Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

<u>A I</u>	ror une	e 2023 calendar year, or tax year beginning and e	enaing		
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	NATIONAL BRAIN TUMOR SOCIETY, INC.			
	Name chang	Doing business as		04-30681	30
	Initial return	,	Room/suite	E Telephone number	
	Final return		06	617-924-	9997
	termir ated			G Gross receipts \$	13,349,365.
	Amen return	NEWION, MA 02458		H(a) Is this a group re	
	Application	F Name and address of principal officer: DAVID ARONS		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
	Websi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: $1989 $ N	1 State of legal domicile: MA
Pa	art I	Summary	4		
Φ	1	Briefly describe the organization's mission or most significant activities: NATIC	NAL B	RAIN TUMOR S	SOCIETY
Activities & Governance		UNRELENTINGLY INVESTS IN, MOBILIZES, AND			
š	2	Check this box if the organization discontinued its operations or dispose	ed of more		
ŏ	3			3	14
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			52
ĬĖ	6	Total number of volunteers (estimate if necessary)			42579
₹c	7 a			7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		13,242,979.	12,821,930.
enc	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-18,394.	369,617.
_	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	157,818.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,224,585.	13,349,365.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,241,460.	2,467,750.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,989,190.	5,649,249.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	··· <u> </u>	0.	0.
ă X	. b	Total fundraising expenses (Part IX, column (D), line 25) 1,133,65		2 160 772	4 122 241
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,169,772.	4,133,341.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,400,422.	12,250,340.
	19	Revenue less expenses. Subtract line 18 from line 12		2,824,163.	1,099,025.
Net Assets or			Ве	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		15,423,168.	15,961,971.
et A	21	Total liabilities (Part X, line 26)		1,240,860.	675,141.
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		14,182,308.	15,286,830.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and atatam	and to the heat of mu	knowledge and balief it is
		itles of perjury, i declare that i have examined this return, including accompanying scriedules it, and complete. Declaration of preparer (other than officer) is based on all information of whi			knowledge and beller, it is
tiuc	, сопес	t, and complete. Declaration of preparer (other than officer) is based on an information of win	cii pi epaiei	lias any knowledge.	
Sig	n	Signature of officer		Date	
Her		DAVID ARONS, CEO			
1101	•	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Paid	d	JOHN BUCKLEY, CPA JOHN BUCKLEY, CP	a lo	8/01/24 if self-employ	
	parer	Firm's name AAFCPAS, INC.	<u> º</u>		4-2571780
	Only	Firm's address 50 WASHINGTON STREET		, initio Env	
		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
Ma	y the II	RS discuss this return with the preparer shown above? See instructions		1	X Yes No

Check if Schedule Contains a meaponse or note to any live in this Part III Theirly describe the organization imposition imposition to the part III of the describe the organization indentals and the part of the	Pai	rt III Statement of Program Service Accomplishments
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	40	10,000,500
		Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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,			
	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		<u> X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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	<u> </u>	
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,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	١		₩.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
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	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ''	21	
124		12a		х
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
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				
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	

Part IV Checklist of Required Schedules (continued)

	. ,		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			
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		_X_
27	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		<u> </u>
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		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	37	_ <u>X</u> _
29	Did the organization receive more than \$25,000 in noncash 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			37
	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Х	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Λ	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	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	JJa		
J	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		Х
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	Х	
Par	t 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	y S	
		_	4 34 3/ 1	

2023.04010 NATIONAL BRAIN TUMOR SOCI 53024__1

Form 990 (2023)

NATIONAL BRAIN TUMOR SOCIETY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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 52						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
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					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for 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		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
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	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		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		X			
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.	9a					
а							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders Cross income from ethan courses (Do not not amounts due or noid to other courses against						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ıza					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state?	13a					
-	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
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		Х			
	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.						

332005 12-21-23

NATIONAL BRAIN TUMOR SOCIETY, INC. 04-3068130 Form 990 (2023) 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 Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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

Section C. Disclosure

16220801 715045 53024

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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the year?

20 State the name, address, and telephone number of the person who possesses the organization's books and records

RICH LESCARBEAU - 617-924-9997 55 CHAPEL STREET, 006, NEWTON, MA

Form **990** (2023)

Х

16a

16h

exempt status with respect to such arrangements?

