EXTENDED TO NOVEMBER 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For the	2022 calendar year, or tax year beginning	and	ending	_				
В	Check if applicable	C Name of organization			D Employer identifi	cation number			
Г	Addres	NATIONAL BRAIN TUMOR SO	CIETY, INC.						
	Name change	Doing business as			04-30681	30			
	Initial return Final return/	Number and street (or P.O. box if mail is not delive 55 CHAPEL STREET	Room/suite 0 0 6	E Telephone numbe 617-924-					
_	termin- ated		City or town, state or province, country, and ZIP or foreign postal code						
Г	Amend		or roroigir pootal oodo		G Gross receipts \$ H(a) Is this a group re	13,311,345.			
	Application		D ARONS		for subordinates				
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in				
$\overline{\Gamma}$	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	list. See instructions			
	Websit	THE DOLL THEFT	, , , , , , , , , , , , , , , , , , , ,		H(c) Group exemptio	n number			
K	orm of	organization: X Corporation Trust Asso	ciation Other	L Year	of formation: 1989 N	State of legal domicile: MA			
Pa		Summary		4					
e	1	Briefly describe the organization's mission or most sign	gnificant activities: ${ m extbf{NATI}}$	ONAL B	RAIN TUMOR	SOCIETY			
auc]	UNRELENTINGLY INVESTS IN, 1	MOBILIZES, AND						
Activities & Governance		Check this box if the organization disconti	·						
Š		Number of voting members of the governing body (P				19			
∞ ∞		Number of independent voting members of the gove				19			
ies		Total number of individuals employed in calendar yea				51			
ΞΞ		Total number of volunteers (estimate if necessary)				38364			
Ä		Total unrelated business revenue from Part VIII, colui				0.			
	b	Net unrelated business taxable income from Form 99	0-T, Part I, line 11	·····	7b	Current Year			
		Operation that the second assessment (Double) (III) the second			11,743,049.	13,242,979.			
ıne		Contributions and grants (Part VIII, line 1h)			0.	13,242,313.			
Revenue	1				33,433.	-18,394.			
æ		nvestment income (Part VIII, column (A), lines 3, 4, a			0.	10,354.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Fotal revenue - add lines 8 through 11 (must equal Pa			11,776,482.	13,224,585.			
		Grants and similar amounts paid (Part IX, column (A),			2,720,431.	2,241,460.			
		Benefits paid to or for members (Part IX, column (A),			0.	0.			
G		Salaries, other compensation, employee benefits (Pa			4,247,282.	4,989,190.			
JSe		Professional fundraising fees (Part IX, column (A), line			0.	0.			
Expenses		Fotal fundraising expenses (Part IX, column (D), line 2		01.	-	-			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 1			1,980,711.	3,169,772.			
		Total expenses. Add lines 13-17 (must equal Part IX,			8,948,424.	10,400,422.			
	19	Revenue less expenses. Subtract line 18 from line 12			2,828,058.	2,824,163.			
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)			13,088,308.	15,423,168.			
t As	21	Total liabilities (Part X, line 26)			1,701,739.	1,240,860.			
캺	22	Net assets or fund balances. Subtract line 21 from lin	ne 20		11,386,569.	14,182,308.			
	art II	Signature Block							
		ties of perjury, I declare that I have examined this return, inc				y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of w	hich preparer	has any knowledge.				
		Signature of officer			l Date				
Sig		_			Dale				
