ON UNDERLYING ACCOUNTING AND RECONCILATION RECORDS AS WELL AS THIRD PARTY STATEMENTS OF ACTIVITY FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS, ORGANIZATION POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST

(D) - Asset disposed

- Current year section 179