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per	box	not c	son i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID ARONS CEO	40.00			x				269,769.	0.	41,448.
(2) KIRK TANNER	40.00				х			213,838.	0.	9,927.
(3) KEVIN JEANS VICE PRES, DEVELOPMENT	40.00				X				0.	
(4) DOROTHY WHALEN	40.00			77	Λ			200,373.		7,145.
(5) ASHLEY BRENNAN	40.00			X	7	_		168,680.	0.	16,845.
VICE PRES, DEVELOPMENT (6) JOHN HIGGINS	40.00					Х		141,146.	0.	36,334.
MANAGING DIRECTOR, BTIF (7) KATIE GERMAIN	40.00					Х		153,125.	0.	16,374.
CHIEF MARKETING & COMM OFFICER (8) MARISA PETRILLO	40.00					Х		155,700.	0.	5,805.
CHIEF PEOPLE OFFICER						х		129,374.	0.	31,896.
(9) RICHARD LESCARBEAU CONTROLLER	40.00					х		121,847.	0.	37,444.
(10) TOM ROLOFF CHAIR (UNTIL 6/2023)	2.00	Х		Х				0.	0.	0.
(11) EDJAH NDUOM CHAIR	2.00	X		х				0.	0.	0.
(12) ROBERT BURGER VICE CHAIR (UNTIL 2/2023)	1.00	х		х				0.	0.	0.
(13) ERICA BIRKE VICE CHAIR	1.00	х		х				0.	0.	0.
(14) DAVE BROWN TREASURER (UNTIL 9/2023)	1.00	x		x				0.	0.	0.
(15) MIL PAREKH	1.00									
TREASURER (16) LIZ SALMI	1.00	X		X				0.	0.	0.
CLERK (UNTIL 6/2023) (17) LEAH RECHT, JD	1.00	Х		Х				0.	0.	0.
CLERK		X		X				0.	0.	0.

332007 12-21-23

compensation from the organization Yes No 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 3 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 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

Х Х 4 X

17

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
BRACEWELL LLP		
P.O. BOX 207486, DALLAS, TX 75320-7486	GOVERNMENT RELATIONS	131,180.
TECH SUPER POWERS, 500 HARRISON AVE, SUITE		
108, BOSTON, MA 02118	IT SUPPORT	126,934.
CAPVIEW ASSOCIATES, LLC	POLICY RESEARCH	
P.O. BOX 15294, WASHINGTON, DC 20003	CONSULTING	108,000.

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	BRAIN T	'UM	OR	S	OC	IE	ΤY	, INC.	04-306	8130	
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)		
(A)	(B)			(((D)	(E)	(F)	
Name and title	Average			Posi				Reportable	Reportable	Estimated	
	hours	(cl	neck				ly)	compensation	compensation	amount of	
	per					m	<u>,, </u>	from	from related	other	
	week					ee Ge		the	organizations	compensation	
	(list any	ctor				- Gu		organization	(W-2/1099-MISC)	from the	
	hours for	rdire				ed en		(W-2/1099-MISC)	`	organization	
	related	Individual trustee or director	stee			ensate		,		and related	
	organizations	trus	Institutional trustee) yee	ad mo				organizations	
	below	idual	tutior	-e	om plo	esto	er				
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former				
(27) ROBERT CORRAO	1.00										
BOARD MEMBER (UNTIL 6/2023)	1.00	х						0.	0.	0.	
(28) DR. EVANTHIA GALANIS	1.00	22						0.	0.	<u> </u>	
	1.00	v						0.		0	
BOARD MEMBER (UNTIL 6/2023)	1 00	Х						0.	0.	0.	
(29) CHRIS BROWN	1.00	l								•	
BOARD MEMBER		Х						0.	0.	0.	
(30) KAREN TURNER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(31) JONATHAN WEINBERG	1.00										
BOARD MEMBER		Х						0.	0.	0.	
								ľ			
-											
		ļ						<u>}</u>			
							İ				
-	1										
Total to Dart VIII Section A line 15											
Total to Part VII, Section A, line 1c								<u> </u>	j		

_		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
S (0	1.	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts	' '						
je g							
ts, Ar	,	3					
ij Gi	•	• • • • • • • • • • • • • • • • • • • •					
ns, Sim		e Government grants (contributions) 1e					
utio er (1	f All other contributions, gifts, grants, and	10 001 000				
έŧ			12,821,930.				
ont od (!	g Noncash contributions included in lines 1a-1f	60,496.	10 001 000			
<u>o</u> <u>e</u>		h Total. Add lines 1a-1f		12,821,930.			
			Business Code				
Se	2	a					_
Program Service Revenue	- 1	b					
Sen	(с			4		
am	,	d					
ogr B		e					
Ā	1	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)		369,617.			369,617.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	a Gross rents 6a	()				
		` '					
		d Net rental income or (loss)	(ii) Other				
	/ 3	a droop arround norm barboor	(ii) Other				
		assets other than inventory 7a					
	- 1	b Less: cost or other basis					
ηne		and sales expenses 7b					
, Ve	(c Gain or (loss)7c					
æ		d Net gain or (loss)					
Other Revenue	8	a Gross income from fundraising events (not including \$					
		contributions reported on line 1c). See					
		*					
		c Net income or (loss) from fundraising events					
	9 1	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 allowances10a					
	ı	b Less: cost of goods sold 10b					
	(c Net income or (loss) from sales of inventory					
v		<u> </u>	Business Code				
o o	11 :	a RECOVERY OF GRANT EXPENSE	541700	153,810.			153,810.
Miscellaneous Revenue	ı	b OTHER INCOME	900099	4,008.			4,008.
e e	(c					
Aisc B		d All other revenue					
2		e Total. Add lines 11a-11d		157,818.			
	12	Total revenue. See instructions		13,349,365.	0.	0.	527,435.