Hei	e	DAVID ARONS, CEO Type or print name and title							
		** .	ronararia aigustuus	IT	Date Check	PTIN			
Pai	.		reparer's signature OHN BUCKLEY, C		8/23/23 Check Lif self-employ				
	+		OITH DOCKHEI, C	<u>τ.</u> Ψ ₀		4-2571780			
		Firm's name AAFCPAS, INC. Firm's address 50 WASHINGTON STRE	г т		Firm's EIN 0	± 23/1/00			
036	Jiny	WESTBOROUGH, MA 01			Phone no 50	8-366-9100			
Mar	the IE	RS discuss this return with the preparer shown above			Ti none no.50	X Ves No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NATIONAL BRAIN TUMOR SOCIETY UNRELENTINGLY INVESTS IN, MOBILIZES, AND
	UNITES OUR COMMUNITY TO DISCOVER A CURE, DELIVER EFFECTIVE TREATMENTS,
	AND ADVOCATE FOR PATIENTS AND CARE PARTNERS.
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	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.
 4а	(Code:) (Expenses \$ 2,878,695 · including grants of \$ 2,241,460 ·) (Revenue \$
	RESEARCH: NATIONAL BRAIN TUMOR SOCIETY (NBTS) THROUGHOUT ITS HISTORY
	HAS FUNDED SOME OF THE MOST IMPORTANT DISCOVERIES THAT HAVE LED TO THE
	ADVANCEMENT OF BRAIN TUMOR RESEARCH. TODAY, NBTS IS FUNDING INNOVATIVE
	TEAM-SCIENCE INITIATIVES INCLUDING PROJECTS IN OUR DEFEAT BRAIN TUMORS
	PROGRAM PORTFOLIO DESIGNED TO TRANSLATE DISCOVERIES INTO TRANSFORMATIVE
	MEDICAL BREAKTHROUGHS FOR ADULTS AND CHILDREN WITH BRAIN TUMORS. OUR
	"DEFEAT" PROGRAM BRINGS TOGETHER WORLD-RENOWN INSTITUTIONS TO
	ACCELERATE THE PACE OF RESEARCH BY REQUIRING DATA SHARING AND
	PARTNERSHIPS WITH INDUSTRY. NBTS BRAIN TUMOR INVESTMENT FUND CATALYZES
	THE BRAIN TUMOR BIOTECH AND BIOPHARMA SPACE BRIDGING PROMISING ACADEMIC
	RESEARCH TO MOVE INTO INDUSTRIAL DEVELOPMENT. THE NBTS' RESEARCH
	ROUNDTABLE PROGRAM CONVENES STAKEHOLDERS TO TAKE ON BARRIERS AND
4b	(Code:) (Expenses \$ 912,714. including grants of \$
	POLICY RELATED TO BRAIN TUMORS AND CANCER GENERALLY. EACH YEAR WE
	ADVANCE A SPECIFIC POLICY AGENDA WITH CONGRESS AND THE EXECUTIVE BRANCH
	TO IMPROVE PATIENTS LIVES AND THE LIKELIHOOD OF THE DEVELOPMENT OF NEW
	TREATMENTS. NBTS ADVOCACY EFFORTS HAVE LED TO GREATER FEDERAL
	INVESTMENT IN BRAIN TUMOR RESEARCH AND IMPROVED POLICIES THAT SPEED THE
	RESEARCH PROCESS. THROUGH ADVOCACY PATIENTS AND THEIR FAMILIES, AND
	RESEARCHERS ALSO HAVE A VOICE AND CAN COME TO WASHINGTON DC FOR OUR
	SIGNATURE HEAD TO THE HILL HELD ANNUALLY.
4c	(Code:) (Expenses \$4 , 997 , 287 • including grants of \$) (Revenue \$)
	INFORMATION, AWARENESS AND REMEMBRANCE: NBTS IS COMMITTED TO HELPING
	PATIENTS AND CARE PARTNERS OBTAIN ESSENTIAL INFORMATION FROM THE TIME
	OF DIAGNOSIS INCLUDING INFORMATION ABOUT TREATMENT OPTIONS AND CLINICAL
	TRIALS. THROUGH ITS BRAIN TUMOR EXPERIENCE WEBSITE, PERSONALIZED SUPPORT AND NAVIGATION FOR PATIENTS AND GROUP SUPPORT PROGRAMS, NBTS
	PROVIDES, TO MANY ACROSS THE U.S. AND GLOBALLY, TIMELY INFORMATION AND
	IS AVAILABLE TO HELP CONNECT TO TREATMENTS CENTERS AND SUPPORT
	SERVICES. IT ALSO HELPS PATIENTS FIND CLINICAL TRIALS THROUGH THE NBTS
	CLINICAL TRIALS FINDER. NBTS ALSO CONNECTS PATIENTS TO EACH OTHER
	THROUGH REGIONAL EVENTS AND HELPS FAMILIES HONOR THEIR LOVED ONES. THE
	EVENTS PROVIDE ACCESS TO TREATMENT PROVIDERS FOR FAMILIES AND FRIENDS,
	AND HELP MAKE THE BROADER PUBLIC MORE AWARE OF OUR CAUSE THROUGH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 8,788,696.
	Form 990 (2022