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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 2,367,750. 2,367,750. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 50,000. 50,000. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 50,000. 50,000. Benefits paid to or for members Compensation of current officers, directors, 49,674. 928,025. 653,388. 224,963. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,955,222. 3,088,153. 313,094. 553,975. Other salaries and wages 7 Pension plan accruals and contributions (include 92,115. 72,284. 7,410. 12,421. section 401(k) and 403(b) employer contributions) <u>31,</u>579. 293,981. 221,498. 40,904. Other employee benefits 9 379,906. 291,131. 28,204. 60,571. 10 Payroll taxes 11 Fees for services (nonemployees): Management 34,109. 34,109. Legal 28,616. 47,650. 19,034. Accounting 435,716. 435,716. Lobbying Professional fundraising services. See Part IV, line 17 86. 86. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 330,793. 11,074. column (A), amount, list line 11g expenses on Sch O.) 341,867 303,521. 279,108. 24,413. Advertising and promotion 12 40,031. 37,801. 4,831. 82,663. 13 Office expenses 526,107. 382,114. 70,014. 73,979. Information technology 14 15 Royalties 17,471. 116,476. 62,491. 36,514. Occupancy 16 415,554. 387,750. 14,787. 13,017. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 9,723. 78<u>,</u>902. $91, \overline{111}$. 2,486. Depreciation, depletion, and amortization 22 35,707. 20,179. 10,352. 5,176. 23 Other expenses. Itemize expenses not covered 24 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.) 1,509,412. 1,387,236. 53,810. 68,366. SPECIAL EVENTS TRAINING AND RECRUITING 91,921. 11,757. 76,871. 3,293. 60,496. 54,361. 6,135. DONATED GOODS 39,571. 35,549. 681. d DUES AND SUBSCRIPTIONS 3,341. 1.374. 1.374. e All other expenses _ 12,250,340. 10,320,599. 796,088. 1,133,653. Total functional expenses. Add lines 1 through 24e 25 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)

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,826,609. 2,556,927. 1 Cash - non-interest-bearing 8,951,007. 10,642,998. Savings and temporary cash investments 2 473,750. 869,481. Pledges and grants receivable, net 3 3 4 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 883,108. 677,955. Notes and loans receivable, net 7 Inventories for sale or use 8 195,673. 280,305. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 248,875. basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 93,707. 181,480. 155,168. 10c 841,915. 883,467. Investments - publicly traded securities 11 11 509,211. 709,224. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 69,455. 52,091. 14 14 Intangible assets 364,911. 260,404. Other assets. See Part IV, line 11 15 15 15,423,168. 15,961,971. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 327,199. 398,767. 17 17 Accounts payable and accrued expenses 548,750. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 364,911. 276,374. 1,240,860. 675,141. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 10,148,462. 27 Net assets without donor restrictions 8,867,565. 27 5,314,743. Net assets with donor restrictions 5,138,368. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 14,182,308. 15,286,830. 32 Total net assets or fund balances 32 15,423,168. 15,961,971. 33

Form **990** (2023)

33

Total liabilities and net assets/fund balances

	1330 (2020) 11111 2011112 21111211 1011011 20012111 1 11101				ı a	gc
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,34		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 25		
3	Revenue less expenses. Subtract line 2 from line 1	3		,09		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,18		
5	Net unrealized gains (losses) on investments	5			<u>5,4</u>	<u>97.</u>
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,					
	coluṃn (B))	10	15	,28	<u>6,8</u>	30.
Pa	rt XII Financial Statements and Reporting					
	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 Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	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	audit,				
	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 Sche	edule C).			
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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

SCHEDULE A

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number

		NATI	ONAL	BRAIN	TUMOR	SOCIE	ΓY, ΙΝ	NC.		0	4-3068130		
Pá	art I	Reason for Public (Charity	Status.	(All organizati	ons must c	omplete th	nis part.) S	ee instruction	S.			
The	organ	nization is not a private found											
1		A church, convention of ch	urches, c	or associatio	n of churche	s described	l in sectio	n 170(b)(I)(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).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov	vernment	t or governn	nental unit de	scribed in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	ılly receiv	es a substa	ntial part of it	s support fr	rom a gove	ernmental	unit or from th	e general ¡	public described in		
		section 170(b)(1)(A)(vi). (C	omplete	Part II.)									
8		A community trust describe	ed in sec	tion 170(b)	(1)(A)(vi). (Co	mplete Par	t II.)						
9		An agricultural research org	ganizatio	n described	in section 1	70(b)(1)(A)(ix) operate	ed in conju	ınction with a	land-grant	college		
		or university or a non-land-g	grant coll	ege of agric	ulture (see ins	structions).	Enter the I	name, city	, and state of	the college	e or		
		university:											
10		An organization that norma	ılly receiv	es (1) more	than 33 1/3%	of its supp	ort from c	ontribution	ns, membersh	ip fees, an	d gross receipts from		
		activities related to its exen	npt funct	ions, subjec	t to certain ex	xceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment		
		income and unrelated busing	ness taxa	able income	(less section	511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete P	art III.)	(
11	Щ	An organization organized a	and oper	ated exclus	vely to test for	or public sa	fety. See	section 50	09(a)(4).				
12		An organization organized a	and oper	ated exclus	vely for the b	enefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or		
		more publicly supported or									Check the box on		
		lines 12a through 12d that				-		-		-			
â	a L_						•	-					
		the supported organization		•			majority o	of the direc	tors or trustee	es of the su	upporting		
		organization. You must o											
k) <u> </u>			-					-		-		
		control or management o					ame perso	ns that co	ntrol or manaç	ge the supp	oorted		
		organization(s). You mus											
(; <u> </u>		-		-	•				ly integrate	ed with,		
		its supported organization				-				teritoria de la constanta			
(t	☐ Type III non-functionally	_			-				_			
		that is not functionally int	•	ŭ	•	•	•		•	an attentiv	veness		
		requirement (see instructi	•		•	•	•			U T			
•	•	☐ Check this box if the orga							Type I, Type I	ıı, Type III			
	Ent.	functionally integrated, or er the number of supported or					ng organiz	ation.					
,		vide the following information	O		d organizatio								
		(i) Name of supported		i) EIN	(iii) Type of o			anization listed	(v) Amount of	monetary	(vi) Amount of other		
		organization			(described or above (see in:		Yes	ng document?	support (see in	structions)	support (see instructions)		
					above (see in	structions))							
_			<u> </u>				<u>L</u>	<u> </u>					
Tot	al												

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		· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	14128145.	8855708.	11743049.	13242979.	<u> 12821930.</u>	60791811.
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	14128145.	8855708.	11743049.	13242979.	12821930.	60791811.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included				N		
	on line 1 that exceeds 2% of the			'			
	amount shown on line 11,						
	column (f)						520,303.
6	Public support. Subtract line 5 from line 4.						60271508.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	14128145.	8855708.	11743049.	13242979.	12821930.	60791811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33,770.	66,897.	46,779.	18,168.	369,617.	535,231.
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.)					157,818.	157,818.
11	Total support. Add lines 7 through 10						61484860.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and sto						
Sec	ction C. Computation of Publ	ic Support Per	centage				
	Public support percentage for 2023 (14	98.03 %
	Public support percentage from 2022					15	99.67 <u>%</u>
16a	33 1/3% support test - 2023. If the						
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the	•		•		•	
	and stop here. The organization qua	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2023. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organize	zation
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		Ш
b	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, che	ck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	clow, picase comp	note i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		,,	,,			
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(=,/==::=	(4)====	(=,===	(-,		(-)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	J		,	,	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					T [
	Public support percentage for 2023 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2022	·				16	<u>%</u>
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	=	-	•	• • •		
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization						

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
L	1		
\perp	2		
	За		
	3b		
	3c		
	4a		
	4.		
	4b		
	4 -		
	4c		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	401		
	10b	~ 000\	2002

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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		
	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 officers,			
	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 supported			
	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		
	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		
Sect	tion C. Type II Supporting Organizations		· · · · ·	
	21 11 0 0		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	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			
	л 11 3 3		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	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		
	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		
	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 year (see instructions)			
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 in	struction	s).	
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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying All other Type III non-functionally integrated supporting organizations must			Part VI). See instructions.
Sect	on A - Adjusted Net Income	COMPIC	(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	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	on 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-functionall	y integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

4 Distributions for 2023 from Section D,

Part VI. See instructions.

a Applied to underdistributions of prior yearsb Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

line 7:

and 4c.

8 Breakdown of line 7:

a Excess from 2019

b Excess from 2020

c Excess from 2021

d Excess from 2022

e Excess from 2023

Part VI

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of orga	inization	ions. Complete Fait III.		Fr	nployer identification number
		L BRAIN TUMOR SO	CTETY INC.		04-3068130
Part I-A	Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527	organization.
2 Political	a description of the organiz campaign activity expendit	ation's direct and indirect politic	cal campaign activities ir	n Part IV.	\$
Part I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
	<u>-</u>		- 171		\$
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
4a Was a c	orrection made?				Yes No
b If "Yes,"	describe in Part IV.				
		anization is exempt und			
		by the filing organization for se	The state of the s		\$
		ization's funds contributed to of			
					\$
		. Add lines 1 and 2. Enter here a			•
line 17b		4400 POL 6 HI	,		\$
		1120-POL for this year?			
		nployer identification number (E tion listed, enter the amount pai	•		
•	,	omptly and directly delivered to			•
	•	additional space is needed, prov		The state of the s	.a.o oog.oga.oa .aa o. a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from 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) 2023