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	<u> </u>	
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? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}
_	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		х
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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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
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		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		х
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		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 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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to			
	or for foreign individuals? 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. See instructions	17		Х
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
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	1990 (2022) NATIONAL BRAIN TUMOR SOCIETY, INC. 04-3068	3130	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	T
	D. I		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		- 25	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	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			\ ₃₇
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	06		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>^`</u>
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?lf			
	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ ₃₂
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		X	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		\vdash
34		34		X
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			느
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 48	_		
	Effect the flumber of Forms w 2d included of line 1a. Effect of inflot applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2022)

(gambling) winnings to prize winners?

022) NATIONAL BRAIN TUMOR SOCIETY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
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 51			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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 as charitable contributions?	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).			
а	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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			$\lfloor X \rfloor$
Sec	tion 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 19			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
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	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b				
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С				
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
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			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA, CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
40	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
00	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DOROTHY WHALEN, CFO $-617-924-9997$			
	55 CHAPEL STREET, 006, NEWTON, MA 02458			

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	CCI aii	10 0 0	1)/ ii us		from	from related	other
	(list any hours for	· director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	5	stee			ısatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ımbei		1099-NEC)	,	and related
	below	Individual trustee	Institutional trustee	-e	Key employee	est co loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) DAVID ARONS	40.00									
CEO			4	X				239,793.	0.	40,817.
(2) LAUREN HALL	40.00									
CSO/CDO						X		246,411.	0.	7,670.
(3) KIRK TANNER	40.00									
CSO	10.00					Х	V	203,236.	0.	11,396.
(4) ASHLEY BRENNAN	40.00	-				١		160 601	_	20 000
EXEC. DIR, PEER-TO-PEER FUNDRAISING	40.00					Х		169,621.	0.	32,002.
(5) KEVIN JEANS	40.00					\ \		105 200	_	F 007
ASSISTANT CHIEF DEVELOPMENT OFFICER	40 00					Х		195,290.	0.	5,897.
(6) DOROTHY WHALEN	40.00	-		7.				150 540	_	15 001
CFO	40.00			Х				152,540.	0.	15,891.
(7) KATIE GERMAIN	40.00	1				x		146,080.	0.	4,728.
CHIEF MARKETING & COMM. OFFICER	40.00					^		140,000.	0.	4,720.
(8) KENNETH TROSHINSKY	40.00	1		x				45,601.	0.	2,040.
CFO (UNTIL 2/2022) (9) TOM ROLOFF	2.00			^				43,001.	0.	2,040.
CHAIR	2.00	X		X				0.	0.	0.
(10) ROBERT BURGER	1.00	^		Δ				0.	0.	0.
VICE CHAIR	1.00	X		х				0.	0.	0.
(11) DAVE BROWN	1.00							•	•	•
TREASURER	1.00	x		x				0.	0.	0.
(12) LIZ SALMI	1.00			22				•	0.	<u> </u>
CLERK	1.00	x		x				0.	0.	0.
(13) ERIC OLSON, PHD	1.00								•	
BOARD MEMBER	<u> </u>	x						0.	0.	0.
(14) DR. EVANTHIA GALANIS	1.00	 								
BOARD MEMBER	<u> </u>	x						0.	0.	0.
(15) ROBERT CORRAO	1.00	 						•	•	•
BOARD MEMBER		х						0.	0.	0.
(16) SALO ZELERMYER, JD	1.00									3 0
BOARD MEMBER		х						0.	0.	0.
(17) ERICA BIRKE	1.00									
BOARD MEMBER		Х						0.	0.	0.

232007 12-13-22

11

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck		than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		Jer an	lu a u	liecio	Ji / ii us	lee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	e e			ated		organization	(W-2/1099-MISC/	from the
	organizations	ustee	trust		9	nbens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		ploye	t con	L	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) RYAN LANG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(19) ALLISON BISHOF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(20) DR. EDJAH NDUOM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(21) DR. JOOHEE SUL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(22) CORIE YUTKIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(23) ADAM HAYDEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(24) MIL PAREKH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(25) LEAH RECHT, JD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(26) KABIR SETHI	1.00									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal								1,398,572.	0.	120,441.
c Total from continuation sheets to Part V	II, Section A				<i></i> .			0.	0.	0.
d Total (add lines 1b and 1c)								1,398,572.	0.	120,441.
2 Total number of individuals (including but n	at limited to th		lioto	ام ام	h a	٠, ١, ١		assisted mare than \$100	000 of reportable	

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

5 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
BRACEWELL LLP		
P.O. BOX 207486, DALLAS, TX 75320-7486	GOVERNMENT RELATIONS	120,498.
KIVVIT		_
P.O. BOX 22393, NEW YORK, NY 10087-2393	PUBLIC RELATIONS	116,740.
TECH SUPER POWERS, 500 HARRISON AVE, SUITE		
108, BOSTON, MA 02118	IT SUPPORT	109,723.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 NATIONAL	DKAIN 1	LOI	1OF	()	500	_ <u>_ 1</u> 1	ST.	Y, INC.	04-306	0130
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	tee or director	ional trustee	c all 1	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) FRANK MACCHIAROLA BOARD MEMBER	1.00	Х						0.	0.	0
(28) DAVID DONABEDIAN BOARD MEMBER (UNTIL 6/2022)	1.00	Х						0.	0.	0
(29) MICHAEL SMITH	1.00	х						0.	0.	0
BOARD MEMBER (UNTIL 5/2022)		Λ						0.	0.	0
						K				
Total to Part VII, Section A, line 1c										

04-3068130 NATIONAL BRAIN TUMOR SOCIETY, INC. Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 693,848. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 12,549,131 1f 83,579 g Noncash contributions included in lines 1a-1f 1g |\$ 13,242,979 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 18,168 18,168. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 50,198 assets other than inventory 7a **b** Less: cost or other basis Other Revenue 86,760 and sales expenses 7b -36,562. c Gain or (loss) -36,562. -36,562. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory

12 To

11 a

Form 990 (2022)

-18,394.

13,224,585.

Business Code

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

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).

Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to domestic organizations	0 016 460	0 016 460					
	and domestic governments. See Part IV, line 21	2,216,460.	2,216,460.					
2	Grants and other assistance to domestic	25 000	25 000					
_	individuals. See Part IV, line 22	25,000.	25,000.					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and foreign							
	individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,	496,682.	386,542.	49,669.	60,471			
•	trustees, and key employees	490,002.	300,342.	49,009.	00,4/1			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
_	persons described in section 4958(c)(3)(B)	3,792,198.	2,867,436.	294,198.	630,564			
7	Other salaries and wages	J,134,130•	4,001,430.	434,130.	030,304			
8	Pension plan accruals and contributions (include	97,027.	73,307.	7,487.	16,233			
•	section 401(k) and 403(b) employer contributions)	274,511.	214,361.	26,361.	33,789			
9	Other employee benefits	328,772.	249,321.	26,269.	53,789			
10 11	Payroll taxes	540,114.	449, JAI.	20,209.	33,102			
11	Fees for services (nonemployees):							
a	•	28,384.		28,384.				
b	•	46,295.	13,689.	32,606.				
c	•	276,959.	276,959.	32,000.				
	Lobbying	210,555.	210,555.					
e	Investment management fees	2,040.		2,040.				
f		2,010.		2,040.				
g	column (A), amount, list line 11g expenses on Sch O.)	299,703.	292,045.		7,658			
12	Advertising and promotion	243,980.	243,980.		,,030			
13	Office expenses	80,791.	45,341.	30,741.	4,709			
14	Information technology	452,385.	363,128.	55,125.	34,132			
15	Royalties	132,3331	303,2201	33,123	01/101			
16	Occupancy	20,921.	10,141.	7,642.	3,138			
17	Travel	196,371.	178,493.	5,516.	12,362			
18	Payments of travel or entertainment expenses	200,072		7,020				
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	2,798.	2,798.					
20 21	Payments to affiliates	_,	_,					
22	Depreciation, depletion, and amortization	39,368.	38,448.	613.	307			
23	Insurance	36,514.	22,181.	9,186.	5,147			
23 24	Other expenses. Itemize expenses not covered	,	=,===	- , =	-,			
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)							
а	SPECIAL EVENTS	1,290,280.	1,173,865.	52,981.	63,434			
b	TRAINING AND RECRUITING	60,924.	18,404.	40,863.	1,657			
c	DUES AND SUBSCRIPTIONS	48,750.	43,488.	744.	4,518			
d	DONATED GOODS	31,660.	31,660.		,			
	All other expenses	11,649.	1,649.	10,000.				
25	Total functional expenses. Add lines 1 through 24e	10,400,422.	8,788,696.	680,425.	931,301			
<u> </u>	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)							

	1 990 (2 rt X	Balance Sheet	TI/C •	U 4 -	3000130 Page 11
		Check if Schedule O contains a response or note to any line in this Part X			
		,,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	4,149,587.	1	2,556,927.
	2	Savings and temporary cash investments	6,106,765.	2	8,951,007.
	3	Pledges and grants receivable, net	569,167.	3	869,481.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net	884,526.	7	883,108.
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges	124,681.	9	195,673.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 201,440.			
	b	Less: accumulated depreciation 10b 19,960.	86,813.	10c	181,480.
	11	Investments - publicly traded securities	860,569.	11	841,915.
	12	Investments - other securities. See Part IV, line 11	219,381.	12	509,211.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	86,819.	14	69,455.
	15	Other assets. See Part IV, line 11	0.	15	364,911.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,088,308.	16	15,423,168.
	17	Accounts payable and accrued expenses	310,687.	17	327,199.
	18	Grants payable	700,000.	18	548,750.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties	601 050	23	
	24	Unsecured notes and loans payable to unrelated third parties	691,052.	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		264 011
		of Schedule D	0.	25	364,911.
	26	Total liabilities. Add lines 17 through 25	1,701,739.	26	1,240,860.
S		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.	6 720 462		0 067 565
ala	27	Net assets without donor restrictions	6,730,462. 4,656,107.	27	8,867,565. 5,314,743.
P P	28	Net assets with donor restrictions	4,030,107.	28	3,314,743.
Ξ		Organizations that do not follow FASB ASC 958, check here			
<u>6</u>		and complete lines 29 through 33.		-00	
ets	29	Capital stock or trust principal, or current funds		29	
188	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	11,386,569.	31	14,182,308.
Ź	32	Total net assets or fund balances	13,088,308.	32	15,423,168.
	33	Total liabilities and net assets/fund balances	13,000,300.	33	10,445,100·

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	13,22		
3	Revenue less expenses. Subtract line 2 from line 1	3		24,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,38		
5	Net unrealized gains (losses) on investments	5		28,4	
6	Donated services and use of facilities	6		- , -	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	_			
	column (B))	10	14,18	32,3	08.
Pa	rt XII Financial Statements and Reporting	L		-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e 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 reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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 separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Total

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. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number NATIONAL BRAIN TUMOR SOCIETY, INC. 04-3068130 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 12, 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 (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support	71		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	. ,	` '	` ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	11,269,569.	14,128,145.	8,855,708.	11,743,049.	13,242,979.	59,239,450.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	11,269,569.	14,128,145.	8,855,708.	11,743,049.	13,242,979.	59,239,450.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						59,239,450.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	11,269,569.	14,128,145.	8,855,708.	11,743,049.	13,242,979.	59,239,450.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,476.	33,770.	66,897.	46,779.	18,168.	194,090.
9	Net income from unrelated business						
	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 VI.)						
11	Total support. Add lines 7 through 10						59,433,540.
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for the	-	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)	
	organization, check this box and stor						<u></u>
	ction C. Computation of Publ						99.67 %
	Public support percentage for 2022 (14	20 66
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	•		•		•	
	stop here. The organization qualifies						
r	33 1/3% support test - 2021. If the c	-					
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		•	•		· ·	
	meets the facts-and-circumstances to	-	•	* * * * * * * * * * * * * * * * * * * *	-		
t	10% -facts-and-circumstances tes	_					IU% Or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circ		-	•			
18	Private foundation. If the organization	on ala not check a	box on line 13, 16a	i, 160, 1/a, or 1/b	, cneck this box a		S