Sch	nedule C (F	orm 990) 2023	NATIONA	L BRA	AIN TUMOR	SOCI	ETY,	INC	. 04-3	068130 Page 2
Pa	art II-A	Complete if the org	anization is	exem	npt under sec	tion 501	(c)(3)	and file	ed Form 5768 (ele	ction under
		section 501(h)).								
Α	Check	if the filing organiza	tion belongs to	an affili	ated group (and li	ist in Part	IV each	affiliated	group member's name	e, address, EIN,
		expenses, and sha	e of excess lob	obying e	xpenditures).					
<u>B</u>	Check	if the filing organiza	tion checked b	ox A an	d "limited control"	provisior	ns apply			
		Limi (The term "expen	ts on Lobbyin ditures" mean			ed.)			(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lob	obying expenditures to infl	uence public o	oinion (g	rassroots lobbyin	g)				
ı	b Total lob	obying expenditures to infl	uence a legisla	tive body	y (direct lobbying)				497,623.	
(c Total lob	obying expenditures (add li	nes 1a and 1b)						497,623.	
	d Other ex	kempt purpose expenditure	es						11,752,717.	
	e Total ex	empt purpose expenditure							12,250,340.	
	f Lobbyin	g nontaxable amount. Ent	er the amount f	rom the					762,517.	
		ount on line 1e, column (a) c			oying nontaxable					
	not over	\$500,000,		20% of tl	he amount on line	1e.				
	over \$50	00,000 but not over \$1,000	,000,	\$100,000	0 plus 15% of the	excess ov	ver \$500	,000.		
	over \$1,	000,000 but not over \$1,5	00,000,	\$175,000	0 plus 10% of the	excess ov	ver \$1,0	00,000.		
	over \$1,	500,000 but not over \$17,	000,000,	\$225,000	0 plus 5% of the e	excess ove	er \$1,50	0,000.		
	over \$17	7,000,000,	,	\$1,000,0	000.					
	g Grassro	ots nontaxable amount (er	ter 25% of line	1f)					190,629.	
ı	h Subtrac	t line 1g from line 1a. If zer	o or less, enter	-0-					0.	
	i Subtrac	t line 1f from line 1c. If zero	or less, enter	-0					0.	
	j If there i	s an amount other than ze	ro on either line	e 1h or li	ne 1i, did the orga	anization f	file Form	4720		
	reportin	g section 4911 tax for this	year?					<u></u>		Yes No
					raging Period Un		•	•		
		(Some organizations t							of the five columns be	elow.
					ite instructions fo			<u> </u>		
			Lobbyin	g Expen	ditures During 4	-Year Ave	eraging	Period	T	T
		Calendar year al year beginning in)	(a) 2020		(b) 2021		(c) 202	22	(d) 2023	(e) Total
			F07	560	E07.42	1	670	0.21	760 517	2 527 610

2a Lobbying nontaxable amount **b** Lobbying ceiling amount 3,806,429. (150% of line 2a, column(e)) 477,918. 243,345. 276,959. 497,623. 1,495,845. c Total lobbying expenditures 167,505. 126,915. 149,355. 190,629. 634,404. d Grassroots nontaxable amount e Grassroots ceiling amount 951,606. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 NATIONAL BRAIN TUMOR SOCIETY, INC. 04-30681 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	Amo	unt
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 not be 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	1 501(c)(5), or sec	tion	
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		
B Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	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 '	No" OR	h) Dort I		o io
	110 011	D) Part I	II-A, line	3, 15
answered "Yes."			II-A, line	J, 15
answered "Yes." Dues, assessments and similar amounts from members			II-A, line :	o, is
answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)			II-A, line (o, is
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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,

Employer identification number 04-3068130

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Accou	nts. Complete if the
	organization anomored 100 orn orni 000, i arciv, inc	(a) Donor advised funds	(b) Fu	nds 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 w	vriting that the assets held in donor a	dvised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring	
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7	<u>. </u>
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education) Preservation	on of a historically	y important land area
	Protection of natural habitat	Preservation	on of a certified h	istoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the f	orm of a conserva	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	cture included on line 2a	2c	
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization	during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		g of	
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing	conservation eas	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing cons	ervation easemer	nts during the year
•	7 thount of expenses mounted in monitoring, maposing, harran	ing of violations, and emoreing cons	ci vation cascinci	no daring the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 1	70(h)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?	•		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footne	•		
	organization's accounting for conservation easements.	C		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	r Other Simila	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue stateme	ent and balance s	sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research	in furtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement a	and balance shee	t works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of pu	ıblic 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 treat	asures, or other similar assets for fina	ncial gain, provid	e
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

332051 09-28-23

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		39,894.	8,929.	30,965.
d Equipment		179,644.	79,842.	99,802.
e Other		29,337.	4,936.	24,401.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part X. line 1	0c. column (B))		155,168.