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

50	qualify under the tests listed beating the control of the control	elow, please comp	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(6) 2020	(4) 2021	(6) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(I) IOIAI
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
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				+		
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				4		
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that				The state of the s		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				_	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income	1					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 202	1 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ınd stop here. The	organization quali	fies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	tod		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	ions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integr	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990) 2022

		N TUMOR SOCIET		0	4-3068130 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · · · · · · · · · · · · · · · · ·		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

		01(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nan	ne of orga				En	nployer identification number
			L BRAIN TUMOR SO			04-3068130
Pa	art I-A	Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
2	Political	campaign activity expendit	cation's direct and indirect politi ures gn activities			
Pa	rt I-B	Complete if the ord	janization is exempt un	der section 501(c)(3)	
			incurred by the organization un			\$
2	Enter the	e amount of any excise tax	incurred by organization manag	ners under section 4955		\$
3	If the or	ranization incurred a sectio	n 4955 tax, did it file Form 4720) for this year?		Yes No
		describe in Part IV.				
			anization is exempt un	der section 501(c),	except section 50	1(c)(3).
		· · · · · · · · · · · · · · · · · · ·	by the filing organization for se		•	
			ization's funds contributed to o			
	exempt	function activities				\$
3			. Add lines 1 and 2. Enter here			
	line 17b					\$
4	Did the 1	iling organization file Form	1120-POL for this year?			Yes No
5	made pa	ayments. For each organiza tions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organiz a separate political orga	ation's funds. Also enter anization, such as a sepa	r the amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -	contributions received and

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Sch	nedule C (F		ATIONAL							068130	
Pa	art II-A		nization is	exempt u	ınder sec	tion 501(d	c)(3) a	nd file	ed Form 5768 (el	ection un	der
	Check	section 501(h)). if the filing organization	n belongs to a	n affiliated g	group (and li	st in Part IV	each af	filiated	group member's nam	e, address, E	EIN,
		expenses, and share of	of excess lobb	ying expend	ditures).						
В	Check	if the filing organization	n checked box	A and "limi	ted control"	provisions a	apply.				
		Limits (The term "expenditu	on Lobbying I ures" means a	-		ed.)			(a) Filing organization's totals	(b) Affiliated total	•
1:	a Total lob	obying expenditures to influer	nce public opir	nion (grassro	oots lobbyin	g)					
- 1	b Total lob	obying expenditures to influer	nce a legislativ	e body (dire	ct lobbying)				276,959.		
	c Total lob	obying expenditures (add line	s 1a and 1b)						276,959.		
	d Other ex	kempt purpose expenditures							10,123,463.		
	e Total ex	empt purpose expenditures (add lines 1c a	nd 1d)				[10,400,422.		
	f Lobbyin	g nontaxable amount. Enter t	he amount fro	m the follow	ing table in	both columr	ns.	[670,021.		
	If the am	ount on line 1e, column (a) or (l	b) is: Th	e lobbying r	nontaxable	amount is:					
	Not ove	r \$500,000	209	% of the am	ount on line	1e.					
	Over \$5	00,000 but not over \$1,000,0	00 \$1	00,000 plus	15% of the	excess over	r \$500,0	00.			
	Over \$1	,000,000 but not over \$1,500	,000 \$1	75,000 plus	10% of the	excess over	r \$1 <u>,0</u> 00	,000.			
	Over \$1	,500,000 but not over \$17,00	0,000 \$2	25,000 plus	5% of the e	xcess over S	\$1,500,0	000.			
	Over \$1	7,000,000	\$1	,000,000.							
	g Grassro	ots nontaxable amount (enter	r 25% of line 1	f)					167,505.		
- 1	h Subtrac	t line 1g from line 1a. If zero c	or less, enter -C)-					0.		
	i Subtrac	t line 1f from line 1c. If zero or	r less, enter -0	•					0.		
	-	is an amount other than zero		•					Г	¬,,	
	reportin	g section 4911 tax for this yea							L	Yes	└── No
		(Some organizations that	made a sect	ion 501(h) e	Period Une election do I tructions fo	ot have to	comple		of the five columns b	elow.	

	1		J ,		
	Lobbying Expend	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	578,379.	507,660.	597,421.	670,021.	2,353,481.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,530,222.
c Total lobbying expenditures	308,751.	477,918.	243,345.	276,959.	1,306,973.
d Grassroots nontaxable amount	144,595.	126,915.	149,355.	167,505.	588,370.
e Grassroots ceiling amount (150% of line 2d, column (e))					882,555.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)	
of the lobbying activity.	Yes	No	Amour	nt
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
501(c)(6).				
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t	he prior yea	r? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditures next year?		4		
5 Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	p list); Part I	I-A, lines 1 a	and 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-A, LINE 1				
NATIONAL BRAIN TUMOR SOCIETY ENGAGES IN A MODEST AMOU	INT OF	IRS D	EFINITI	ON
DIRECT LOBBYING TO INFLUENCE SPECIFIC FEDERAL LEGISLA	ATION (ON AN	ANNUAL	
BASIS. THE FEDERAL LEGISLATION SPANS THE HEALTH CARE	AND L	FE SC	IENCES	
RESEARCH POLICY ISSUES THAT MAKE UP NBTS' POLICY AGEN	IDA.	THE LO	BBYING	
WORK IS CARRIED OUT BY NBTS PROFESSIONAL STAFF AND CO	ONSULTA		NBTS DO	