Schedule D (Form 990) 2023

Schedu			IN TUMOR S	SOCIET	Y, INC	С.	04-3068130	Page 3
Part	VII Investments - Other S	Securities						
	Complete if the organization	answered "Yes" o	n Form 990, Part IV	/, line 11b.	See Form 9	90, Part X, line	12.	
(a) De	scription of security or category (include	ng name of security)	(b) Book value	;	(c) Method	of valuation: Co	ost or end-of-year market v	value
(1) Fin	ancial derivatives							
(2) Cld	sely held equity interests							
(3) Oth								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
	Col. (b) must equal Form 990, Part X, li	ne 12. col. (B))						
Part	VIII Investments - Progra	m Related.						
	Complete if the organization	answered "Yes" o	n Form 990, Part IV	/, line 11c.	See Form 9	90, Part X, line	13.	
	(a) Description of investme		(b) Book value				ost or end-of-year market v	value
(1)	• • • • • • • • • • • • • • • • • • • •				•		•	
(2)								
(3)								
(4)				4				
(5)								
(6)								
(7)								
(8)								
<u>(9)</u>								
	Col. (b) must equal Form 990, Part X, li	ne 13 col (R))						
Part	IX Other Assets	iic 10, coi. (b))						
	Complete if the organization	answered "Yes" o	n Form 990. Part IV	/. line 11d.	See Form 9	90. Part X. line	15.	
			Description			,	(b) Book va	alue
(1)		` `					, ,	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(Caluman /b) may at a gual Farma 000 I	Port V line 15 and	/D\\					
Part							·······	
	Complete if the organization		n Form 990, Part IV	/, line 11e c	or 11f. See F	Form 990, Part >	·	
1.	(a) Description	of liability					(b) Book va	alue
(1)	Federal income taxes							
(2)	OPERATING LEASE C	BLIGATION	S				276	<u>,374.</u>
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

Schedule D (Form 990) 2023

00110	edule D (Form 990) 2023 NATIONAL BRAIN TOMOR SOCIET	-, -	.110 •		V I			Page ¬
Pai	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts Wit	h Revenue p	er Ret	turn			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements				1	13,	354,	<u>776.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	5,	497.				
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d				2e			<u>497.</u>
3	Subtract line 2e from line 1				3	13,	3 4 9,	<u>279.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		86.				
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b				4c			86.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			I	5	13.	349,	365.
	Total Teveride: 7 ad in les & and 46. [This must equal Form 990, Fait I, line 12.]						,	• • • •
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer						,	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					n		
Par 1	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts Wi	ith Expenses	per R		n	250,	
	rt XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wi	ith Expenses	per R	eturi	n		
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nts Wi	ith Expenses	per R	eturi	n		
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts Wi	ith Expenses	per R	eturi	n		
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts Wi	ith Expenses	per R	eturi	n		
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b	ith Expenses	per R	eturi	n		
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	ith Expenses	s per R	eturi	n 12,	250,	254.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	ith Expenses	s per R	eturi	n 12,		254.
1 2 a b c d e	Total expenses per audited financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	ith Expenses	s per R	eturi	n 12,	250,	254.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	ith Expenses	s per R	eturi	n 12,	250,	254.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	ith Expenses	s per R	eturi	n 12,	250,	0. 254.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	ith Expenses	86.	eturi	12,;	250, 250,	254. 0. 254.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	ith Expenses	86.	1 2e 3	12,;	250,	254. 0. 254.

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, 2023 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 F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** NATIONAL BRAIN TUMOR SOCIETY, 04-3068130 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EUROPE (INCLUDING ICELAND & GREENLAND) GRANTMAKING 50,000. 0 50,000. 3 a Subtotal **b** Total from continuation 0 sheets to Part I c Totals (add lines 3a

LHA 332071 11-29-23

and 3b)

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

50,000.

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND &						
		GREENLAND)	RESEARCH	50,000.		0.		FMV

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

		ites. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.	
(b) Region		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
			4			
			7			
		1				
	Part III can be duplicated if additional space is neede	Part III can be duplicated if additional space is needed. (c) Number of	Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of	Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of	Part III can be duplicated if additional space is needed. (b) Region (c) Number of recipients cash grant cash disbursement cash disbursement noncash	Type of grant or assistance (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of cash disbursement (f) Amount of noncash assistance

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

332074 11-29-23

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 NATIONAL BRAIN TUMOR SOCIETY, INC.							Employer identification number $04-3068130$
Part I General Information on Grants a		011 20012117					01 0000100
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant t	funds in the United	States.			
Part II Grants and Other Assistance to recipient that received more than S						es" on Form 990, Part	IV, line 21, for any
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	1,810,000.	0.			RESEARCH
THE REGENTS OF THE UNIVERSITY OF CA - 10889 WILSHIRE BLVD SUITE 700 - LOS ANGELES, CA 90095	95-6006143	501 (C) 3	280,000.	0.			RESEARCH
MAYO CLINIC 200 FIRST ST SW							
ROCHESTER, MN 55905	41-6011702	501 (C) 3	101,375.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501 (C) 3	101,375.	0.			RESEARCH
BAPTIST HEALTH SOUTH FLORIDA FOUNDATION INC - 6855 RED ROAD,							
SUITE 600 - CORAL GABLES, FL 33143	59-1923401	501 (C) 3	25,000.	0.			RESEARCH
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS,							
ОН 43205	31-6056230	501 (C) 3	50,000.	0.			RESEARCH
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				6.
3 Enter total number of other organization:							1.

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

Schedule I (Form 990) 2023

(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	50,000.	0.		
		,			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE NATIONAL BRAIN TUMOR SOCIETY (NBTS) REQ	UIRES, AS	A CONDITIO	N OF THE	
GRANT, SCIENTIFIC REVIEW, THE PROD	UCTION OF	' SCIENTIFI	C AND FINA	NCIAL	
REPORTS ON AN ANNUAL BASIS, AND RE	GULAR TEL	ECONFERENC	CES WITH RE	SEARCHERS TO	
DETERMINE USE OF GRANT FUNDS AND P					

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.

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

INC.

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

NATIONAL BRAIN TUMOR SOCIETY

Employer identification number 04-3068130

Pa	irt i Questions Regarding Compensation				
				Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the	he following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevan	nt 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 foll	ow 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				
	trustees, and officers, including the CEO/Executive Director, regard		2		
	, ,				
3	Indicate which, if any, of the following the organization used to esta	ablish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any bo				
	establish compensation of the CEO/Executive Director, but explain				
		X Written employment contract			
		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	on A. line 1a. with respect to the filing			
	organization or a related organization:				
а			4a		Х
	Participate in or receive payment from a supplemental nonqualified		4b		Х
	Participate in or receive payment from an equity-based compensat		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applic				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations m	nust complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the	e 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	e organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
	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	e 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				
	initial contract exception described in Regulations section 53.4958	-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable pr	esumption procedure described in			
	Regulations section 53.4958-6(c)?		9		

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

Schedule J (Form 990) 2023

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	J-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and 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)	269,769.	0.	0.	8,527.	32,921.	311,217.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIRK TANNER	(i)	213,838.	0.	0.	6,435.	3,492.	223,765.	0.
CSO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN JEANS	(i)	200,373.	0.	0.	6,006.	1,139.	207,518.	0.
VICE PRES, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DOROTHY WHALEN	(i)	168,680.	0.	0.	5,133.	11,712.	185,525.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ASHLEY BRENNAN	(i)	141,146.	0.	0.	2,975.	33,359.	177,480.	0.
VICE PRES, DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN HIGGINS	(i)	153,125.	0.	0.	4,217.	12,157.		0.
MANAGING DIRECTOR, BTIF	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATIE GERMAIN	(i)	155,700.	0.	0.	4,666.	1,139.	161,505.	0.
CHIEF MARKETING & COMM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARISA PETRILLO	(i)	129,374.	0.	0.	4,165.	27,731.	161,270.	0.
CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RICHARD LESCARBEAU	(i)	121,847.	0.	0.	4,044.	33,400.	159,291.	0.
CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

2023

Open to Public Inspection

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.

NATIONAL BRAIN TUMOR SOCIETY, INC.

Employer identification number 04-3068130

Pa	rt I Types of Property			•		•			
	- Spires see represent	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) ethod of deterr ash contribution		ts
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								
9	Securities - Publicly traded	X	1	7,	298.	FMV			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
2	Securities - Miscellaneous								
3	Qualified conservation contribution - Historic structures								
4	Qualified conservation contribution - Other								
5	Real estate - Residential								
6	Real estate - Commercial								
7	Real estate - Other								
8	Collectibles								
9	Food inventory	X	89	36.	949.	FMV			
0	Drugs and medical supplies								
1	Taxidermy								
2	Historical artifacts								
3	Scientific specimens								
4	Archeological artifacts								
5	Other (GIFT CARDS)	X	14	3	620.	FMV			
6	Other (MEMORABILIA)	X	6		647.				
7	Other (TICKETS)	X	5		555.				
, 8	Other (TRUCK RENTAL)	X	1		258.	1114			
9	Number of Forms 8283 received by the organi	1		ontributions	250.				
9	for which the organization completed Form 82	•			29				
	for which the organization completed Form 62	oo, rait v, L	onee Acknowledge		29			Yes	Тм
۸_	During the year did the evacuitation receive b	v oontributio	an any proporty ron	artad in Dart Llinas	1 through	h 00 that i		res	IN
υa	During the year, did the organization receive b						١		
	must hold for at least 3 years from the date of								١,
	exempt purposes for the entire holding period	?					30)a	X
	If "Yes," describe the arrangement in Part II.	l' 11 1	andrea Hermania			·:0			7.7
1	Does the organization have a gift acceptance	•	•	•		uons?	3	1	<u> </u>
	Does the organization hire or use third parties contributions?		•				32	2a	X
b	If "Yes," describe in Part II.								
3	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column ((a) is che	cked,			
	describe in Part II.								

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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:
A BOARD MEMBER IS THE CEO OF AN ORGANIZATION WHERE ANOTHER BOARD MEMBER IS
EMPLOYED.
FORM 990, PART VI, SECTION B, LINE 11B:
A 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
BOARD AND MANAGEMENT.
FORM 990, PART VI, SECTION B, LINE 15:
THE EXECUTIVE COMMITTEE OF THE BOARD DETERMINES THE CEO'S SALARY.