29

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number 04 - 3068130

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		Similar Funds	or Accounts. Complete if the
	organization answered 163 off offi 550,1 art 14, iii	(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advis	ed 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 a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose	conferring
_	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	s" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	` · · · · · · · · · · · · · · · · · · ·	-	
	Preservation of land for public use (for example, recrea	ation or education)	7	a historically important land area
	Protection of natural habitat		☐ Preservation of	a certified historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	oution in the form	of a conservation easement on the last Held at the End of the Tax Yea
	day of the tax year.			
a	Total number of conservation easements			
D	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str			
	Number of conservation easements included in (c) acquired			
u	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			
Ū	year	noasoa, oxungaisnoa, or	tommatod by the	organization daring the tax
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe		tion, handling of	
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	nforcing conservat	ion easements during the year
_				
8	Does each conservation easement reported on line 2(d) above			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat		•	
	balance sheet, and include, if applicable, the text of the footing organization's accounting for conservation easements.	note to the organization	s imanciai stateme	ents that describes the
Pai	t III Organizations Maintaining Collections o	of Art. Historical Tr	easures. or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	· ·		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that de	scribes these item	is.
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre	easures, or other similar	assets for financial	gain, provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

232051 09-01-22

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Schedule D (Form 990) 2022

Sche		L BRAIN TU		-		06813		age 2
Pai	rt III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Similar Ass	sets(conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that make	significant use of	its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's ex	empt purpose in P	art XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	llection?	[Yes		No_
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 990, Part I	V, line 9, o	r	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets no	t included			
	on Form 990, Part X?				[Yes		No
b	If "Yes," explain the arrangement in Part XIII							
		·	-			Amour	it	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on F					Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part XI	II			
	rt V Endowment Funds. Complete i							
	·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bad	k (e) Fou	r years	back
1a	Beginning of year balance	565,448.	565,448.	565,448.	508,54	7.	315,	448.
b	Contributions				56,90	1.	193,	099.
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	565,448.	565,448.	565,448.	565,44	8.	508,	547.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	i)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment 96.6800	%						
С	Term endowment 3.3200	%						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the			
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations							Х
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	red on Schedule R?			3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Pai	rt VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	ee Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or o basis (investr		' '	Accumulated epreciation	(d) Boo	k valu	e
1a	Land							
	Buildings							
	Leasehold improvements		2	1,796.		2	1,7	96.
	Equipment		17	9,644.	19,960.	15	9,6	84.

Schedule D (Form 990) 2022

181,480.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.	IN TOMOR SOC	TEII, INC.	04-3000130 Page 3
Complete if the organization answered "Yes" o			and of consumation by
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 900 Part IV line	11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of	end-or-year market value
(1)			
(2)		_	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	escription	174. 555 1 51111 555, 1 41177, 1115 15.	(b) Book value
	Comption		(a) Book value
(1)			
(2)			
(3)			
(4) (5)			
(5) (6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line	25
(a) Description of lightlife.		110 01 1111 000 1 01111 000, 1 01117, 11110	(b) Book value
(1) Federal income taxes			(a) Deart tailed
(2) OPERATING LEASE OBLIGATION	IS		364,911.
(3)	. —		301,311.
(4)			
(5)			
(6)			
(7)			
(8)			
(U)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

364,911.

Pa	rt XI	Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	etur	n.
	-	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total r	evenue, gains, and other support per audited financial statements			1	13,194,121.
2	Amour	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a	-28,424.		
b	Donate	ed services and use of facilities	2b			
С	Recov	eries of prior year grants	2c			
d	Other	Describe in Part XIII.)	2d			
е	Add lir	es 2a through 2d			2e	-28,424.
3	Subtra	ct line 2e from line 1			3	13,222,545.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	2,040.		
b	Other	Describe in Part XIII.)	4b			
С	Add lir	es 4a and 4b			4c	2,040.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	13,224,585.
Pa	rt XII	Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total e	xpenses and losses per audited financial statements			1	10,398,382.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a			
b	Prior y	ear adjustments	2b			
С	Other	osses	2c			
d	Other	Describe in Part XIII.)				
е	Add lir	es 2a through 2d			2e	0.
3	Subtra	ct line 2e from line 1			3	10,398,382.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a	2,040.		
b	Other	Describe in Part XIII.)	4b			
С	Add lir	es 4a and 4b			4c	2,040.
_	Total	venness Add lines 2 and 4s. (This must equal Form 900, Part I, line 19.)			_	l 10 400 422.