COMPARABILITY FIGURES REPRESENTING COMPARABLE POSITIONS

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

332211 11-14-23

SCOPE OF

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page Z
Name of the organization NATIONAL BRAIN TUMOR SOCIETY, INC.	Employer identification number 04-3068130
RESPONSIBILITY, SIZE OF ORGANIZATION AND BUDGET AND SIMILA	R INDUSTRY WERE
PROVIDED TO THE EXECUTIVE COMMITTEE.	
IN REGARD TO OTHER OFFICERS AND KEY EMPLOYEES, THE HR MANA	GER 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 SEL	ECTION OF THE
INDEPENDENT AUDITOR	

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.

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
	NATIONAL BRAIN TUMOR SOCIETY, INC.	04-3068130

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
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	173,036.	2,209,226.	SOCIETY, INC.
NBTS TDG, LLC - 86-2578255					
55 CHAPEL STREET, SUITE 006					NATIONAL BRAIN TUMOR
NEWTON, MA 02458	BRAIN TUMOR RESEARCH	DELAWARE	1,666,666.	1,243.	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	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate Code V-UE		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
]										
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	l	l							i		

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(i conti ent	tion b)(13) rolled tity?
		country)		,				Yes	No
-									

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

Schedule R (Form 990) 2023

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)							
	Gift, grant, or capital contribution from related organization(s)							
	Loans or loan guarantees to or for related organization(s)							
е	Loans or loan guarantees by related organization(s)				1e			
			4					
f	Dividends from related organization(s)				1f			
g	Sale of assets to related organization(s)							
h	Purchase of assets from related organization(s)							
i	Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k			
	Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	Sharing of paid employees with related organization(s)							
р	Reimbursement paid to related organization(s) for expenses				1p			
	Reimbursement paid by related organization(s) for expenses							
r	Other transfer of cash or property to related organization(s)				1r			
s	Other transfer of cash or property from related organization(s)				1s			
2	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a)	(b)	(c)	(d)				
	Name of related organization	Transaction	Amount involved	Method of determining amount	involved			
		type (a-s)						
1)								
2)								
3)								
4)								
5)								
6)								
3216	3 09-28-23			Schedul	le R (Form	990) 2023		

Page 4

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	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year assets	Dispropo tionate allocation:	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
					1					
									\sqcup	
			4							
	-									
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									+	
								1	++	
			/							
									++	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE for p	ayment			
instruct	ions.					•			
All corp	orations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts				
must us	e Form 7004 to request an extension of time to file income	e tax retur	ns.						
Part I -	Identification								
Type or	Name of exempt organization, employer, or other filer,	, see instru	uctions.	Taxpayer	identification numb	er (TIN)			
Print									
File by the	NATIONAL BRAIN TUMOR SOCIET	Y, IN	C.	04-3068130					
File by the due date for filing your	or Number, street, and room or suite no. If a P.O. box, se								
return. See instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON, MA 02458								
Enter th	e Return Code for the return that this application is for (file	a separat	te application for each return)			01			
	tion Is For	Return				Return			
Дрисс		Code	Application is 1 of		Code				
Form 90	00 or Form 990-EZ	01	Form 4720 (other than individual)			09			
	720 (individual)	03	Form 5227		10				
Form 99	•	04	Form 6069		11				
	00-T (sec. 401(a) or 408(a) trust)	05	Form 8870		12				
	00-T (trust other than above)	06	Form 5330 (individual)		13				
	00-T (corporation)	07	Form 5330 (other than individual)		14				
Form 10		08	. om occ (other than mannada)						
	you enter your Return Code, complete either Part II or Part		Lincluding signature, is applicable of	nly for an	extension of				
	file Form 5330.		.,	,					
• If this	application is for an extension of time to file Form 5330, ye	ou must e	nter the following information.						
	an Name		g .						
	an Number								
	an Year Ending (MM/DD/YYYY)								
Part II -	Automatic Extension of Time To File for Exempt Organi	zations (s	see instructions)						
	books are in the care of RICH LESCARBEAU		•						
	55 CHAPEL STREET,	006	- NEWTON, MA 02458	}					
Tele	phone No. 617-924-9997		Fax No.						
• If the	organization does not have an office or place of business	in the Un							
If this	s is for a Group Return, enter the organization's four-digit C	Group Exe	mption Number (GEN)	f this is fo	r the whole group, c	heck this			
box	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all membe	ers the extension is	or.			
1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for									
th	e organization named above. The extension is for the orga	anization's	return for:						
X	X calendar year 20 23 or								
	tax year beginning	, 20	, and ending						
2 If	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period								
3a If	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less								
	ny nonrefundable credits. See instructions.	3a	\$	0.					
_	this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter an	refundable credits and		•				
	stimated tax payments made. Include any prior year overpa			3b	\$	0.			
_	alance due. Subtract line 3b from line 3a. Include your pa								
	sing EFTPS (Electronic Federal Tax Payment System). See	•		3с	\$	0.			
_									

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

Form 8868 (Rev. 1-2024)