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION HAS ENDOWMENT NET ASSETS IN WHICH THE PRINCIPAL AND ANY CURRENT CONTRIBUTIONS ARE PERMANENTLY DONOR RESTRICTED. THE BALANCE AS OF DECEMBER 31, 2022 WAS INVESTED IN BOND FUNDS AND MONEY MARKETS. INCOME AND APPRECIATION EARNED ON THE PERMANENTLY RESTRICTED NET ASSETS ARE RESTRICTED TO SUPPORT THE COSTS OF PRODUCING AND DISTRIBUTING THE ESSENTIAL GUIDE TO BRAIN TUMORS AND TO FUND RESEARCH PROJECTS. THE INFORMATION IS UPDATED ON AN ANNUAL BASIS AND MADE AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

PART X, LINE 2:

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE

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" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
		OR SOCIETY,	INC.				04-3068130
Part I General Information on Grants a							
1 Does the organization maintain records		-					
criteria used to award the grants or assis Describe in Part IV the organization's pro	stance?	toring the use of great	funda in the Unite	d States			X Yes No
Part II Grants and Other Assistance to					anization answered "\	Yes" on Form 990 Par	t IV line 21 for any
recipient that received more than	_				anization anoword	100 0111 01111 000, 1 41	: 11, mio 2 1, 101 dilly
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY 2 WHITNEY AVE, 6TH FLOOR NEW HAVEN CT 06510	06-0646973	501 (C) 3	1,185,000.				RESEARCH
THE REGENTS OF THE UNIVERSITY OF							
CA - 10889 WILSHIRE BLVD SUITE 700 - LOS ANGELES, CA 90095	95-6006143	501 (C) 3	180,000.	0.			RESEARCH
THE BRIGHAM AND WOMEN'S HOSPITAL INC - PO BOX 3149 - BOSTON, MA 02241	04-2312909	501 (C) 3	250,000.	0.			RESEARCH
STANFORD UNIVERSITY 485 BROADWAY, MAIL CODE 8838 REDWOOD CITY, CA 94063	94-1156365	501 (C) 3	173,750.	0.			RESEARCH
REDWOOD CITT, CA 74003	74 1130303	301 (0) 3	173,750.	Ŭ.			RESEARCH
MAYO CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501 (C) 3	101,375.	0.			RESEARCH
ROCHEDIER, FM 33303	0011/0Z	001 (0) 3	101,373.	· · · · · · · · · · · · · · · · · · ·			rusumen
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET							
BOSTON, MA 02114	04-1564655	501 (C) 3	101,375.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government o	raanizations listed in th	a lina 1 tahla				9.

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

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

Schedule I (Form 990) 2022

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APTIST HEALTH SOUTH FLORIDA							
OUNDATION INC - 6855 RED ROAD,							
UITE 600 - CORAL GABLES, FL 33143	59-1923401	501 (C) 3	25,000.	0.			RESEARCH
HE RESEARCH INSTITUTE AT				- •			
ATIONWIDE CHILDREN'S HOSPITAL -							
00 CHILDREN'S DRIVE - COLUMBUS,					1		
H 43205	31-6056230	501 (C) 3	50,000.	0.	1		RESEARCH
n 43203	31-6036230	501 (C) 3	30,000.	0.			RESEARCH
LBERT EINSTEIN COLLEGE OF							
EDICINE - 1300 MORRIS PARK AVENUE							
BRONX, NY 10461	83-0621846	501 (C) 3	100,000.	0.			RESEARCH
NIVERSITATSKLINIKUM HEIDELBERG							
CERN) - INF 672 - HEIDELBERG,							
ERMANY 69120			50,000.	0.			RESEARCH
			7				
		1	I		1	1	

(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 noncash assistance
RESEARCH GRANT	1	25,000.	0.		
		20,000.			
Part IV Supplemental Information. Provide the information.	tion required in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE NATIONAL BRAIN TUMOR SOCIE	TY (NBTS) RE	QUIRES, AS	A CONDITI	ON OF THE	
GRANT, SCIENTIFIC REVIEW, THE	PRODUCTION O	F SCIENTIF	'IC AND FIN	ANCIAL	
REPORTS ON AN ANNUAL BASIS, AN	D REGULAR TE	LECONFEREN	ICES WITH R	ESEARCHERS TO	
DETERMINE USE OF GRANT FUNDS A					
		021			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2021

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number 04-3068130

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization: Receive a severance payment or change-of-control payment?	4a		Х
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The stee any of lines 4a o, list the persons and provide the applicable amounts for each item in a cini.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAVID ARONS	(i)	239,793.	0.	0.	7,650.	33,167.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAUREN HALL	(i)	246,411.	0.	0.	7,319.	351.	254,081.	0.
CSO/CDO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KIRK TANNER	(i)	203,236.	0.	0.	6,192.	5,204.	214,632.	0.
CSO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ASHLEY BRENNAN	(i)	169,621.	0.	0.	4,769.	27,233.	201,623.	0.
EXEC. DIR, PEER-TO-PEER FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KEVIN JEANS	(i)	195,290.	0.	0.	5,430.	467.	201,187.	0.
ASSISTANT CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DOROTHY WHALEN	(i)	152,540.	0.	0.	4,615.	11,276.	168,431.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATIE GERMAIN	(i)	146,080.	0.	0.	4,377.	351.	150,808.	0.
CHIEF MARKETING & COMM. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	NATIONAL BRA	IN TUM	OR SOCIET	Y, INC.	04-3	06813	30	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	_		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property			4				
9	Securities - Publicly traded	X	12	51,919.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	11,359	30,486.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GIFT CARDS)	X	8					
26	Other (POP-UP TENTS)	X	5	524.	FMV			
27	Other (
28	Other (
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	contributions				
	for which the organization completed Form 828	83, Part V, D	Oonee Acknowledg	gement 29				
						Ye	es	No
30a	During the year, did the organization receive by	y contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	nich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31		Х
	Does the organization hire or use third parties						十	
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describes to Deat II	` '		- * * * * * * * * * * * * * * * * * * *	•			

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

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number 04-3068130

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNITES OUR COMMUNITY TO DISCOVER A CURE, DELIVER EFFECTIVE TREATMENTS, AND ADVOCATE FOR PATIENTS AND CARE PARTNERS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OPPORTUNITIES TO BRAIN TUMOR TREATMENT DEVELOPMENT. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: COMMUNICATIONS PROGRAMS. FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBER IS THE CEO OF AN ORGANIZATION WHERE ANOTHER BOARD MEMBER IS EMPLOYED. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF THE FEDERAL FORM 990 IS EMAILED TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD REQUIRES THAT ALL MEMBERS CONDUCT AN ANNUAL REVIEW FOR ANY CONFLICTS OF INTEREST AND SHOULD ANY ARISE, THAT THEY BE DISCLOSED TO THE

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE CEO'S SALARY.

COMPARABILITY FIGURES REPRESENTING COMPARABLE POSITIONS, SCOPE OF

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

Schedule O (Form 990) 2022

BOARD AND MANAGEMENT.

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

NATIONAL BRAIN TUMOR SOCIETY, INC. 04-3068130

RESPONSIBILITY, SIZE OF ORGANIZATION AND BUDGET AND SIMILAR INDUSTRY WERE

PROVIDED TO THE EXECUTIVE COMMITTEE.

IN REGARD TO OTHER OFFICERS AND KEY EMPLOYEES, THE HR MANAGER REVIEWS

COMPARABLE DATA FOR JOB RESPONSIBILITIES AND REVIEWS WITH THE CEO TO VERIFY

COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. ALL

OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT AND SELECTION OF THE

INDEPENDENT AUDITOR

232212 10-28-22

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number 04-3068130

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) CURE GBM - 37-1703878 55 CHAPEL STREET, SUITE 006 NATIONAL BRAIN TUMOR NEWTON, MA 02458 BRAIN TUMOR RESEARCH DELAWARE 0 0.SOCIETY, INC. PEDIATRIC CANCER CURE LLC - 47-2233672 55 CHAPEL STREET, SUITE 006 PEDIATRIC BRAIN TUMOR NATIONAL BRAIN TUMOR NEWTON, MA 02458 RESEARCH DELAWARE 0 0.SOCIETY, INC. BRAIN TUMOR INVESTMENT FUND, LLC -84-5100031, 55 CHAPEL STREET, SUITE 006, NATIONAL BRAIN TUMOR NEWTON MA 02458 BRAIN TUMOR RESEARCH DELAWARE 520 022 1,824,544.SOCIETY, INC. NBTS TDG, LLC - 86-2578255 55 CHAPEL STREET, SUITE 006 NATIONAL BRAIN TUMOR NEWTON MA 02458 DELAWARE BRAIN TUMOR RESEARCH 933,333, 50,000 SOCIETY, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	conti	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	· · · · · ·		1	1			1		i	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j) (k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Percenta
of related organization		(state or	entity	(related, unrelated,	income	end-of-year		itions?	amount in box	partn	al or Percenta ging ownersh er?
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	1 Lo oi contoadio	Yes	No
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	1										
	1										
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	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(k contr ent	ti) etion b)(13) rolled tity?
		country)		,				Yes	No
		45							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 3

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
	Gift, grant, or capital contribution to related organization(s)	1b	
С	Gift, grant, or capital contribution from related organization(s)	1c	
	Loans or loan guarantees to or for related organization(s)	1d	
е	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	
•			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
ī	Performance of services or membership or fundraising solicitations for related organization(s)	11	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
0	Sharing of paid employees with related organization(s)	10	
g	Reimbursement paid to related organization(s) for expenses	1p	
a	Reimbursement paid by related organization(s) for expenses	1g	
٦			
r	Other transfer of cash or property to related organization(s)	1r	
	Other transfer of cash or property from related organization(s)	1s	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		
_			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount inv	olved	
	type (a-s)		
1)			
2)			
-			
3)			
4)			
5)			
•			
6)			
3216	3 09-14-22 48 Schedule F	₹ (Form !	990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Disprop	Code V-UBI amount in box 29 of Schedule K-1 (Form 1065)	Genera	Percentage
of entity		(state or foreign	excluded from tax under	orgs.?	total	end-of-year	allocatio	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes N	ю
							\sqcup		$\perp \perp$	
							\vdash		+	
							\vdash		1 1	
							\vdash		+	
	`									
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Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print 04-3068130 NATIONAL BRAIN TUMOR SOCIETY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 55 CHAPEL STREET, 006 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 02458 NEWTON, MA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 1041-A 80 Form 4720 (individual) Form 4720 (other than individual) 09 03 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) DOROTHY WHALEN, CFO The books are in the care of ► 55 CHAPEL STREET, 006 - NEWTON, MA 02458 Telephone No. ► 617-924-9997 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)
 If this is for the whole group, check this box 🕨 💹 . If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return L Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions.