

			-	IC DISCLOSURE COPY *			
	0	00		nization Exempt From			OMB No. 1545-0047
Forr	n Y	90		7(a)(1) of the Internal Revenue Code (e			2021
Depa	rtment o	f the Treasury	Do not enter social s	ecurity numbers on this form as it ma	y be made public	c.	Open to Public
Interr	al Rever	nue Service		/Form990 for instructions and the late			Inspection
AF	or the	e 2021 calend	ar year, or tax year beginning C	OCT 1, 2021 and ending	SEP 30,		
	heck if		f organization		D Employer	^r identificati	on number
-	Addres	PEDI	ATRIC BRAIN TUMOR				
	change	e OF T	HE UNITED STATES,	INC.			
	change Initial	e Doing b	usiness as			966822	
	return Final		and street (or P.O. box if mail is not de				0.0.1
	return/ termin		ROSWELL ROAD, NE)665-6	
	ated Ameno		own, state or province, country, and NTA , GA 30328	ZIP or foreign postal code	G Gross receipt		5,677,466.
	return Applic		nd address of principal officer: COU	RUNEY DAVIES	H(a) Is this a		
	tion pendir		AS C ABOVE	KINEI DAVIES		ordinates?	
<u> </u>		empt status:		(insert no.) 4947(a)(1) or 5	H(b) Are all sub 17 If "No."		. See instructions
			CURETHEKIDS.ORG	(11361(110.)) = 4347(a)(1)(0) = 3	H(c) Group e		
				ssociation Other			ate of legal domicile: GA
	nrt I	Summary					
	1	Briefly describ	be the organization's mission or most	significant activities: ELIMINATE	CHILDHO	OD BRA	IN TUMORS
Ice				NG WITH THIS DEVASTA			
Governance		Check this bo		ntinued its operations or disposed of mo			
ver	3	Number of vo	ting members of the governing body				12
	4	Number of inc	dependent voting members of the go	verning body (Part VI, line 1b)			11
80			of individuals employed in calendar			26	
/itie	6	Total number	of volunteers (estimate if necessary)				350
Activities &				olumn (C), line 12			0.
_ <				990-T, Part I, line 11			0.
				_	Prior Yea		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		6,015,		5,655,898.
enu	9	Program servi	ice revenue (Part VIII, line 2g)			0.	0.
Revenue				, and 7d)	-15,		21,568.
				c, 9c, 10c, and 11e)	E 000	0.	0.
				Part VIII, column (A), line 12)	5,999,		5,677,466.
				(A), lines 1-3)	2,128,		2,492,677.
	14	Benefits paid	to or for members (Part IX, column (/	A), line 4)	1 007	0.	0.
ses	15			Part IX, column (A), lines 5-10)	1,907,	<u>400.</u> 0.	2,189,489. 0.
ens	16a		undraising fees (Part IX, column (A),			0.	0.
Expenses	17		ing expenses (Part IX, column (D), lin	, 11f-24e)	1,231,	795	1,505,808.
_	''			X, column (A), line 25)	5,267,		6,187,974.
		-		12	732,		-510,508.
78				12	Beginning of Curre		End of Year
t Assets or d Balances	20	Total assets (I	Part X, line 16)		6,277,		5,648,381.
Ass	21				846,		727,999.
Net Fund				line 20	5,430,		4,920,382.
	rt II	Signatur				L	, ,
Und	er pena	lties of perjury,	I declare that I have examined this return	, including accompanying schedules and state	ements, and to the b	best of my kno	owledge and belief, it is
				er) is based on all information of which prepa		-	
		1	1 Satto			1/23	
Sig	า	Signatur	e of officer		Date		
Her	е		SUTTON, SECRETARY				
		Type or	print name and title				
		Print/Type pre	parer's name	Preparer's signature	Date	Check	PTIN

	Print/Type preparer's name	Preparer's signature	Duio	:f	1 1 1 1
Paid	AMY BIBBY	AMY BIBBY			P00445891
Preparer	Firm's name FORVIS , LLP			Firm's EIN 4 4	-0160260
Use Only	Firm's address 500 RIDGEFIELD C	OURT			
	ASHEVILLE, NC 28	806		Phone no. (828) 254-2254
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate inst	ructions.		Form 990 (2021)

Form	PEDIATRIC BRAIN TUMOR FOUNDATION 990 (2021) OF THE UNITED STATES, INC.	58-1966822	Page 2
	t III Statement of Program Service Accomplishments		r age –
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	VISION: A WORLD WITHOUT CHILDHOOD BRAIN TUMORS.		
	MISSION: CARE. CURE. THRIVE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		XNo
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		
	revenue, if any, for each program service reported.		na
4a	(Code:) (Expenses \$ 4,681,490. including grants of \$ 2,492,677.) (Rever	nue \$ 5,677,	466.)
	SEE SCHEDULE O	·····	,
4b	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$)
40		^	
4c	(Code:) (Expenses \$ including grants of \$) (Revented including grants of \$)	nue \$)
_			
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,681,490.		
		Form S	990 (2021)
132002	2 12-09-21		

17310808	797738	1000064077
T / D T O O O O O	, , , , , , , , , , , , , , , , , , , ,	TOOOOOTO '

PEDIATRIC	BRAIN	TUMOR	FOUNDATION

OF THE UNITED STATES, INC.

If Yes, "complete Schedule A If X Is the organization required to complete Schedule B, Schedule of Combutors? See instructions If X Is the organization required to complete Schedule C, Part I If X Is the organization required to complete Schedule C, Part I If X Is the organization a section SD1(Sk), SD1(Sk				Yes	No
2 the organization required to complete Schedule (); Schedule of Combutory 7 See instructions 2 X 3 Did the organization engage in direct political declapage in lobbying activities on behalf of or in opposition to candidates for public Office? If Ying, "complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(r) election in effect of the organization in section 500 regimes Schedule C, Part II 4 X 5 Is the organization engage in diverse in an anomatic in schedule in finds or accounts? If Yes, "complete Schedule C, Part II 5 X 6 He organization engage in diverse in anomatic in schedule in finds or accounts? If Yes, "complete Schedule C, Part II 6 X 7 X He organization engage in diverse in anomatic in schedule in anomatic in schedule in the organization engage. Their Schedule C, Part II 6 X 7 X He dive organization engage in anomatic in schedule account liability, serve as a custorian for amounts in schedule in the organization engage in anomatic in schedule account liability, serve as a custorian for amounts in schedule in the organization engage in anomatic in schedule account liability, serve as a custorian for amount in part X, line 21, for schedule C, Part V 10 X 10 He organization engert an amount for lindukiding, and equipment in Part X, line 12, this ti	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 Dit the cognization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If Yes, "complete Schedule C, Part II</i> Section 501(b) or gainizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? <i>If Yes, "complete Schedule C, Part II</i> Did the organization maintain any doorn advised tunks or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? <i>(Yes, "complete Schedule D, Part II</i> Did the organization maintain and any similar funds or accounts? <i>(Yes, "complete Schedule D, Part II</i> Did the organization maintain and schedule organization, thold assets in donorestricted endowments? <i>Yes, "complete Schedule D, Part II</i> Did the organization maintain calculation save than of the organization maintain calculation save to any of the following questions is not accelerate and account liability, serve as a sustolation save for a manuma in Part X, ine 21, for escow or custodal account liability, serve as a sustodan for amounts on taked in Part X, ine 21, for escow or custodal account liability, serve as a sustodan for amounts on the following questions in vers, "the complete Schedule D, Part II Did the organization report an amount for investments - order accurticate and part or account for investments or in quasi endowments? <i>If Yes, "complete Schedule D</i>, Part IV Did the organization report an amount for investments - program related in Part X, line 10? <i>If Yes, "complete Schedule D</i>, Part VI Did the organization report an amount for investments - program related in Part X, line 10? <i>If Yes, "complete Schedule D</i>, Part VI Did the organization report an amount for investments. Program related in Part X, line 13, that is 5% or more of its total assets					
public office? # 'Yes,' complete Schedule Q, Part I 3 X 4 Section 501(kg) organization. Did the organization engage in lobbying activities, or have a section 501(kg) election in effect 4 X 5 Is the organization a section 501(kg). 501(kg). 601(kg).	-		2	<u> </u>	
4 Section 501(c)(3) arguitzations. Dot 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)(h), 501(c)(b), or 5	3				v
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S(16)(6) 50(16)(5) for 50(16) for 50(16)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98 19? // Yes, * complete Schedule C, Part III 6 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histoch land ease, or historic structures? // Yes, * complete Schedule D, Part I 6 X 7 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histoch land ease, or historic structures? // Yes, * complete Schedule D, Part II 7 X 7 Did the organization of investment parts, complete Schedule D, Part II 8 X 7 It the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, 7 10 X 7 It the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, 7 10 X 7 It the organization report an amount for hirestments - trongamication is Ves," then complete Schedule D, Part VI 10 X 7 Yes, "complete Schedule D, Part VI 10 X 111 X			3		
5 Is the organization action 501(cl(d), 000 (cl(d), or 501(cl(d)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98199 (2) "res", complete Schedule D, Part III. S X 6 Did the organization maintain any done 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account is bind with donors have the right to provide advice on the distribution or investment of advices of adv. Instront developed advice on the assist of pressive open space, the environment, historic and areas, or historic structures? If "res," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, evere as a custodian for amounts not listed in Part X, or provide credit consaling, debt management, credit repair, or debt negotiation services? 9 X 10 Ub the organization report an amount for investments - other securities in Part X, line 10, IVI, VIII, K, or X, as applicable. 10 X 11 If 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 167. If "Yes," complete Schedule D, Part X 114 X 12 Did the organization report a	4				x
similar amounts as defined in Rev. Proc. 89-197, 41'kg,* complete Schedule Q, Part III. 6 Did the organization narbinal means, in historical funds or accounts? If Ytgs,* complete Schedule D, Part I 7 Did the organization narbinal means, in historical treasures, or other similar assets? If 'Yeg,* complete Schedule D, Part II 8 Did the organization narbinal neoliections of works of art, historical treasures, or other similar assets? If 'Yeg,* complete Schedule D, Part II 9 Did the organization narbinal neoliections of works of art, historical treasures, or other similar assets? If 'Yeg,* complete Schedule D, Part II 9 Did the organization narbon in Part X, line 21, for sercew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counciling, detit management, credit repart, or deth neoptiation services? If 'Yeg,* complete Schedule D, Part IV 10 X 11 If the organization directly or through a related organization, hold assets in donor restricted endowments and in quasi endowments? If 'Yeg,* complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yeg,* complete Schedule D, Part V 12 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 'Yeg,* complete Schedule D, Part VI 11 Z 2 Did the organization report an amount for three securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yeg,* complete Schedule D, Part VI 2 Did the organization report an amount for three securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yeg,* complete Schedule D, Part XI 2 Did the organization report an amount for the tax year include a totontot that addresses the organization report an amount for the reset in Part X, line 15, that is 5% or more of its total assets reported in Part X, line	5				- 21
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? // **ys; "complete Schedule D, Part // T Image: Complete Schedule D, Part // T	J		5		x
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 report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in lister in Part X, or provide credit consulting, debt management, credit repair, or debt negotiation services? 8 X 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 conganization, hold assets in donor-restricted andowments? 9 X 10 Did the organization identity or through a related organization, hold assets in donor-restricted andowments? 10 X 11 If the organization report an amount for lawestments - organize the activation services? 11 X 12 If the organization report an amount for lawestments - organize the activation service and anount for investments - organize the activation service an amount for other assets 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 XII 11 X 13 asster report an amount for other assets in Part X, line 12, that is 5% or more of its total assets	6		L		
7 Did the organization receive or hold a conservation assement, including assements to preserve open space. the environment, historic fund areas, or historic structures? If 'Yes, 'complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If 'Yes, 'complete Schedule D, Part II 8 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? 9 X 10 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, line 21, for escrow or custodial account liability. Serve as a custodian for amounts not listed organization, report a amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 10 X 10 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 VI 11a X 11 Did the organization report an amount for other assets 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 X 11e X 12 Did the organization seport an amount for other assets in Part X, line 12, If wait is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'c	Ū		6		х
the environment, historic all dareas, 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 II 8 X 9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodial for amounts not listed in Part X, or provide crafted counseling, debt management, craft repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for indu, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part VI 10 X 11 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 VI 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "yes," complete Schedule D, Part XI 11a X 12 Did the organization report an amount for investments - other assets in Part X, line 13? If "yes," complete Schedule D, Part X 114 X 13 Z </td <td>7</td> <td></td> <td></td> <td></td> <td></td>	7				
 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? 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 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part V. Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization signating the 16? If "Yes," complete Schedule D, Part X Did the organization separate or consolidated financial statements for the tax year? If "Yes," and If the organization answered "No" to line 12a, then completing Schedule D, Part X Did the organization answered "No" to line 12a, then complete Schedule D, Part X Did the organization answered Schedule D, Part X III M X Did the organization report an S15,000 of agress to rofe ass			7		х
Schedule D, Part III 8 X 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? 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 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X a Did the organization report an amount for investments - orber securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - orber securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11a X c Did the organization report an amount for the reassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII X 11a X 2 Did the organization report an amount for the reassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 11d X 2 Did the organization onclone thas ablint for uncertain tax positions under FIN 48 (8				
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? 9 X 10 Did the organization, directly or through a related organization, hold assets in domorrestricted endowments or in quasi endowments? 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 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 VI 11 X 13 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 114 X 14 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 114 X 14 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 114 X 15 Did the organization solution separate or consolidated financial statements for the tax year? If "Yes," complete Sched			8		х
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X as policable. 10 X 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 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 11 X c Did the organization report an amount for investments - organ related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 114 X 12 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 114 X 13 Is the organization asserter or thera isolated financial statements for the tax year includes a footnote that assets reported in Par	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VII, VII, VII, VII,					
or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, K, or X, as applicable. 11a X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X d) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization is beparte or consolidated financial statements for the tax year? 11f Yes," complete Schedule D, Part X 11e X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f Yes," and XII is optional 13 X 13 Is the organization as schoid described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule D, Part X 12a X		If "Yes," complete Schedule D, Part IV	9		Х
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11d X c) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X VIII 11d X c) Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization a separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization asparate, independent audited financial statements for the tax year? 11f X 12b Was the organization asparate, independent audited financial statements for the tax year? 11f X 12a Did the organization organization asporate, independent audit	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? /// "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for investments - orgarm related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII 11c X d) Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X 11c X e) Did the organization report an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X 11e X f) Did the organization is aparate, independent audited financial statements for the tax year? 11t X f) Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 12a Did the organization nexture assets or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 12a X 14a X 14a X 14a X 15 X 14a <td></td> <td>or in quasi endowments? If "Yes," complete Schedule D, Part V</td> <td>10</td> <td>Х</td> <td></td>		or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part X 11c X e Did the organization report an amount for other lasbilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X f Did the organization is abparte. Independent audited financial statements for the tax year? 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule D, Part X 11e X 13 Is the organization nation answered 'No' to line 12a, then completing Schedule D, Part X and XII is optional 12a X 14a Did the organization aschool described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13a X 14a Did the organization natin an office, employees, or agents ou	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,			
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization noluded in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? f "Yes," complete Schedule E 11a X 13 Is the organization neor on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or oth					
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization is oparate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III as pointal 12a X 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 113 X 14a Did the organization neport an attra, column (A), line 3, more than \$5,000 of grants or other assistance to or for ror more or nor the as 111 and IV 14a X 15 X Did the organization neport an E13,000. Of aggregate g	а				
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other assets in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X 12a Did the organization separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule E 13i X 13 Is the organization maintain an office, employees, or agents outside of the United States? 13a X 13a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garge grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargeate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV 14b X 15 Did the organization report more than \$15,000 of expenses for profesional fundraising services on Part IX, column (A), line 3, mo			11a	<u>X</u>	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization otal in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11t X 13 State organization askered "No" to line 12a, then completing Schedule D, Part X and XII is optional 12a X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 14a X 15 M Did the organization report on Part I	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11If X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X and XII 12a X b Was the organization included in soction 170(b)(1)(A)(W)(P)" If "Yes," complete Schedule E 13 X 14a Did the organization as school described in section 170(b)(1)(A)(W)(P)" If "Yes," complete Schedule E, Parts XI and XII soptional 12b X 15 Did the organization neport on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for rany foreign organization report more than \$1,000 of mograpate scribes on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for rany foreign individuals? If "Yes," complete Schedule G, Part II 16 X 17 <t< td=""><td></td><td></td><td>11b</td><td></td><td><u> </u></td></t<>			11b		<u> </u>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization assered, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XI and XII 12a X b Was the organization analytic an answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 113 X 114a Did the organization nantain an office, employees, or agents outside of the United States? 11a X 114a Did the organization nantain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garsts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X	С				77
Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11t X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11''yes," complete Schedule D, Part X 11e X 12a X Vas the organization included in consolidated, independent audited financial statements for the tax year? 11''yes," and if the organization a school described in section 170(b)(1)(A)(0)? 11''yes," complete Schedule E 12a X 14a Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization report more than \$15,000 tel septenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II and IV 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			11c		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? /f "Yes," complete Schedule D, Part X and XII 11e X 13 by the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X 14a Did the organization neoport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV 16 X 17 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 II and IV 16 X 17 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," comp	d				v
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign 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 G, Part II and IV 16 X 17 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 G, Part II and IV 16 X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributio					
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professional fundraising services 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 G, Part II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	-		11e		
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 14a Did the organization a school described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E 14a X 15 Did the organization newsered "No" to part XI and XII is optional 12b X 14a Did the organization aschool described in section 170(b)(1/(A)(ii)? If "Yes," complete Schedule E 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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 G, Part II and IV 16<	T		1 1 4	x	
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II 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 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report to tore 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	122			- 23	
b Was the organization included in consolidated, independent audited financial statements for the tax year? 12 if "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? if "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a b 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 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 II and IV 15 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 II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X	120		129	x	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 14a X 15 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 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 II 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), line 3 more than \$15,000 of grass income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," 18	h	,	120		
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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 II and IV 16 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 II. 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," omplete Schedule G, Part II. 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$5,000 of grants or other assistance to any domestic organization report more than \$15,000 of grants or other assistance on this return? 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H. Parts I and II 21 X 	~		12b		x
 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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 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 II and IV 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 II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3, 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	13				
 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>. 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>. 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? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>. 18 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>. 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>. 		Did the energy institute and office and the energy is a statistic of the United Otelan O			
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 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 II 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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a X 20a X 20b 20a X					
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 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H 20a 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 of grass income from gaming activities on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a X 20a X 20a X 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H. Parts I and II 20a X			14b		Х
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	15				
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 19 Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 21 X 	16				
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 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 20a X		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 10 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	17				
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," 19 X 20a 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 20b 21 Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			17		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization operate on Part IX, column (A), line 1? /f "Yes," complete Schedule I, Parts I and II 21 X	18				
complete Schedule G, Part III 19 X 20a 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18		<u> </u>
20a 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 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X	19				77
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		<u> </u>
	21		04	v	
	120000				(2021)

132003 12-09-21

Form 990 (2021)

Part IV Checklist of Required Schedules

17310808 797738 1000064077

Form	990 (2021) OF THE UNITED STATES, INC. 58-196	6822	Р	age 4
Par	t 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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
	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			v
	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%			v
07	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dar	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
-		c 🕅	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -	х	
12000	(gambling) winnings to prize winners?	1c		(2021)
132004	12-09-21			

6

17310808 797738 1000064077

	990 (2021) OF THE UNITED STATES, INC. 58-1966	822	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>
0-	Enter the number of employees reported on Form W.2. Transmitted of Wage and Tay Statements		Yes	No
Za	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 26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X 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	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	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 7d			
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		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		<u> </u>
ь 10	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against]		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		<u> </u>
	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	-		
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>
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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
.0	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.			
	7	Гания	000	(2021)

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	'No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		1	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year 1a 12		105	
Ia	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.			
Ŀ.				
	5 , , , , ,			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		v
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal neveral code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D.		10b	Х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		11a	Λ	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AZ, CA, FL, GA, IL, KS, KY, LA,	ME	MD	MA
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			
10		Unity) a	avalla	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O)			
40		£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	TINANC	al	
•-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	<u>GEOFF STILL - 828-418-0814</u>			
	6065 ROSWELL ROAD, NE STE 505, ATLANTA, GA 30328		000	
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2021)
4				

17310808 797738 1000064077

Form 990 (2021)

2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000642

58-1966822 Page 6

Form 990 (2021)	OF THE	UNITED	STATES,	INC.	58-1966822	Page 7		
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employe	es, and Independ	ent Contra	actors					
Check if Sc	hedule O contains a re	sponse or not	te to any line in	this Part VII				
Section A. Officers, E	Directors, Trustees, K	ey Employee	s, and Highes	t Compensat	ed 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."

PEDIATRIC BRAIN TUMOR FOUNDATION

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average			(C Posi	ition			(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)				s both	ı an	compensation	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) COURTNEY DAVIES PRESIDENT/CEO	50.00			x				272,939.	0.	13,518.
(2) GEOFF STILL	50.00			~				212,959.	0.	13,510.
CFO				x				146,382.	0.	17,765.
(3) ANDREW "AJ" JANOWER CHAIR	1.00	x		x				0.	0.	0.
(4) KRISTIN YOUNG	1.00			_						
VICE CHAIR		х		х				0.	0.	0.
(5) ANNE SUTTON	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JEFF GELFAND	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) CHUCK BODERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHASE JONES	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) LARRY LITTLE	1.00	37							0	0
DIRECTOR (10) KARL MUELLER	1.00	Х						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(11) KEN MURPHY	1.00	~							0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) JOHN RAGNONI	1.00									
DIRECTOR		х						0.	0.	0.
(13) SUSIE ROSSICK	1.00									
DIRECTOR		х						0.	0.	0.
(14) JILL SCOGNAMIGLIO	1.00									
DIRECTOR		X						0.	0.	0.
122007 12 00 21										Form 990 (2021)

132007 12-09-21

9

PEI	DIATE	RIC	BRAI	IN	TUMOR	FOUNDATION
OF	THE	UNT	TTED	ST	PATES.	TNC.

58-1966822	Page 8
------------	---------------

Form	<u>1 990 (20</u>	21)	0	F THE	UNITEI) ST	AT	ES	, -	IN	C.			58-1	9668	822	Pa	age 8
Par	t VII _S	ection A.	Officers, D	Directors,	Trustees, Ke	ey Emp	loye	es, a	and	Hig	hes	t Co	ompensated Employee	s (continued)				
	(A) Name and title			(E Aver hours we (list hours rela	age s per ek any s for	(C) Position do not check more than one tox, unless person is both an officer and a director/trustee)			han o both /trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC/		(F) Estimated amount of other compensation from the organization		of tion e		
					organiz bele	ations ow	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	and	nizati nizatio	ed
								_										
1b	Subtot				nrt VII, Sectio							> >	<u>419,321.</u> 0.		0.	31	.,28	<u>83.</u> 0.
d											J		419,321.		0.	31	.,28	
2			individuals (om the orga	-		d to the	ose l	isted	labo	ove)	who	o re	ceived more than \$100,	000 of reportabl	е			2
3		0	,		,						<i>'</i>	0	hest compensated empl	5	[Yes	No
4	For any	[,] individua	al listed on li	ine 1a, is tl	he sum of rep	oortable	e coi	nper	nsati	ion a	and	oth	er compensation from t	ne organization		3	X	X
5	Did any	, person li	sted on line	1a receive	e or accrue c	ompen	satic	on fro	om a	any ι	unre	late	or such individual d organization or indivic	lual for services		5	Λ	x
Sec			ent Contrac		complete St	nequie		ir suc	<u>in p</u>	erso					·····	U U		
1			-	-	-		-						hat received more than \$ the organization's tax ye		pensat	ion fro	m	
				(A				NE					(B) Description of s		с	(C omper		n
												_						
2	Total n	umber of i	independen	t contract	ors (including	but no	nt lim	nited	to th	hose	e list	ed	above) who received mo	ore than				
_			•		ganization					0			,					

132008 12-09-21

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Check if Schedulo C contains a response on note to any line in the Perturn (A) Total revenue (B) Perturn a control business revenue (C) Description	Pa	rt V	111	Statement of Revenue						
Total revenue Restated or exemit indiction evenue Durestated indicates evenue Revenue Revenue Revenue Revenue <th colspa<="" th=""><th></th><th></th><th></th><th>Check if Schedule O contains a response c</th><th>or note to any lin</th><th></th><th></th><th></th><th></th></th>	<th></th> <th></th> <th></th> <th>Check if Schedule O contains a response c</th> <th>or note to any lin</th> <th></th> <th></th> <th></th> <th></th>				Check if Schedule O contains a response c	or note to any lin				
Index relation Location Total Actions of 27–514 group 1 a b										
and Federated campaigne 1a b<						l otal revenue				
By Membership deals 10 b Membership deals 10 c Mediading events 10 d Rolated organis (contributions) 10 f M other combinities, plants, and, and sinter amounts to include dates 11 g Horas contractions (calable dates) 11 g Total. Add lines 18-11 11 g Total. Add lines 28-21 10 g Total. Add lines 28-21 10 g Total. Add lines 28-21 10 g Total. Add lines 28-21 20, 874. g Total. Add lines 28-21 20, 874. g Total. Add lines 28-21 10 g Total. Add lines 28-21 20, 874. g Total. Add lines 28-21 20, 874. g Total. Add lines 28-21 10 g Total. Add lines 28-21 10 g Total. Add lines 28-21 20, 874. g Total. Add lines 28-21 20, 874. g Total. Add lines										
Bot Membership deal Ib b Periodicaling events Id d Related organisations Id d Related organisations Id d Bit Care combinets, grants, and similar amounts not include alone Id d Bit Care combinets, grants, and similar amounts not include alone Ig 10, 508. g Bit Care combinets, grants, and discombinets, grants, and discombinet, grants, and discombinets, grants, and discombinet, grants, and	ς Ω	1	а	Federated campaigns 1a						
Business Code Business Code 2 b	ant	•								
Business Code Business Code 2 b	D G									
Business Code Business Code 2 b	ts,			o		-				
Business Code Business Code 2 b	Gil İlar					-				
Business Code Business Code 2 b	ns, Sim					-				
Business Code Business Code 2 b	er (f							
Business Code Business Code 2 b	jt C				<u>55,898.</u>	-				
Business Code Business Code 2 b	dtr		g	Noncash contributions included in lines 1a-1f						
generation 2 a b b b b b b b b b b b b b b b b b b	ar		h	Total. Add lines 1a-1f	🕨	5,655,898.				
90 00 <t< th=""><th></th><th></th><th></th><th></th><th>Business Code</th><th></th><th></th><th></th><th></th></t<>					Business Code					
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	e	2	а							
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	e مناح		b							
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	Sei		с							
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	ane eve		d							
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	Be									
g Total. Add lines 2a:21 a Investment income (including dividends, interest, and other similar amounts). 20,874. 4 income from investment of tax excempt bond proceeds 20,874. 5 Reyattes 0 6 a Gross rents 6a 7 a Gross amount from sales of assets other thai income or (loss) > 7 a Gross income from fundrasing events (not including \$ of G94. 694. 6 a Gross income from fundrasing events (not including \$ of G94. 694. 8 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from fundrasing events (not including \$ of G94. 694. 9 a Gross income from gaming activities. 9a 9 b Less: clience taxpenase. 8b 9 b Coss sincome from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 a Gross income from gaming activities. 9a 9 b Less: cost of goods sold<	Pro			All other program service revenue						
3 investment income (including dividends, interest, and other similar amounts) 20,874. 20,874. 4 income from investment of tax-exempt bond proceeds > > 5 Royaties > > 6 a Gross rents 6a 0 Percental b Less: rental expenses 6b 0 > 7 a Gross amount from sales of assets other than inventory > > > b Less: rental expenses 0 0 Sec > > 7 a Gross amount from sales of assets other than inventory > > 0 > > b Less: cost or other basis and sales expenses 7b 0. 0. C Sec	_			-						
a income from investment of tax-exempt bond proceeds 20,874. 20,874. 4 income from investment of tax-exempt bond proceeds			y							
4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6a (0) Personal 0 Beb 0 Beb 0 Beb 0 Revenue 1 Reven		3		· · ·		20 874			20 874	
5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c 7 a Gross amount from sales of assets other than inventory 6c 7a assets other than inventory b Less: cost or other basis and sales expenses 7b 0. a datales expenses 7b 0. 7c 694. 694. 6 a disc expenses 7b 0. 7c 694. 694. 6 a disc expenses 7b 0. 7c 694. 694. 6 a disc expenses or 7c 694. 694. 694. 8 a Gross income from fundraising events 694. 694. 694. 9 a Gross income from gaming activities. See 9a 9a 9a 9a 9a 9 a Gross alse of inventory. 8a 6b 6b 6b 6b 6b 10 a Gross alse of inventory. 8a 6b 6b 6b 6b 6b 6b 6b						20,0740			20,074.	
6 a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 0 7 a Gross amount from sales of assets other than inventory 0 b Less: cost or other basis and sales expenses 7b o Gain or (loss) 7c 6 a Gross income from fundraising events including \$ 0.924. 8 a Gross income from fundraising events (not including \$ 0 a Gross income from fundraising events 0 9 a Gross income or (loss) from fundraising events 9a 9 a Gross income or (loss) from fundraising events 9a 9 a Gross lincome or (loss) from gaming activities 0 9 a Gross lincome or (loss) from gaming activities 0 9 a Gross solut 0a 10 a Gross sales of inventory, less returns and allowances 0a 9 b Less: cost of goods sold 10a 10 a Gross sales of inventory, less returns and allowances 10a 10 a Gross sales of inventory, less returns and allowances 10a 10 a Gross sales of inventory, less returns and allowances 10a 10 a Gross sales of inventory, less returns and allowances 10a 1 a d				· · ·						
6 a Gross rents 6a a b Less: rental expenses 6b a c Rental income or (loss) a b 7 a Gross amount from sales of assets other than inventory 7a 694. b Less: cott or ther basis a a and sales expenses 7b 0. c Gain or (loss) b 694. d Net gain or (loss) c Gain or (loss) 694. d Reg and rollows of 694. a Gross income from fundraising events (not including \$\sigma\$ of contributions reported on line 1c). See 694. Pat IV, line 18 Ba Ba b Less: direct expenses Ba c ross income from gaming activities. See 9a pat IV, line 19 9a b Less: cons or (loss) from gaming activities. and allowances 10 a Gross sales of inventory, less returns and allowances 10a b Less: cot of goods sold 10b c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory and allowances 10a b		5								
b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss) 0 7 Gross amount from sales of assets other than inventory 7a 694. b Less: cost or other basis 7b 0.0. c Gain or (loss) 7c 694. c Gain or (loss) 7c 694. d Net gain or (loss) 7c 694. a Gross income from fundralising events (not including \$of or including \$					(II) Personal	-				
c Rental income or (loss) Bc						-				
d Net rental income or (loss) Image: state of the rental income or (loss) 7 a Gross amount from sales of assets other than inventory Image: state of the rental income or (loss) b Less: cost or other basis and sales expenses Ta 0.4 c Gain or (loss) Ta 694. d Net gain or (loss) Ta 694. d Net gain or (loss) Ta 694. 8 a Gross income from fundraising events (not including \$ or (loss) from fundraising events Image: state of the rent stat				· ···		-				
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7a 694. 6 Cain or (loss) 7b 0. c Cain or (loss) 7c 694. d Net gain or (loss) 7d 694. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: clirect expenses 8b c Net income or (loss) from gaming activities 9a 9 a Gross also set or other basis and allowances 9b 0 ket income or (loss) from gaming activities 9a 9 a Gross income from gaming activities 9a 9 a Gross income or (loss) from gaming activities 9a 9 a Gross income or (loss) from gaming activities 0a 10 a Gross also of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold c All other revenue e Total Additiones 11a:11d b Less: cost of goods sold c All other revenue c All other revenue c All other revenue c Total Additiones 11a:11d			С	Rental income or (loss) 6c						
9000000000000000000000000000000000000			d	Net rental income or (loss)	🕨					
But Less: cost or other basis and sales expenses 7b 0. c Gain or (loss) 7c 694. d Net gain or (loss) 694. 694. a Gross income from fundraising events including \$		7	а	Gross amount from sales of (i) Securities	()					
and sales expenses 7b 0. c Gain or (loss) 7c 694. d Net gain or (loss) 694. 694. a Gross income from fundraising events (not including \$				assets other than inventory 7a	694.					
c Gain or (loss) 7c 694. d Net gain or (loss) 694. 694. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10a 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Image: sales of inventory source In a Image: sales of inventory Image: sales of inventory source In a Image: sales of inventory Image: sales of inventory a In a Image: sales of inventory Image: sales of inventory source In a Image: sales of inventory Image: sales of inventory source In a Image: sales of inventory Image: sales of inventory source In a Image: sales of inventory Image: sales of inventory source Image: sales of inventory Image: sales of inventory Image: sales of inventory source Image: sales of inventory Image: sales of inventory Image: sales of inventory d All other revenue<			b	Less: cost or other basis						
c Gain or (loss) 7c 694. d Net gain or (loss) 694. 694. 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 694. 694. 9 Gross income from fundraising events 694. 694. 9 Gross income from gaming activities. See 8a 9 Gross sales of inventory, less returns and allowances 9b 10 Gross sales of inventory, less returns and allowances 10a 11 a 6 9 11 a 6 10b 11 a 10 10 12 Total revenue. See instructions 5, 677, 466. 0. 0. 12 Total revenue. See instructions 5, 677, 466. 0. 0. 21, 568.	e			and sales expenses 7b	Ο.					
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b 8a b Less: direct expenses 8b 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross sales of inventory, less returns and allowances 10a c Net income or (loss) from sales of inventory	eni		с		694.	1				
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b 8a b Less: direct expenses 8b 8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross sales of inventory, less returns and allowances 10a c Net income or (loss) from sales of inventory	Sev					694.			694.	
B including \$ of contributions reported on line 1c). See Part IV, line 18 Baa b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross from sales of inventory c	۶									
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See 9a c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 5, 677, 466. 0. 0.	ŢĻ	Ŭ	-							
Part IV, line 18 8a b Less: direct expenses 9 a Gross income from gaming activities. See 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9 a 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10 b Less: cost of goods sold c Met income or (loss) from sales of inventory b Less: cost of goods sold c Met income or (loss) from sales of inventory b Less: cost of goods sold c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory b Less: cost of goods sold c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory c Met income or (loss) from sales of inventory d All other revenue e Total Add lines 11a-11d b See instructions c O. d No d No d No d No d No	0			.						
b Less: direct expenses Bb Ab										
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a Business Code 11 a b c d All other revenue e Total revenue. See instructions 5, 677, 466. 0. 0.			Ŀ-			-				
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory c d All other revenue e Total revenue. See instructions					`					
Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b C c All other revenue e Total. Add lines 11a-11d b 12 Total revenue. See instructions					····· ►					
b Less: direct expenses 9b 0 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10a 0 b Less: cost of goods sold 10b 0 c Net income or (loss) from sales of inventory		9	а							
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code 11 a b c d d d 12 Total revenue. See instructions b 5,677,466. 0. 0.						-				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory I1 a b c c d d lines 11a-11d c Total revenue. See instructions 12 Total revenue. See instructions			b	Less: direct expenses						
and allowances 10a b Less: cost of goods sold c 10b b Less: cost of goods sold 10b b c b c d All other revenue e Total revenue. See instructions b 12 Total revenue. See instructions 10a 10a 10b 11 a 12 10 a			С	Net income or (loss) from gaming activities	>					
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 6 677, 466. 0. 0. 21, 568.		10	а	Gross sales of inventory, less returns						
c Net income or (loss) from sales of inventory 11 a Business Code b C c C d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions				and allowances 10a						
Business Code Image: Code Image: Code Image: Code 11 a b c			b	Less: cost of goods sold						
Business Code Image: Code Image: Code Image: Code 11 a b c			с	Net income or (loss) from sales of inventory						
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.										
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.	snc	11	а							
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.	nec	-								
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.	ella ver									
e Total. Add lines 11a-11d ▶ 12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.	Be									
12 Total revenue. See instructions ▶ 5,677,466. 0. 0. 21,568.	Σ									
			9			5.677 466	0	0	21 568	
	13200		00 4				. J.	J 3.	Form 990 (2021)	

132009 12-09-21

Form 990 (2021)

11

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	2 050 679			
~	and domestic governments. See Part IV, line 21	2,059,678.	2,059,678.		
2	Grants and other assistance to domestic	432,999.	432,999.		
3	individuals. See Part IV, line 22 Grants and other assistance to foreign	452,555.	452,555.		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	450,604.	296,916.	116,835.	36,853.
6	Compensation not included above to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	75,000.	75,000.		
7	Other salaries and wages	1,357,816.	846,573.	266,137.	245,106.
8	Pension plan accruals and contributions (include	. ,		,	
-	section 401(k) and 403(b) employer contributions)	51,584.	33,580.	9,669.	8,335.
9	Other employee benefits	155,647.	95,996.	29,245.	30,406.
10	Payroll taxes	98,838.	64,388.	18,643.	15,807.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	570,751.	436,877.	118,619.	15,255.
12	Advertising and promotion	119,156.	21,247.	614.	97,295.
13	Office expenses	150,282.	79,259.	26,845.	44,178.
14	Information technology	12,916.	7,176.	5,740.	
15	Royalties				
16	Occupancy	141,230.	50,000.	83,878.	7,352.
17	Travel	59,554.	30,918.	16,416.	12,220.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,021.	19,323.	848.	850.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,703.		5,703.	
23	Insurance	21,996.	8,007.	13,989.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FEES & LICENSES	334,796.	98,893.	155,664.	80,239.
b	MISCELLANEOUS	55,294.	19,937.	5,790.	29,567.
с	AUTO EXPENSE	13,109.	4,723.	5,407.	2,979.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,187,974.	4,681,490.	880,042.	626,442.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

132010 12-09-21

Form 990 (2021)

Part IX Statement of Functional Expenses

Form 990 (2021)

Check here X if following SOP 98-2 (ASC 958-720)

132011 12-09-21

Form 990 (2021)

_

_

Part X Balance Sheet

17310808	797738	1000064077
T/JT0000	121130	10000040//

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

58-1966822 Page 11

		Check if Schedule O contains a response or not	e to an	v line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,257,178.	1	1,407,813.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			519,490.	4	618,647.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		·····		8	
As	9	Prepaid expenses and deferred charges		L	27,545.	9	94,517.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>44,390.</u> 8,665.	44 465		
	b		10b		<u>11,427.</u> 3,462,091.	10c	35,725. 3,491,679.
	11	Investments - publicly traded securities			3,462,091.		3,491,679.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	F (40 201
	16	Total assets. Add lines 1 through 15 (must equa			6,277,731.	16	5,648,381.
	17	Accounts payable and accrued expenses			74,542. 772,299.	17	289,128.
	18	Grants payable	112,299.	18	438,871.		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Lial	00	controlled entity or family member of any of thes	-	Г		22 23	
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·		23 24	
	24 25	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			,			25	
	26	Total lighilities Add lines 17 through 25			846,841.	26	727,999.
	20	Organizations that follow FASB ASC 958, che	ck her		010,0110	20	, , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.					
nc	27				2,078,046.	27	2,080,890.
Bala	28	•••••			3,352,844.	28	2,839,492.
Πpr		Organizations that do not follow FASB ASC 9					, , -
Net Assets or Fund Balances		and complete lines 29 through 33.	,				
P	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
let.	32				5,430,890.	32	4,920,382.
~	22	Total liabilities and net assets/fund balances	F	6 277 731.	33	5 648 381.	

Form 990 (2021)

PEDIATRIC	BRAIN	TUMOR	FOUNDATION	
	ייס מידייי	ͲϪͲͲϚ	TNC	

	990 (2021) OF THE UNITED STATES, INC.	28-19	66822	Paç	ge 12
Pa	t 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	5,677		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,187		
3	Revenue less expenses. Subtract line 2 from line 1	3	-510		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,430),89	<u>90.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,920),38	32.
Pa	t 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	0.			
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	Х	
	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:				
	X Separate basis 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_ (0001

Form **990** (2021)

132012 12-09-21

SCHEDULE A (Form 990) Department of the Treasul 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.									
Name of the organ		ATRIC BRAI					Employer	Inspection identification number			
		THE UNITED						8-1966822			
Part I Reas		Charity Status.			his part.) S	ee instructior					
The organization is	not a private found	dation because it is: (I	For lines 1 through 12	, check only	one box.)						
1 🗌 A churc	n, convention of ch	nurches, or associatio	on of churches describ	bed in section	on 170(b)(1)(A)(i).					
2 A schoo	described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990).)							
3 🔄 A hospit	al or a cooperative	e hospital service orga	anization described in	section 170	0(b)(1)(A)(ii	i).					
4 A medic	al research organiz	zation operated in cor	njunction with a hosp	ital described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
city, and											
		for the benefit of a col	llege or university ow	ned or operat	ted by a go	vernmental u	nit describe	ed in			
	170(b)(1)(A)(iv).(<i>,</i> ,					
		overnment or governm				. ,		and the state of the set for			
•	170(b)(1)(A)(vi). (0	ally receives a substa	ntial part of its suppo	rt from a gov	ernmental	unit or from ti	ne general p	Dudiic described in			
		ed in section 170(b)	(1)(A)(vi) (Complete I	Dart II)							
	•	ganization described		-	ed in coniu	inction with a	land-grant	college			
0		grant college of agric			-		-	-			
universi	-	g		-,	·····, -·· ,	,					
		ally receives (1) more	than 33 1/3% of its su	upport from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
activitie	related to its exer	mpt functions, subjec	t to certain exception	s; and (2) no	more than	33 1/3% of it	s support fi	rom gross investment			
income	and unrelated busi	iness taxable income	(less section 511 tax)	from busine	sses acquii	red by the org	ganization a	ıfter June 30, 1975.			
See sec	tion 509(a)(2). (Co	omplete Part III.)									
11 An orga	nization organized	and operated exclusi	ively to test for public	safety. See	section 50)9(a)(4).					
-	-	and operated exclusi	•	-			•				
-	• • • •	rganizations describe		-				Check the box on			
	-	describes the type o					-				
		anization operated, s	-								
		ion(s) the power to req complete Part IV, Se		a majonty o	or the direc	tors or truste	es or the st	ipporting			
		ganization supervised		ection with it	s sunnorte	d organizatio	n(s) by hay	vina			
		of the supporting orga				-		-			
		st complete Part IV,					90o oa.pr				
		egrated. A supporting		ed in connec	tion with, a	and functiona	lly integrate	ed with,			
		on(s) (see instructions)									
d 🗌 Type	II non-functionall	y integrated. A supp	orting organization o	perated in co	nnection w	ith its suppo	rted organiz	zation(s)			
that is	not functionally in	tegrated. The organiz	ation generally must	satisfy a disti	ribution rec	uirement and	an attentiv	/eness			
		tions). You must con									
	•	anization received a v				Туре I, Туре	II, Type III				
		or Type III non-function	nally integrated suppo	orting organiz	zation.						
	ber of supported		d arganization(a)								
(i) Name of		n about the supporte (ii) EIN	(iii) Type of organization	n (iv) Is the org	anization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
organ	zation		(described on lines 1-1 above (see instructions	V Vee	No	support (see i	nstructions)	support (see instructions)			
 Total								<u> </u>			

Schedule A (Form 990) 2021 Part II

OF THE UNITED STATES, INC. 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.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	5643146.	9927494.	6471860.	3836629.	5655898.	31535027.	
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	5640146	00000404	6484060			24525005	
	Total. Add lines 1 through 3	5643146.	9927494.	6471860.	3836629.	5655898.	31535027.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						740 200	
-	column (f)						749,329.	
	Public support. Subtract line 5 from line 4.						50/02090.	
		(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	(6) Tatal	
	ndar year (or fiscal year beginning in)	(a) 2017 5643146.	(b) 2018 9927494.	(c)2019 6471860.	(d) 2020 3836629.	(e) 2021	(f) Total 31535027.	
	Amounts from line 4 Gross income from interest.	2042140.	JJZ/4J4•	04/1000.	5050029.	2022020.	51555027.	
0								
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources	109,546.	16,620.	45,248.	14,534.	21,568.	207,516.	
9	Net income from unrelated business	105,540.	10,020.	-15,240.	11,351.	21,500.	207,5101	
9	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						31742543.	
	Gross receipts from related activities,	etc. (see instructio	uns)			12		
	First 5 years. If the Form 990 is for th	i i	,					
	organization, check this box and stor	-						
Sec	ction C. Computation of Publi							
	Public support percentage for 2021 (I			olumn (f))		14	96.99 %	
	Public support percentage from 2020		-			15	95.74 %	
	33 1/3% support test - 2021. If the o					ore, check this bo	x and	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X	
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2021	

132022 01-04-22

58-1966822 Page 2

Schedule A (Form 990) 2021

OF THE UNITED STATES, INC. 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf			_			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				-	-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organi	zation,
	check this box and stop here	-			-	-	
Sec	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Invest						
17	Investment income percentage for 20	021 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · · · ·			18	%
19a	33 1/3% support tests - 2021. If the	organization did r				33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the	-	•				%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>
	3 01-04-22						ule A (Form 990) 2021
			17	7			-

17310808 797738 1000064077

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

58-1966822 Page 4

1

Yes No

Schedule A (Form 990) 2021 OF 5

(Complete only if you checked a box in line 12 on 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.)

18

132024 01-04-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

OF THE UNITED STATES, INC.

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		<u> </u>
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		<u> </u>
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
1	more direct	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		N how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sect	super	vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
				Yes	No
1	Woro	a majority of the organization's directors or trustees during the tax year also a majority of the directors		Tes	
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		magement of the supporting organization was vested in the same persons that controlled or managed upported organization(s).	1		
Sect	ion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3		rganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
Sact	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a b	\square	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> . The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
b c	\square			-1	
2		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institutes Test. Answer lines 2a and 2b below.	struction	s). Yes	No
ے a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		165	
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify a supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		hese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	ĽU		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		I the reasons for the organization's position that its supported organization(s) would have been engaged in: "I 'yes, 'explain in'			
		activities but for the organization's involvement.	2b		
_	11656				

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

b 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.* 132025 01-04-22

19

3b | | Schedule A (Form 990) 2021

3a

17310808 797738 1000064077

Schedule A (Form 990) 2021

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE INTTED STATES TNC

Sche	edule A (Form 990) 2021 OF THE UNITED STATES,			58-1966822 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	-1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

	dule A (Form 990) 2021 OF THE UNITED			5	8-1966822 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continu}	ued)	I
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
_4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	Γ	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

chedule A (Form 990) 2021			IN TUMOI STATES	R FOUNDATIC		8-1966822	Page 8
art VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	nation. Prov 2, 3b, 3c, 4b, lines 2 and 3; F	vide the expl 4c, 5a, 6, 9a Part IV, Sectio	anations require , 9b, 9c, 11a, 1 on E, lines 1c, 2	ed by Part II, line 10; 1b, and 11c; Part IV, a, 2b, 3a, and 3b; P	Part II, line 17a or 17b Section B, lines 1 and art V, line 1; Part V, Se	o; Part III, line 12; I 2; Part IV, Section ection B, line 1e; Pa	С,
	(See instructions.)							
28 01-04-22	2			22		S	chedule A (Form 9	90) 2021

17310808 797738 1000064077

123451 11-11-21

* *

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

202⁻

Employer identification number

58-1966822

	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your or	ganization is covered by the General Rule or a Special Rule.
	ction 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
section contrib	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under is 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; orm 990-EZ, line 1. Complete Parts I and II.
contrib literary	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one utor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, , or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n column (b) instead of the contributor name and address), II, and III.
year, c is chec purpos	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ontributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., e. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> is, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

▶ \$

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Name	of the	organizatior

Organization type (check one):

* *	PUBLIC	DISCLOSURE	COPY	1

INC.

PEDIATRIC BRAIN TUMOR FOUNDATION

 \mathbf{X} 501(c)(3) (enter number) organization

OF THE UNITED STATES,

Section:

Schedu	le B (Form 990) (2021)
Name o	f organization

Employer identification number

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Page 2

58-1966822

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$177,820.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$84,486.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$160,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$30,052.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$147,644.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$240,719.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

24

Schedule B (Form 990) (2021)

Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC. Employer identification number

58-1966822

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$178,110.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d)			
No.	Name, address, and ZIP + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Occupied Part II for noncash contributions.)			

Schedule B (Form 990) (2021)

123452 11-11-21

25 2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000642

17310808 797738 1000064077

	3 (Form 990) (2021)		Page 3
Name of or			Employer identification number
	TRIC BRAIN TUMOR FOUNDATION E UNITED STATES, INC.		58-1966822
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

26

123453 11-11-21

Schedule B (Form 990) (2021)

17310808 797738 1000064077

Schedule I	B (Form 990) (2021)			Page 4			
Name of o	organization			Employer identification number			
PEDIA	TRIC BRAIN TUMOR FOUNDA	FION					
	E UNITED STATES, INC.			58-1966822			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in through (e) and the following line	n section 501(c entry For organ)(7), (8), or (10) that total more than \$1,000 for the year			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	or less for the y	ear. (Enter this info. once.) 🕨 \$			
(a) Na	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I							
			-				
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee			
		[
		[
(a) No.							
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
<u> </u>							
			-				
	(e) Transfer of gift						
·	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee			
(a) No.		()))					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
			_				
			_				
			_				
·		() - ()-					
	(e) Transfer of gift						
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee				
			Tield				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
Part I		(0) 000 01 girt					
			_				
			_				
	·		-				
		(e) Transfer of	gift				
	Transferee's name, address, a	nd ZIP + 4	Rela	tionship of transferor to transferee			
	·						
				-			
123454 11-11	1-21			Schedule B (Form 990) (2021)			

17310808 797738 1000064077

SCHEDULE C	Pc	litical Campaign	and Lobbyir	ng Activities	OMB No. 1545-0047
(Form 990)		anizations Exempt From Incon			2021
		if the organization is describe			
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 fo			-EZ. Open to Public Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or F	orm 990-EZ, Part V, li	ine 46 (Political Campaig	n Activities), then
 Section 501(c)(3) org 	anizations: Com	plete Parts I-A and B. Do not co	mplete Part I-C.		
 Section 501(c) (other 	r than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below	/. Do not complete Part I-B	
 Section 527 organiza 	•				
-		Form 990, Part IV, line 4, or F			
()()	•	nave filed Form 5768 (election u	()/	•	
		nave NOT filed Form 5768 (elect Form 990, Part IV, line 5 (Pro)			•
Tax) (See separate inst		11 of 11 330, Fart IV, line 3 (Fro			0-L2, Fart V, Inte 300 (Froxy
• Section 501(c)(4), (5)	, or (6) organizat	ions: Complete Part III.			
Name of organization	PEDIATR	IC BRAIN TUMOR F	OUNDATION	Em	ployer identification number
		UNITED STATES, I			58-1966822
Part I-A Comple	ete if the org	anization is exempt und	er section 501(c)	or is a section 527 of	organization.
		ation's direct and indirect politic	al campaign activities		
2 Political campaign a				▶	• \$
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)	(3).	
-		incurred by the organization unc		. ,	• \$
	2	incurred by organization manage			\$
3 If the organization ir	ncurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction m	ade?				Yes No
b If "Yes," describe in		<u> </u>			
-		anization is exempt und			
		by the filing organization for se	•		• \$
		ization's funds contributed to ot	0	•	•
exempt function act		Add lines 1 and 0. Entry have a			• \$
	-	. Add lines 1 and 2. Enter here a			• \$
		1120-POL for this year?			
		ployer identification number (El			
		tion listed, enter the amount pai			
contributions receiv	ved that were pro	omptly and directly delivered to	a separate political org	anization, such as a separ	ate segregated fund or a
political action com	mittee (PAC). If a	additional space is needed, prov	vide information in Part	t IV.	
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -C	contributions received and

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

Schedule C (Form 990) 2021

132041 11-03-21

Schedule C (Form 990) 2021	F THE UN	BRAIN TUMOR ITED STATES,	INC.		966822 Page 2
Part II-A Complete if the orga section 501(h)).	inization is e	xempt under section	on 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check if the filing organization	on belongs to ar	n affiliated group (and list	t in Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobby	ing expenditures).			
B Check 🕨 🔄 if the filing organizati	on checked box	A and "limited control" p	provisions apply.	1	
	s on Lobbying E tures" means a	xpenditures mounts paid or incurre	d.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opini	on (grassroots lobbying)			
b Total lobbying expenditures to influe	ence a legislative	body (direct lobbying)			
c Total lobbying expenditures (add line	es 1a and 1b) \dots				
d Other exempt purpose expenditures				6,187,974.	
e Total exempt purpose expenditures				6,187,974.	
f Lobbying nontaxable amount. Enter		n the following table in b	oth columns.	459,399.	
If the amount on line 1e, column (a) or	· · · · · · · · · · · · · · · · · · ·	e lobbying nontaxable a			
Not over \$500,000	20%	6 of the amount on line 1	e.		
Over \$500,000 but not over \$1,000,	000 \$10	0,000 plus 15% of the e	xcess over \$500,000.		
Over \$1,000,000 but not over \$1,50		5,000 plus 10% of the e			
Over \$1,500,000 but not over \$17,0		5,000 plus 5% of the exe	cess over \$1,500,000.		
Over \$17,000,000	\$1,0	000,000.			
				114 950	
g Grassroots nontaxable amount (ente	,			114,850.	
h Subtract line 1g from line 1a. If zero	-			0.	
i Subtract line 1f from line 1c. If zero			ization file Form 1700	0.	
j If there is an amount other than zero reporting section 4911 tax for this ye				Г	Yes No
		Averaging Period Und		L	
(Some organizations that	at made a sectio		ot have to complete all o	of the five columns be	low.
	Lobbying E	xpenditures During 4-Y	ear Averaging Period	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	404,64	7. 506,409	. 413,390.	459,399.	1,783,845.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,675,768.
c Total lobbying expenditures					
d Grassroots nontaxable amount	101,16	2. 126,602	. 103,348.	114,850.	445,962.
e Grassroots ceiling amount (150% of line 2d, column (e))					668,943.
f Grassroots lobbying expenditures				Cabad	ile C (Form 990) 2021

(Fori 990)

132042 11-03-21

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

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 e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(C)(5),	or sec	tion	
	501(c)(6).			Vee	Na
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the tIII-B Complete if the organization is exempt under section 501(c)(4), section		<u>3</u>	tion	
1 41	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				3 is
	answered "Yes."		, i aiti		0,10
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		-		
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A.	lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SC	HEDULE D		I Financial Statements		OMB No. 1	545-00	047
(Forr	n 990)		anization answered "Yes" on Form 990, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		20 2	21	
	ment of the Treasury		Attach to Form 990.		Open to		lic
_	I Revenue Service	DEDIARDIG DDATH MIN	00 for instructions and the latest informati		Inspect		
Nam	e of the organizatio	OF THE UNITED STATE			r identificatio 8 - 19668		mber
Pa	t I Organiza		d Funds or Other Similar Funds or				
		answered "Yes" on Form 990, Part IV, line			e e nipiere n u		
			(a) Donor advised funds	(b) Funds an	d other accou	Ints	
1	Total number at end	d of year					
2	Aggregate value of	contributions to (during year)					
3	Aggregate value of	grants from (during year)					
4		end of year					
5	-		vriting that the assets held in donor advised				٦
•			exclusive legal control?		Yes		No
6	-		dvisors in writing that grant funds can be use ^r donor advisor, or for any other purpose cor	•			
			donor advisor, or for any other purpose cor	-	Yes		No
Pa			anization answered "Yes" on Form 990, Pa				
1		ervation easements held by the organization					
		of land for public use (for example, recreat		historically impo	rtant land area	a	
		natural habitat	Preservation of a				
	Preservation	of open space					
2	Complete lines 2a t	hrough 2d if the organization held a qualif	ed conservation contribution in the form of	a conservation e	asement on th	ne las	st
	day of the tax year.			Held	at the End of th	ie Tax	Year
а	Total number of cor	nservation easements		2a			
b	Total acreage restri	cted by conservation easements		2b			
с	Number of conserva	ation easements on a certified historic stru	icture included in (a)	2c			
d			fter 7/25/06, and not on a historic structure				
3		, ,	eased, extinguished, or terminated by the or	ganization during	g the tax		
	year						
4		here property subject to conservation eas					
5		on have a written policy regarding the peri rcement of the conservation easements it			Yes		No
6			holds? handling of violations, and enforcing conserv			∟ ear	
Ŭ					s during the y	Cui	
7	Amount of expense	 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	n easements dur	ing the vear		
-	▶\$						
8	Does each conserva	ation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4	4)(B)(ii)?			Yes		No
9			on easements in its revenue and expense sta				
	balance sheet, and	include, if applicable, the text of the footn	ote to the organization's financial statement	s that describes	the		
_		unting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Pa		-	Art, Historical Treasures, or Othe	er Similar As	sets.		
		the organization answered "Yes" on Form					
1 a	•		8, not to report in its revenue statement and				
		· · · · · ·	lic exhibition, education, or research in furth	erance of public			
			cial statements that describes these items.				
D			B, to report in its revenue statement and bala				
			exhibition, education, or research in furthera		ervice,		
	-	ig amounts relating to these items: led on Form 990, Part VIII, line 1		▶ \$			
2			asures, or other similar assets for financial ga	······ · ·			
-		nts required to be reported under FASB A		,			
а	-			▶ \$		_	
LHA	For Paperwork Re	duction Act Notice, see the Instructions	for Form 990.	Sche	dule D (Form	990)	2021
13205	I 10-28-21						
			31				

		IC BRAIN TU		ATION					_
		UNITED STAT				58-19			.ge 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	ner Simila	r Assets	(continu	ied)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that make	e significant	use of its			
а	Public exhibition	d	I oan or exc	hange program					
b	Scholarly research	- -		nango program					
c	Preservation for future generations	·							
1	Provide a description of the organization's co	lections and explain	how they further th	e organization's e	vempt purp	oso in Part	YIII		
5	During the year, did the organization solicit of					JSE IIIT all	A III.		
5				•					
Par	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrange				on Form 00				No
I UI	reported an amount on Form 990, Par		ete il the organizatio	franswered fes	011 F0111 99	U, Fart IV,	ine 9, 01		
10	Is the organization an agent, trustee, custodia		ion (for contribution	o or other eccets p	at included				
Ia			•						
	on Form 990, Part X?					∟	Yes		No
a	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:				Amount		
	5						Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance						7		
	Did the organization include an amount on Fo				• • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u>i</u>
Par	t V Endowment Funds. Complete i					veere beek	(-) [0.17]	iaara k	
			(b) Prior year	(c) Two years back		years back			
	Beginning of year balance	1,041,946.	816,243.	1,016,243	s. <u>1</u> ,	016,243.	1,1	716,2	243.
	Contributions	431,821.	225,703.						
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs			200,000).		-	700,0)00.
f	Administrative expenses								
g	End of year balance	1,473,767.	1,041,946.	816,243	3. 1,	016,243.	1,0	016,2	243.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administered for	r the organiz	ation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o basis (investn	• • •) Accumulat depreciatior		(d) Book	value	;
1a	Land								
	Buildings								
	Leasehold improvements								
			Δ	4,390.	8 6	65.	35	,72	25.
	Equipment							, , 2	
	Other		V oolume (D) lies f				35	,72	25.
Total	. Aud intes ta through te. (Column (a) must ei	uuai Form 990, Part J	<u>∧, coluinn (B), line 1</u>			Schedula	D (Form	-	
						Joneudle		5501	

PEI	DIATF	RIC	BRAI	IN	TUMOR	FOUNDATION
OF	THE	TINT	TTED	57	PATES	TNC.

Schedule D (Form 990) 2021 OF THE UNIT	TED STATES,	INC.	58-1966822 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	e (c) Method of valu	uation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes			
(a) Description of investment	(b) Book value	(c) Method of valu	uation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	' on Form 990, Part IV	/, line 11d. See Form 990, Pa	Irt X, line 15.
(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		······ >
Part X Other Liabilities.			
Complete if the organization answered "Yes	' on Form 990, Part IV	/, line 11e or 11f. See Form 9	90, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lir	25)		
2. Liability for uncertain tax positions. In Part XIII, provid			
. Enabling for uncertain tax positions. In Part All, provid		ore to the organization s lina	noiai 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) 2021

	PEDIATRIC BRAIN TUMOR FO	UNDATION				
Sche	dule D (Form 990) 2021 OF THE UNITED STATES, IN	с.		58-2	1966822	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Rev	enue per Ret	urn.		
	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	5,676,4	435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	5,676,4	<u>435.</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	337.			
b	Other (Describe in Part XIII.)	4b	694.			
с	Add lines 4a and 4b			4c		<u>031.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,677,4	466.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Ex	penses per R	eturr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	6,186,9	<u>943.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				-
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	6,186,9	943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337.			
b	Other (Describe in Part XIII.)	4b	694.			
С	Add lines 4a and 4b			4c		031.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,187,9	974.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE A BOARD DESIGNATED RESERVE FUND TO ASSURE THE

FOUNDATION'S ABILITY TO RESPOND TO PROGRAM RELATED OPPORTUNITIES (BOTH

RESEARCH AND FAMILY SUPPORT) THAT MAY BE BEYOND THE FUNDS AVAILABLE FROM

NORMAL OPERATIONS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL

STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE

INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY

MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30,

132054 10-28-21

Schedule D (Form 990) 2021

17310808 797738 1000064077

34

Schedule D (Form 990) 2021 Part XIII Supplemental Inform	PEDIATRIC BRAIN TUMOR OF THE UNITED STATES, mation (continued)	INC.	58-1966822 Page 5
PART XI, LINE 4B - O	THER ADJUSTMENTS:		
GAIN ON SALE OF ASSE	TS		694.
PART XII, LINE 4B -	OTHER ADJUSTMENTS:		
GAIN ON SALE OF ASSE	Т		694.
132055 10-28-21			Schedule D (Form 990) 2021

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	s in the Ŭni [.]	ted States		2021
Department of the Treasury Internal Revenue Service			Attach to For s.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization PEDIATRIC OF THE UN		MOR FOUNDAT: ES, INC.	ION				Employer identification number 58-1966822
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to criteria used to award the grants or assis	tance?				÷		
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Parl	t 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
AFLAC CANCER AND BLOOD DISORDER CENTER - 5455 MERIDIAN MARK ROAD							
STE 400 - ATLANTA , GA 30342	58-2367819	501(C)(3)	65,000.	0.			RESEARCH GRANT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE, BOX 130 - CHICAGO, IL	26 0150022		5 100				
60611	36-2170833	501(C)(3)	7,122.	0.			VS. CANCER GRANT
ARMS WIDE OPEN CHILDHOOD CANCER FOUNDATION - PO BOX 258 - MARLBORO, NJ 07746	27-0811733	501(C)(3)	10,000.	0.			VS. CANCER GRANT
CAMP RONALD MCDONALD FOR GOOD TIMES - 56400 APPLE CANYON RD - MOUNTAIN CENTER, CA 92561	95-3167869	501(C)(3)	8,750.	0.			VS. CANCER GRANT
CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES - 625 S COUNTY LINE RD - HINSDALE, IL 60521	36-3918407	501(C)(3)	59,363.	0.			RESEARCH GRANT
CHILDREN'S RESEARCH INSTITUTE 7144 13TH PL NW WASHINGTON , DC 20012	52-1640403	501(C)(3)	32,346.	0.			RESEARCH GRANT
2 Enter total number of section 501(c)(3) ar		,					41.
3 Enter total number of other organizations	isted in the line 1						🕨

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

Schedule I (Form 990)

OF THE UNITED STATES, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOP RESEARCH INSTITUTE 3401 CIVIC CENTER BLVD ROOM P1130 PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	64,000.	0.			SYMPOSIUM EXPENSES
DANA FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02215	42-2263040		465,399.	0.			RESEARCH GRANT
DUKE UNIVERSITY DFFICE OF DEVELOPMENT AND COMMUNICATIONS DUMC-3828 - DURHAM, NC 27701	56-0532129	501(C)(3)	100,000.	0.			EARLY CAREER DEVELOPMENT
EAST TENNESSEE CHILDREN'S HOSPITAL 2018 W CLINCH AVE KNOXVILLE, TN 37916	62-6002604	501(C)(3)	52,428.	0.			VS. CANCER GRANT
GEORGIA STATE UNIVERSITY RESEARCH FOUNDATION - 30 COURTLAND ST - ATLANTA, GA 30303	58-1845423	501(C)(3)	52,239.	0.			RESEARCH GRANT
INTERPLAN CONGRESS MANAGEMENT - ISPNO - LANDSBERGER STRASSE 155 - MUENCHEN, GERMANY 80687		501(C)(3)	35,105.	0.			RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 500 S. STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	349,845.	0.			RESEARCH GRANT
SAINT JUDE CHILDRENS RESEARCH HOSPITAL – 53 PERIMETER CENTER E SUITE 100 – ATLANTA, GA 30346	62-0646012	501(C)(3)	250,000.	0.			RESEARCH GRANT
SICKKIDS FOUNDATION 525 UNIVERSITY AVE TORONTO, ON 5G 2LM3, CANADA		501(C)(3)	55,000.	0.			RESEARCH GRANT

Schedule I (Form 990)

Schedule I (Form 990)

OF THE UNITED STATES, INC.

Schedule I (Form 990) OF THE UN	ITED STAT	ES, INC.					06-1966822 Page
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
TOUGH2GETHER AGAINST DIPG C/O							
AWOCCF - 1600 POYNTZ AVE STE A -							
MANHATTAN, KS 66502	27-0811733	501(C)(3)	10,000.	0.			RESEARCH GRANT
UNIVERSITY OF CINCINNATI							
2600 CLIFTON AVE							
CINCINNATI, OH 45221	31-1779020	501(C)(3)	100,000.	0.			RESEARCH GRANT
UPMC CHILDREN'S HOSPITAL OF							
PITTSBURGH - 4401 PENN AVE -							
PITTSBURGH, PA 15224	25-1865744	501(C)(3)	8,512.	0.			RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS							
1 BROOKINGS DRIVE	42 1510650	F01 (a) (a)	100.000				
ST.LOUIS, MO 63130	43-1519670	501(C)(3)	100,000.	0.			RESEARCH GRANT
UNC LINEBERGER COMPREHENSIVE							
CANCER CENTER - PO BOX 1050 -							
CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	15,389.	0.			VS. CANCER GRANT
OKLAHOMA CHILDREN'S HOSPITAL							
1200 EVERETT DR., BOX 71							
OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	14,089.	0.			VS. CANCER GRANT
GEISINGER JANET WEIS CHILDREN'S							
HOSPITAL - 100 N ACADEMY AVE., MC							
40-36 - DANVILLE, PA 17822-9800	24-0795959	501(C)(3)	9,533.	0.			VS. CANCER GRANT
· · · ·			,				
BAYSTATE MEDICAL CENTER							
280 CHESTNUT ST.							
SPRINGFIELD, MA 01104-3563	04-2790311	501(C)(3)	9,316.	0.			VS. CANCER GRANT
CHILDREN'S HOSPITAL OF ILLINOIS							
530 NE GLEN OAK AVE.							
PEORIA, IL 61637-0001	32-0353954	501(C)(3)	9,129.	0.			VS. CANCER GRANT

Schedule I (Form 990)

OF THE UNITED STATES, INC.

Schedule I (Form 990) OF THE UN	TIED STAL	ES, INC.					
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	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 non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHCARE OF ATLANTA							
AFLAC CANCER CENTER; 3395							
NORTHEAST EXPY NE - ATLANTA, GA							
30341	58-2367819	501(C)(3)	8,959.	0.			VS. CANCER GRANT
UPMC CHILDREN'S HOSPITAL OF							
PITTSBURGH - 1 CHILDREN'S HOSPITAL							
DR., 4401 PENN AVE PITTSBURGH,							
PA 15224-1529	25-1865744	501(C)(3)	8,512.	0.			RESEARCH GRANT
CHILDREN'S HOSPITAL AND MEDICAL CENTER OMAHA - 8200 DODGE ST							
OMAHA, NE 68114-4113	47-0379754	501(C)(3)	8,443.	0.			VS. CANCER GRANT
LEVINE CHILDREN'S HOSPITAL; ATRIUM HEALTH FOUNDATION - 208 EAST BLVD. - CHARLOTTE, NC 28203-4720	56-6060481	501(C)(3)	8,218.	0.			VS. CANCER GRANT
TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIRCLE							
TAMPA, FL 33606-3571	23-7354477	501(C)(3)	7,661.	0.			VS. CANCER GRANT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E. CHICAGO AVE. BOX 130 - CHICAGO, IL 60611-2991	36-2170833	E01(C)(2)	7 100	0.			VS. CANCER GRANT
UNIVERSITY OF VIRGINIA HEALTH	30-21/0833	501(C)(3)	7,122.	0.			VS. CANCER GRANT
SYSTEM; UVA CHILDREN'S HOSPITAL - 1204 W. MAIN ST							
CHARLOTTESVILLE, VA 22903-2824	81-0868533	501(C)(3)	6,435.	0.			VS. CANCER GRANT
NATIONWIDE CHILDREN'S 525 E. MOUND ST.							
COLUMBUS, OH 43215-5540	31-1036372	501(C)(3)	5,908.	0.			VS. CANCER GRANT
CHILDREN'S NATIONAL MEDICAL CENTER 1 INVENTA PL., FL 6							
SILVER SPRING, MD 20910-5176	52-1640403	501(C)(3)	5,480.	Ο.		1	VS. CANCER GRANT

Schedule I (Form 990)

OF THE UNITED STATES, INC.

organization or governmentif applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceSEATTLE CHILDREN'S (B00 SAND POINT WAY NE SEATTLE, WA 98105-390191-0564748501(C)(3)5,0260.VS. CANCER GRANTIASBRO CHILDREN'S HOSPITAL PO BOX H PROVIDENCE, RI 02901-169791-0564748501(C)(3)5,015.0.VS. CANCER GRANTSYDNEY'S INCREDIBLE DEFEAT OF WING'S SARCOMA - 1655 N. COMMERCE22-2538470501(C)(3)5,015.0.VS. CANCER GRANT	Schedule I (Form 990) OF THE ON							00-1900022 Pa
organization or governmentif applicablecash grantnoncash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceEATTLE CHILDREN'S 800 SAND POINT WAY NE EATTLE, WA 98105-390191-0564748501(C)(3)5,026.0.VS. CANCER GRANTASERO CHILDREN'S HOSPITAL 0 BOX H ROVIDENCE, RI 02901-169791-0564748501(C)(3)5,015.0.VS. CANCER GRANTYDNEY'S INCREDIBLE DEFEAT OF WING'S SARCOMA - 1655 N. COMMERCE22-2538470501(C)(3)5,015.0.VS. CANCER GRANT	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	rt II.) T	1
800 SAND POINT WAY NE EATTLE, WA 98105-390191-0564748501(C)(3)5,026.0.Image: Constraint of the second sec	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	noncash	valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
800 SAND POINT WAY NE BEATTLE, WA 98105-390191-0564748501(C)(3)5,026.0.Image: Constraint of the second se								
SEATTLE, WA 98105-3901 91-0564748 501(C)(3) 5,026. 0. VS. CANCER GRANT HASBRO CHILDREN'S HOSPITAL PO BOX H PROVIDENCE, RI 02901-1697 22-2538470 501(C)(3) 5,015. 0. VS. CANCER GRANT SYDNEY'S INCREDIBLE DEFEAT OF WING'S SARCOMA - 1655 N. COMMERCE								
ASBRO CHILDREN'S HOSPITAL O BOX H ROVIDENCE, RI 02901-1697 22-2538470 501(C)(3) 5,015. 0. VS. CANCER GRANT YDNEY'S INCREDIBLE DEFEAT OF WING'S SARCOMA - 1655 N. COMMERCE		91-0564748	501(C)(3)	5,026.	0.			VS. CANCER GRANT
SYDNEY'S INCREDIBLE DEFEAT OF EWING'S SARCOMA - 1655 N. COMMERCE	HASBRO CHILDREN'S HOSPITAL PO BOX H							
WING'S SARCOMA - 1655 N. COMMERCE								
KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 45-3368209 501(c) (3) 78,486. 0. BRANT KNY, SUITE 102 - WESTON, FL 33331 Galaxy Galaxy Galaxy Galaxy Galaxy KNY, SUITE 102 - WESTON, FL 33331 Galaxy Galaxy Galaxy Galaxy Galaxy KNY, SUITE 102 - WESTON, FL 33331 Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy Galaxy	WING'S SARCOMA - 1655 N. COMMERCE							
Image: Second	PKWY, SUITE 102 - WESTON, FL 33331	45-3368209	501(C)(3)	78,486.	0.			GRANT
Image: state of the state								
Image: second								
Image: Sector of the sector								

Schedule I (Form 990) 2021

OF THE UNITED STATES, INC.

58-1966822

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UTTERFLY FUND, EMERGENCY FINANCIAL ASSISTANCE					
PROGRAM FOR FAMILIES	381	424,999.	٥.		
IRECT AID TO MELTON FAMILY	1	8,000.	٥.		
Part IV Supplemental Information. Provide the information re-					

PART I, LINE 2:

ALL ANNUAL RESEARCH GRANTS ARE REVIEWED BY OUR RESEARCH ADVISORY NETWORK

AND EVALUATED ON SEVERAL CRITERIA, INCLUDING SCIENTIFIC MERIT OF THE GRANT

APPLICATION; SCIENTIFIC BACKGROUND OF THE RESEARCHERS; THE PEER REVIEWED

RESEARCH PUBLICATIONS OF THE PRINCIPLE INVESTIGATORS APPLYING; THE

SUPPORTING COLLABORATIVE RESEARCH ENVIRONMENT IN THE RESEARCH INSTITUTION;

AND THE VIABILITY OF RESEARCH PROPOSED, AND FACILITIES AVAILABLE. EACH

GRANT RECIPIENT IS REQUIRED TO SUBMIT PERIODIC UPDATES, AND A FINAL REPORT

BEFORE THE FINAL GRANT PAYMENT IS MADE.

Schedule I (Form 990) OF TH Part IV Supplemental Information

EACH RESEARCH APPLICATION HAS TO HAVE A HYPOTHESIS DRIVEN RESEARCH PROPOSAL. EACH APPLICATION MUST HAVE A LIST OF SPECIFIC AIMS THAT ARE TO BE ACHIEVED OVER THE TIMELINE OF THE RESEARCH PROJECT. A TIME LINE IS REQUESTED FOR THE ACHIEVEMENT OF THE SPECIFIC AIMS. THE PROGRESS REPORTS REQUIRE THAT THE ACHIEVEMENT OF SPECIFIC AIMS BE DETAILED WITH A SCIENTIFIC DESCRIPTION OF THE MANNER IN WHICH THEY WERE ACHIEVED. IF AN EVENT HAS OCCURRED THAT ALTERS THE ACHIEVEMENT OF THE SPECIFIC AIMS WITHIN THE TIME LINE OF THE RESEARCH PLAN THE RESEARCHERS MUST GIVE A REASON THAT IT HAS NOT BEEN ACHIEVED AND A NO COST EXTENSION MAY BE REQUESTED AND A NEW TIMELINE IS ESTABLISHED BEFORE THE FINAL PROGRESS REPORT IS ISSUED. EACH GRANT ALLOWS FOR THE OPPORTUNITY OF A SITE VISIT BY THE PBTF AND THESE SITE VISITS ARE MADE BY THE DIRECTOR OF RESEARCH AS WELL AS THE EXECUTIVE DIRECTOR. RESEARCH ADVISOR, THE PBTF PRESIDENT AS WELL AS THE EXECUTIVE DIRECTOR. RESEARCHERS PRESENT THEIR RESEARCH RESULTS IN PERSON AND THE PBTF ASKS QUESTIONS ABOUT THE RESULTS.

ALL GRANT APPLICATIONS AND RESEARCH PROJECTS HAVE THE SAME REQUIREMENTS ON GRANT APPROVAL AND REPORTING REGARDLESS OF THE LOCATION OF THE RESEARCHER AND HIS/HER INSTITUTION.

THESE REPORTS ARE REVIEWED BY OUR DIRECTOR OF RESEARCH FUNDING AND OUR CONTRACTED SENIOR SCIENTIFIC RESEARCH ADVISOR. FINAL APPROVAL ON ALL GRANTS IS CONDITIONED ON BOARD OF DIRECTOR APPROVAL.

	Compensation Information	1	OMB No. 1	545 004	47
SCHEDULE J	-	_			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Department of the Treasury	Attach to Form 990.		Open to Inspe		ic
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information. PEDIATRIC BRAIN TUMOR FOUNDATION	Employer i	-		mhor
Name of the organizatio			.966822		nper
Part I Question	OF THE UNITED STATES, INC.	50-1	900022	4	
				Y.	
				Yes	No
	iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	line 1a. Complete Part III to provide any relevant information regarding these items.				
First-class or					
Travel for cor					
	cation and gross-up payments				
Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
-	on line 1a are checked, did the organization follow a written policy regarding payment or				
	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>
	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and office	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
• • • • • • • •					
	ny, of the following the organization used to establish the compensation of the organization's				
	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
·	ation of the CEO/Executive Director, but explain in Part III.				
Compensatio					
	compensation consultant				
X Form 990 of 0	other organizations X Approval by the board or compensation c	ommittee			
1 During the year di	d any namen listed on Form 000. Dort VII. Costion A line 1a, with respect to the filing				
	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	elated organization:		10		x
	ce payment or change-of-control payment?		4a		X
	ceive payment from a supplemental nonqualified retirement plan?				X
-	ceive payment from an equity-based compensation arrangement?		4c		
II TES LO ANY OF I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only section 501	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
contingent on the		11			
•			5a		x
	zation?				X
	zation?		30		
	or 5b, describe in Part III.				
6 For persons listed contingent on the	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	11			
•	•		60		x
					X
	zation?		6b		
	or 6b, describe in Part III.				
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v
	nes 5 and 6? If "Yes," describe in Part III		7		X
	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
			8		X
	did the organization also follow the rebuttable presumption procedure described in				
	n 53.4958-6(c)?			0000	
LHA For Paperwork H	Reduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	1 990)	2021

132111 11-02-21

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	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) COURTNEY DAVIES	(i)	272,939.	0.	0.	0.	13,518.	286,457.	0.	
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) GEOFF STILL	(i)	146,382.	0.	0.	7,367.	10,398.	164,147.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2021

Page 2

58-1966822

PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.

Schedule J (Form 990) 2021

58-1966822 Page 3

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 L	l	Tra	insactior	ıs V	Vith	Inter	ested	P	ersons			0	MB No.	1545-00)47
(Form 990)	Complete in			swere	d "Yes	" on Form	990, Part	t IV,	line 25a, 25b, 2	6, 27,	28a,		2	02	' 1
Department of the Treasury		So to y		ch to	Form	990 or For	rm 990-EZ	<u>.</u>					pen T spect		lic
Internal Revenue Service Name of the organization			BRAIN T					ate	st mornation.	Em	ployer	r ident			mber
	OF THE	UN	ITED STA	TES	, II	NC.				58	-19	668			
									n 501(c)(29) orga						
Complete i	f the organizatio		vered "Yes" on I Relationship betv				25a or 25b	, or	Form 990-EZ, Pa	art V, I	ine 40	b.	(4)	Corre	ected?
(a) Name of disqual	ified person		person and or			linea	(0	;) De	escription of tran	sactio	n			es	No
													+	+	
													+-	\rightarrow	
2 Enter the amount o	f tax incurred by	the o	rganization man	agers	or disc	ualified pe	ersons duri	ng t	he year under						
3 Enter the amount o	f tax, if any, on I	ine 2, a	above, reimburs	ed by	the org	ganization					▶ \$				
Part II Loans to	and/or Fror	n Inte	erested Pers	sons.											
Complete i	f the organizatio	n ansv	vered "Yes" on I	Form 9	990-EZ	Part V, lin	ne 38a or F	orm	990, Part IV, lin	e 26; o	or if th	e orga	nizatio	n	
	n amount on For			1	2. Dan to or	()0						(h) Ap	proved	(n) 14	
(a) Name of interested person	(b) Relation (b) with organ		(c) Purpose of loan	fror	m the ization?	(e) Or principal	riginal amount	(f) Balance due) In ault?	by bo	ard or	(1) *	Vritten ement?
					From					Yes	No	Yes	No	Yes	No
Total															
	or Assistance	Ben	efiting Inter	este	d Per	sons.	v								
Complete i	f the organizatio	n ansv	vered "Yes" on I	Form 9	990, Pa	rt IV, line 2	27.		r						
(a) Name of intere	sted person		(b) Relationship interested pers the organiza	son an			mount of istance		(d) Type assistan			•) Purp assista		f
		+	J												
		_													
		+													
		+													
LHA For Paperwork R	eduction Act No	otice,	see the Instruc	tions	for For	m 990 or	990-EZ.				Sche	dule L	. (Fori	n 990) 2021

132131 11-02-21

PEI	DIATF	RIC	BRAI	Ν	TUMOR	FOUNDATION
OF	THE	UNI	TED	SI	ATES,	INC.

58 - 1966822

	(b) Relationship between interested person and the organization	3b, or 28c. (c) Amount of transaction	(d) Description of transaction	(e) Shai organiza	atio
	person and the organization	transaction	transaction	revenu Yes	Jes N
IY WEINSTEIN	AJ JANOWER - CHAIR	75,000.	NATIONAL DI	Tes	X
ITT V Supplemental Information Provide additional information for r	• responses to questions on Schedule L (see in	astructions)			
	TRANSACTIONS INVOLVIN	·	D PERSONS:		
) NAME OF PERSON: AMY	WEINSTEIN				
) DESCRIPTION OF TRANS	ACTION: NATIONAL DIREC	TOR, RESEAF	CH INVESTME	NTS	
NDEPENDENT CONTRACTOR)					

132132 11-02-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. Description Attach to Form 990 or Form 990 or Form 990-EZ. Open to Public
Inspection Go to www.irs.gov/Form990 for the latest information. Description PEDIATRIC BRAIN TUMOR FOUNDATION Employer identification number

58-1966822

INC.

PART III LINE 4A

THE PEDIATRIC BRAIN TUMOR FOUNDATION (PBTF) LEADS THE WAY IN ENDING THE CHILDHOOD CANCER COMMUNITY'S BIGGEST CRISIS THROUGH RESEARCH FUNDING, FAMILY SUPPORT AND ADVOCACY. DEDICATED WHOLLY TO ADDRESSING THIS RARE, BUT DEVASTATING DISEASE AND GUIDED BY THE EXPERIENCES OF PATIENTS PBTF IS THE ONLY ORGANIZATION SURVIVORS, THEIR PARENTS, AND SIBLINGS, TO MEET FAMILIES' NEEDS ALONG EVERY STEP OF THEIR CANCER JOURNEY. THE LARGEST PATIENT ADVOCACY FUNDER OF PEDIATRIC BRAIN TUMOR RESEARCH, WE ALSO FUND AND ADVOCATE FOR INNOVATIVE PROJECTS THAT LEAD TO VITAL DISCOVERIES, NEW CLINICAL TRIALS, AND BETTER TREATMENTS ALL BRINGING US CLOSER TO A CURE.

OF THE UNITED STATES,

2022 RESEARCH INVESTMENTS:

IN 2022, PBTF CONTINUED TO EXPAND THE BREADTH OF OUR ROBUST SCIENTIFIC PORTFOLIO BY INVESTING IN 17 NEW CUTTING-EDGE PEDIATRIC BRAIN TUMOR RESEARCH PROJECTS AT A DOZEN MEDICAL INSTITUTIONS AROUND THE COUNTRY. THE FOCUS AREA FOR THESE STUDIES TARGETED TWO OF THE RAREST AND DEADLIEST FORMS OF PEDIATRIC BRAIN TUMORS, WITH THE LAUNCH OF A NEW INFANT PINEOBLASTOMA RESEARCH FUND AND THE EXPANSION OF OUR DIPG/DMG RESEARCH INVESTMENTS, AS WELL AS CONTINUED INVESTMENTS IN THE STUDY OF THE MOST COMMON FORM OF CHILDHOOD BRAIN TUMORS, PEDIATRIC LOW-GRADE GLIOMA.

PREVIOUS YEARS' SEED FUNDING ALSO CONTINUED TO DELIVER RESULTS, WITH

OVER A DOZEN SCIENTIFIC MANUSCRIPTS WRITTEN AND ACCEPTED FOR

PUBLICATION AND THE SUCCESSFUL APPLICATION BY PBTF-FUNDED RESEARCHERS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

48

Schedule O (Form 990) 2021		Page 2
Name of the organization PE OF	DIATRIC BRAIN TUMOR FOUNDATION THE UNITED STATES, INC.	Employer identification number 58-1966822
FOR MULTI-MILLION	N-DOLLAR NCI/NIH GRANTS TO CONTINUE WORK WI	TH PROVEN
EFFICACY. OUR MIS	SSION OF SUPPORTING THE BRIGHTEST MINDS IN	THE FIELD TO
ACCELERATE THE PA	ACE OF TARGETED DRUG DEVELOPMENT WAS ALSO A	ACHIEVED
THROUGH PARTICIPA	ATION IN INTERNATIONAL CONFERENCES AND TARG	GETED
STRATEGY FORUMS.		

ALL RESEARCH FUNDING AWARDS ARE GUIDED BY OUR STRATEGIC PLAN TO DRIVE BASIC SCIENCE EXPLORATION AND ACCELERATE CLINICAL RESEARCH OUTCOMES, AND THEY REFLECT OUR GOALS OF FOSTERING COLLABORATION IN THE FIELD, PROVIDING OPPORTUNITIES FOR EARLY CAREER INVESTIGATORS TO ESTABLISH PRODUCTIVE LABS, AND FUNDING INFRASTRUCTURE AND CORE RESOURCES THAT TURBOCHARGE THE PACE OF RESEARCH AROUND THE WORLD.

CORE PROJECT RESOURCES: INFRASTRUCTURE, TECHNOLOGY AND CORE RESOURCES ARE AN ESSENTIAL BUT OFTEN OVERLOOKED INGREDIENT TO UNLOCKING NEW SCIENTIFIC BREAKTHROUGHS. PBTF INVESTED IN THE FOLLOWING PROJECTS IN 2022 TO SUPPORT THIS FREQUENTLY UNMET NEED:

DAVID ANDRYSIAK CLINICAL RESEARCH ASSISTANT POSITION - DANA FARBER CANCER INSTITUTE - WITH SUPPORT FROM THE PLGA FUND AT PBTF, THE ORGANIZATION INVESTED IN CRITICAL RESOURCE PERSONNEL THROUGH THE EXECUTION OF A 3-YEAR FUNDING COMMITMENT. IN 2022, WE MADE A PAYMENT OF \$70,666 TOWARDS OUR TOTAL \$212,000 COMMITMENT. THIS STAFF POSITION IS RESPONSIBLE FOR TUMOR TISSUE COLLECTION, OBTAINING PARENTS' CONSENT PRIOR TO SURGERY AND SHEPHERDING TISSUE HARVESTING DURING SURGERIES AND BIOPSIES. WITH AN INCREASE IN VIABLE TISSUE SAMPLES, RESEARCHERS HAVE THE MATERIAL NEEDED TO TEST NEW HYPOTHESES AND POTENTIAL TREATMENT OPTIONS.

 CLINICAL DATA COLLECTION AND MANAGEMENT FOR LOW GRADE GLIOMA SUBJECTS

 132212 11-11-21
 Schedule O (Form 990) 2021

 49
 49

Schedule O (Form 990) 2021	Page 2
Name of the organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number 58-1966822
- CHILDREN'S BRAIN TUMOR NETWORK (CBTN) - THIS \$64,000 INV	ESTMENT
THROUGH THE PLGA FUND AT PBTF WILL ENSURE THAT PLGG PATIEN	TS' CLINICAL
DATA WILL BE TRACKED LONGITUDINALLY BY CONSENTING SUBJECTS	AND TRACKING
THEIR CLINICAL DATA. SIMILAR TO THE CLINICAL RESEARCH ASSI	STANT
POSITION AT DANA FARBER CANCER INSTITUTE, THIS ROLE HELPS	ENSURE AN
INCREASE OF VIABLE TISSUE SAMPLES FOR SCIENTIFIC RESEARCH.	
CHILDHOOD AND ADOLESCENT BRAIN TUMOR STATISTICAL REPORT	CENTRAL BRAIN
TUMOR REGISTRY OF THE UNITED STATES (CBTRUS) IN 2022, PBT	F
COMMISSIONED A FIRST-OF-ITS-KIND STATISTICAL REPORT BY CBT	RUS TO
INCREASE UNDERSTANDING OF THE SCOPE AND SEVERITY OF PEDIAT	RIC BRAIN
CANCER. PUBLISHED IN NEURO-ONCOLOGY, THIS REPORT CONTAINS	THE MOST
UP-TO-DATE POPULATION-BASED DATA ON PRIMARY BRAIN AND OTHE	R CENTRAL
NERVOUS SYSTEM (CNS) TUMORS IN CHILDREN AND ADOLESCENTS AV	AILABLE IN
THE UNITED STATES. IT IS THE FIRST OF ITS KIND TO REPRESEN	T THE
PEDIATRIC AND ADOLESCENT POPULATION, PROVIDE STATE-LEVEL D	ATA, AND
INCLUDE MOLECULAR DATA FOR SOME TUMOR SUBTYPES. PBTF AWARD	ED CBTRUS A
\$65,000 GRANT IN 2022 TO FUND THE REPORT.	
DIPG/DMG NATIONAL BRAIN TUMOR BOARD - IN PARTNERSHIP WITH	THE DIPG/DMG
RESEARCH FUNDERS ALLIANCE, PBTF HELPED ESTABLISH THIS TUMO	R BOARD IN
2022 WITH A 1-YEAR \$10,000 FUNDING COMMITMENT.	
MRI GOGGLES GRANT - EAST TENNESSEE CHILDREN'S HOSPITAL -	PBTF INVESTED
\$49,225 IN 2022 TO SUPPORT THE PURCHASE OF SPECIALIZED VID	EO GOGGLES
FOR PEDIATRIC PATIENTS DURING MRIS. THESE GOGGLES OFFER DI	STRACTIONS
AND DRAMATICALLY REDUCE UNEXPECTED LOUD MRI GRADIENT NOISE	TO SOOTHE
ANXIOUS CHILDREN DURING THIS IMPORTANT BUT OVERWHELMING PR	OCEDURE.

BASIC SCIENCE INVESTMENTS: FUNDING NOVEL CONCEPTS BROUGHT FORWARD BY

CLINICIANS AND SCIENTISTS AROUND THE WORLD IS AT THE VERY CORE OF 132212 11-11-21 Schedule O (Form 990) 2021 50

2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000642

PETF'S PHILOSOPHY THAT FINDING THE NEXT TARGETED THERAPY WILL ONLY HAPPEN WHEN NEW IDEAS, NEW STRATEGIES, AND NEW HYPOTHESES HAVE AN DEPORTUNITY FOR TESTING. DURING 2022, PETF INVESTED IN THE FOLLOWING SASIC SCIENCE INITIATIVES: OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND BROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 PUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER ENSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PUNEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR BRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR BRANT RARE BUT UNFORGOTTEN: FRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING <t< th=""></t<>
DEPORTUNITY FOR TESTING. DURING 2022, PETF INVESTED IN THE FOLLOWING SASIC SCIENCE INITIATIVES: OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND SROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 FUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER INSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAFID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR SRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR SRANT RARE BUT UNFORGOTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
BASIC SCIENCE INITIATIVES: OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND SROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 PUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER ENSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PUNEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PUNEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND SROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 PUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER INSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF AICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PUNEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
GROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 PUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER ENSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
PUNDED IN 2022 OF A 1-YEAR GRANT DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER INSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER ENSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
ENSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
GRANT (TOTAL FUNDING COMMITMENT OF \$105,000) INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY DF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING 200MMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
GRANT RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
2022 OF A 1-YEAR GRANT NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
COMMITMENT OF \$669,530) OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL
CENTER, GEORGIA STATE UNIVERSITY AND CHILDREN'S HOSPITAL OF ATLANTA
· · · ·
36,803 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF
364,122; 2022 FUNDING INCLUDED \$28,593 TO CHILDREN'S NATIONAL MEDICAL
CENTER AND \$8,210 TO CHILDREN'S HOSPITAL OF ATLANTA)
Schedule O (Form 990) 2021 51 .0808 797738 1000064077 2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000

Schedule O (Form 990) 2021	Page 2	
Name of the organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number $58 - 1966822$	
HUMAN IPSC PLGA MODELS FOR THERAPEUTIC DRUG DISCOVERY AND		
WASHINGTON UNIVERSITY OF ST. LOUIS MEDICAL CENTER \$100,00	0 FUNDED IN	
2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$300,000)		
HARNESSING VIRAL MIMICRY TO TARGET H3K27M DRIVEN PEDIATRI	C HIGH GRADE	
GLIOMA ST. JUDE MEDICAL CENTER \$150,000 FUNDED IN 2022 O	F A 2-YEAR	
EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT O	F \$250,000)	
IDENTIFYING BRAINSTEM GLIOMA SUBTYPES THAT CAN BE RADIOSE	NSITIZED BY	
ATM INHIBITION - DUKE UNIVERSITY \$100,000 FUNDED IN 2022 O	F A 3-YEAR	
EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT O	F \$300,000)	
MAINTENANCE OF DIPG BLOOD-BRAIN BARRIER INTEGRITY BY ANGI	OPOLETIN1 -	
<u>CHILDREN'S HOSPITAL OF CINCINNATI - \$100,000 FUNDED IN 202</u>	2 OF A 3-YEAR	
EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT O	F \$300,000)	
DATA PROJECT INVESTIGATING HGG IMMUNE MICROENVIRONMENT DU	RING	
TUMORIGENESIS AND TREATMENT IN PRIMARY MOUSE MODELS - DUKE	UNIVERSITY	
MEDICAL CENTER \$52,946 FUNDED IN 2022 OF A 1-YEAR EARLY CA	REER	
DEVELOPMENT GRANT		
INTERROGATING ANTI-TUMOR T CELLS TO DEVELOP ADAPTIVE ACT	IMMUNOTHERAPY	
FOR PEDIATRIC HIGH GRADE GLIOMA UNIVERSITY OF PITTSBURGH	\$150,000	

FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$450,000

MADE IN PARTNERSHIP WITH THE BRAIN TUMOR FUNDERS' COLLABORATIVE)

PART III LINE 4A CONTINUED

CLINICAL TRIALS: WITH THE EASING OF COVID-19 PRECAUTIONS IN THE

CLINICS, 2022 SAW A RAPID INCREASE IN CLINICAL TRIAL ENROLLMENT. THESE

TRIALS CHALLENGE 'GOLD STANDARD' TREATMENTS AND EXPLORE NEW

POSSIBILITIES FOR CHILDREN WHO HAVE RUN OUT OF OTHER EFFECTIVE

TREATMENT OPTIONS. THE FOLLOWING PBTF-SUPPORTED CLINICAL TRIALS WERE

52

ACTIVE IN 2022:

132212 11-11-21

······································	BRAIN TUMOR FOUNDATION TTED STATES, INC.	Page 2 Employer identification number 58-1966822
PNOC021-COMBINATORIAL C	LINICAL TRIAL - UNIVERSITY OF CAL	LFORNIA, SAN
FRANCISCO AS PART OF THE	PEDIATRIC PACIFIC NEURO ONCOLOGY	CONSORTIUM -
MULTI-YEAR AWARD TOTALIN	G \$300,000	
PHASE I/II TRIAL OF MEK	162 IN LOW GRADE GLIOMA - DANA FAF	BER CANCER
INSTITUTE (DFCI) - MULTI	-YEAR AWARD TOTALING \$249,500	
PHASE 1 TRIAL OF MARIZO	MIB ALONE AND IN COMBINATION WITH	PANOBINOSTAT
FOR CHILDREN WITH DIFFUS	E INTRINSIC PONTINE GLIOMA - PROJE	SCT OPEN DIPG
CONTINUATION OF \$16,667	GRANT AWARDED IN 2019 THROUGH A NO)-COST
EXTENSION; STUDY REOPENED IN 2022 AFTER PAUSING FOR ENROLLMENT IN 2020		
AND 2021 DUE TO COVID-19		
PBTC 0533 HCQ TRIAL PE	DIATRIC BRAIN TUMOR CONSORTIUM MU	JLTI-YEAR
AWARD TOTALING \$350,000		
ACNS1833 PHASE III CLIN	ICAL TRIAL CHILDREN'S ONCOLOGY G	ROUP
MULTI-YEAR AWARD TOTALIN	G \$400,000	
SIOP LOGGIC PHASE III C	LINICAL TRIAL GERMAN CANCER RESEA	ARCH INSTITUTE
MULTI-YEAR AWARD TOTALIN	G \$428,000 (\$177,000 DISTRIBUTED]	<u>(N 2022)</u>
GLOBAL TRAINING/EDUCATIC	N: PBTF'S SUPPORT FOR ACADEMIC-DRI	<u>IVEN</u>
INTERNATIONAL RESEARCH M	EETINGS SPURS INNOVATION AND FACII	LITATES THE
SHARING OF TIMELY RESEAR	CH DISCOVERIES ACROSS DISCIPLINES,	
SUB-SPECIALTIES, COUNTRI	ES, AND INSTITUTIONS:	
O INTERNATIONAL SOCIETY	OF PEDIATRIC NEUROONCOLOGY'S (ISPN	10) – THE
BI-ANNUAL ISPNO MEETING	OFFERS A CRITICAL CORNERSTONE FOR	THE GLOBAL
RESEARCH COMMUNITY TO CO	NNECT AND SHARE REAL TIME DATA ANI) RESULTS,
BUILD RELATIONSHIPS AND	BREAK DOWN SILOS IN ORDER TO ACCEI	LERATE THE
PACE OF CUTTING-EDGE RES	EARCH. PBTF PROVIDED A \$40,000 SPC	DNSORSHIP

GRANT FOR THE 2022 MEETING.

O BRAIN TUMOR EPIDEMIOLOGY CONFERENCE (BTEC): PBTF PROVIDED A \$2000

53

Schedule O (Form 990) 2021

17310808 797738 1000064077

132212 11-11-21

SPONSORSHIP GRANT FOR THIS 2022 MEETING FOCUSED ON PEDIATRIC BRAIN

TUMOR EPIDEMIOLOGY.

PART III LINE 4A CONTINUED

2022 FAMILY SUPPORT PROGRAM HIGHLIGHTS:

THE EMOTIONAL AND FINANCIAL BURDEN OF A CHILD'S BRAIN TUMOR DIAGNOSIS ON FAMILIES IS PROFOUND. TO EASE THIS BURDEN, PBTF PROVIDES PROGRAMS AND SUPPORT THAT HAVE BEEN DEVELOPED IN PARTNERSHIP WITH FAMILIES, RESEARCHERS, AND HEALTH CARE EXPERTS. IN 2022, WE STRENGTHENED OUR FOCUS ON REACHING MORE FAMILIES IN MORE MEANINGFUL WAYS AND CREATING A TRUE COMMUNITY OF SUPPORT:

PBTF CREATED AND IMPLEMENTED A PATIENT FAMILY JOURNEY TOOL IN 2022 THAT MAPS THE PHASES OF THE PEDIATRIC BRAIN TUMOR JOURNEY AND THE UNIQUE STRESSORS AND NEEDS THAT PATIENTS, SURVIVORS, CAREGIVERS, AND SIBLINGS EXPERIENCE DURING EACH PHASE. THIS GUIDE FOR PROGRAM DECISION-MAKING AND ASSESSMENT HAS HELPED IMPROVE HOW WE MEET FAMILIES WHERE THEY ARE IN THEIR JOURNEY. PBTF'S BUTTERFLY FUND PROVIDED \$424,998.93 OF EMERGENCY FINANCIAL

RELIEF IN 2022, WITH AN AVERAGE OF \$1116 PROVIDED PER FAMILY. HOUSING CONTINUED TO BE FAMILIES' MOST SUBSTANTIAL NEED, WITH 49.3% OF ASSISTANCE SUPPORTING RENT AND MORTGAGE PAYMENTS. GROCERY AND GAS CARDS SAW A 46.5% YEAR-OVER-YEAR INCREASE DUE TO THE STEEP RISE IN COSTS FOR THESE EXPENSES.

IN ADDITION TO THE FINANCIAL RELIEF PROVIDED THROUGH THE BUTTERFLY

FUND, PBTF MOBILIZED TO IDENTIFY AREAS WHERE INCREASED TRANSPORTATION

AND TRAVEL COSTS MOST SEVERELY IMPACTED PATIENT FAMILIES AND UNDERTOOK
132212 11-11-21
54
54

17310808 797738 1000064077

2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000642

Schedule O (Form 990) 2021 Name of the organization PEDIATRIC BRAIN TUMOR FOUNDATION	Page Employer identification number
OF THE UNITED STATES, INC.	58-1966822
A FUNDRAISING CAMPAIGN TO PROVIDE GAS CARDS TO FAMILIES AT	7 HOSPITALS
IN THOSE AREAS. THESE GIFT CARDS WERE DISTRIBUTED TO HOSPI	TAL PARTNERS
NOT RECEIVING SUPPORT FROM THE BUTTERFLY FUND, WIDENING TH	E REACH OF
PBTF'S FINANCIAL ASSISTANCE.	
VIRTUAL SUPPORT GROUPS BECAME A PRIMARY FOCUS IN PBTF'S 2	022
PROGRAMMING, WITH THE CREATION OF GROUPS FOCUSED ON BEREAV	ED FAMILIES,
FAMILIES OF CHILDREN DIAGNOSED WITHIN THE PAST 5 YEARS, AN	D
SPANISH-SPEAKING FAMILIES. WE ALSO EXPANDED OUR PEER TO PE	ER MENTOR
PROGRAM, RESPONDING TO THE GROWING NEED FOR MORE BEREAVED	PARENT AND
SURVIVOR MENTORS BY INCREASING RECRUITMENT EFFORTS AND STR	EAMLINING THE
PROGRAM'S APPLICATION AND TRAINING PROCESS.	
FAMILY CAMPS RESUMED IN CALIFORNIA FOLLOWING A 2-YEAR HIA	TUS DUE TO
COVID-19. 68 FAMILY MEMBERS ATTENDED TWO CAMPS, ONE FOR BE	REAVED
FAMILIES AND ONE FOR CURRENT PATIENT FAMILIES. SUPPORT WA	S PROVIDED BY
PBTF'S PARTNER MENTAL HEALTH PROFESSIONALS IN THE AREA, OF	FERING GROUP
SESSIONS FOR PARENTS/CAREGIVERS, SIBLINGS, AND PATIENTS. T	OPICS
INCLUDED RESILIENCY IN THE BRAIN TUMOR JOURNEY, ENDOCRINE	ISSUES, AND
NAVIGATING FRIENDSHIPS AFTER MY CHILD DIES.	
PBTF'S VS. CANCER PROGRAM FUNDED MORE THAN \$190K IN GRANT	S PROVIDED TO
PEDIATRIC ONCOLOGY PROGRAMS ACROSS THE UNITED STATES. THIS	FUNDING
SAFEGUARDED PSYCHOSOCIAL SUPPORT THAT'S IMPERATIVE TO FAMI	LIES'
WELL-BEING, SUCH AS:	
O UNIVERSITY OF MASSACHUSETTS MEMORIAL MEDICAL CENTER'S AN	IMAL ASSISTED
THERAPY (AAT) PROGRAM. THROUGH THIS PROGRAM, FULL-TIME CAN	INE
ASSISTANTS ARE TRAINED TO MEET THE NEEDS OF PEDIATRIC PATI	ENTS,
INCLUDING PARTICIPATING IN OR DEMONSTRATING ACTIVITIES TO	REDUCE FEAR
CHILDREN MAY HAVE. THESE DOGS CAN SHOW A CHILD HOW TO LIE	ON AN MRI
TABLE OR DEMONSTRATE THAT BLOOD PRESSURE CUFFS DON'T HURT.	FOR CHILDREN
132212 11-11-21 55	Schedule O (Form 990) 202

^{2021.06010} PEDIATRIC BRAIN TUMOR FOU 10000642

Schedule O (Form 990) 2021	Page 2	
Name of the organization PEDIATRIC BRAIN TUMOR FOUNDATION	Employer identification number 58-1966822	
OF THE UNITED STATES, INC.	58-1900822	
WITH GOALS OF GETTING OUT OF BED OR WALKING, THE PROGRAM'S	FULL-TIME	
DOG VALENTINA PROVIDES INCENTIVE AND INSPIRATION, AS WELL AS		
DISTRACTION FROM DISCOMFORT. WHEN VISITATION IS LIMITED AN	D VOLUNTEERS	
AREN'T ALLOWED IN, THE PROFESSIONAL CANINE ASSISTANTTHROUGH MORE		
STRINGENT INFECTION CONTROL PROTOCOLS AND COMPLETE KNOWLEDGE OF THE		
DOG'S HEALTH AND ENVIRONMENTIS STILL ABLE TO WORK WITH PATIENTS AND		
REDUCE THE IMPACT OF ISOLATION.		
O HASBRO CHILDREN'S HOSPITAL'S "FIGHT CELEBRATION" PATIENT PROM. THIS		
EVENING INCLUDES DINNER, DANCING, AND OTHER ACTIVITIES THAT OFFER		
FAMILIES A SPACE TO STEP BACK FROM TREATMENT AND CONNECT WITH ONE		
ANOTHER WHILE CREATING POSITIVE AND LASTING MEMORIES. FAMILIES BENEFIT		
FROM SOCIAL ENGAGEMENT WITH EACH OTHER AND HOSPITAL STAFF OUTSIDE OF A		
CLINIC SETTING AND A SPACE FOR "NORMALCY", ALL IMPORTANT T	O THE MENTAL	
WELL-BEING OF FAMILIES IN THIS JOURNEY.		

THROUGH THESE AND OTHER FAMILY SUPPORT INITIATIVES, PBTF INCREASED OUR REACH TO NEW FAMILIES BY 66.7% YEAR-OVER-YEAR. 48.6% OF THOSE FAMILIES WERE WITHIN THE FIRST YEAR OF DIAGNOSIS, THE PHASE IDENTIFIED IN THE FAMILY JOURNEY MAP AS HAVING THE GREATEST NEEDS.

2022 ADVOCACY HIGHLIGHTS:

WHILE RESEARCHERS SEARCH FOR A CURE FOR PEDIATRIC BRAIN TUMORS,

IMMEDIATE CHANGE THAT CAN BENEFIT PATIENTS AND THEIR FAMILIES IS

NEEDED. PBTF'S GRASSROOTS ADVOCACY FOCUSES ON PASSING LEGISLATION THAT

BENEFITS FAMILIES AND CHANGING STATE-LEVEL HEALTH POLICY SO PEDIATRIC

56

BRAIN TUMOR RESEARCH AND TREATMENT RECEIVE THE ATTENTION AND FUNDING

THEY DESERVE.

132212 11-11-21

Schedule O (Form 990) 2021

IN 2022, WE INCREASED OUR WORK WITH FEDERAL AND STATE LEGISLATORS AND POLICY MAKERS TO INFLUENCE MEANINGFUL CHANGE THAT ADDRESSES TWO URGENT NEEDS: MORE FUNDING FOR PEDIATRIC BRAIN TUMOR RESEARCH AND POLICIES THAT IMPROVE HEALTH OUTCOMES AND REDUCE THE FINANCIAL BURDEN ON FAMILIES. THESE POLICIES INCLUDE PAID FAMILY LEAVE, ACCESS TO CARE, PALLIATIVE CARE, AND CLINICAL TRIAL ACCESS. OUR 2022 EFFORTS WERE INSTRUMENTAL IN RECRUITING CO-SPONSORS IN THE HOUSE AND SENATE FOR THE STAR REAUTHORIZATION ACT, WHICH WAS SIGNED INTO LAW, AND THE GABRIELLA MILLER KIDS FIRST PEDIATRIC RESEARCH PROGRAM, WHICH RECEIVED AN ADDITIONAL YEAR OF FUNDING.

INFORMED BY THE RESULTS OF THE LATEST CBTRUS STATISTICAL REPORT, WE ALSO BEGAN SPEARHEADING EFFORTS IN STATES ACROSS THE COUNTRY TO INCLUDE LANGUAGE ABOUT PEDIATRIC CANCER IN CENTERS FOR DISEASE CONTROL-MANDATED STATE CANCER PLANS. THESE PLANS ACT AS A BLUEPRINT FOR ADDRESSING THE BURDEN OF CANCER IN A SPECIFIC AREA. WHILE ALL PLANS FOCUS ON ADULT CANCERS, FEW THOUGHTFULLY ADDRESS THE UNIQUE NEEDS OF CHILDREN AND THEIR FAMILIES. IN 2022, WE EVALUATED THE QUALITY OF STATES' CANCER PLANS IN RELATION TO PEDIATRIC PATIENTS AND BEGAN ORGANIZING STATE ADVOCACY WORKGROUPS TO ADDRESS THE URGENT NEED FOR PLAN UPDATES.

FORM 990, PART VI, SECTION A, LINE 1A: THE BOARD OF DIRECTORS MAY, BY RESOLUTION, DESIGNATE TWO (2) OR MORE DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE, WHICH COMMITTEE, TO THE EXTENT PROVIDED IN SUCH RESOLUTION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION 132212 11-11-21 Schedule O (Form 990) 2021

```
2021.06010 PEDIATRIC BRAIN TUMOR FOU 10000642
```


 Schedule O (Form 990) 2021
 Page 2

 Name of the organization
 PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.
 Employer identification number 58-1966822

 EXCEPT AS OTHERWISE REQUIRED BY LAW.
 ALL MEMBERS OF THE EXECUTIVE

 COMMITTEE SHALL BE DIRECTORS OF THE CORPORATION.
 VACANCIES IN THE

 MEMBERSHIP OF THE COMMITTEE SHALL BE FILLED BY THE BOARD OF DIRECTORS AT

 ANY ANNUAL OR SPECIAL MEETING OF THE BOARD OF DIRECTORS.
 THE EXECUTIVE

 COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME

 TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE RETURN WAS PREPARED BY AN INDEPENDENT ACCOUNTANT WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT. THE CFO AND PRESIDENT REVIEWED THE RETURN WITH THE PREPARERS AT MULTIPLE STAGES OF COMPLETION. UPON RECEIVING A FINAL DRAFT, THE RETURN WAS PRESENTED AT A SCHEDULED BOARD MEETING. THE RETURN WAS PRESENTED TO THE FULL BOARD BY A MEMBER OF THE ACCOUNTING FIRM AND THE MANAGEMENT OF THE ORGANIZATION, AND A PERIOD OF TIME FOR QUESTIONS AND COMMENTS WAS ALLOWED.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL FINANCIAL TRANSACTIONS (BOTH REVENUE AND EXPENSE) ARE CONDUCTED WITH THE KNOWLEDGE AND/OR APPROVAL OF EITHER THE PRESIDENT/CEO OR THE CFO. THESE TRANSACTIONS ARE REVIEWED FOR ANY POTENTIAL CONFLICTS OF INTERESTS. ANY ISSUES ARE BROUGHT TO THE ATTENTION OF THE EXECUTIVE COMMITTEE.

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

THE BOARD'S EXECUTIVE COMMITTEE DETERMINES COMPENSATION AND BENEFITS FOR

THE PRESIDENT/CEO AFTER REVIEWING THE MOST CURRENT GUIDESTAR NONPROFIT

COMPENSATION REPORT, OTHER COMPARABLE DATA, SCOPE OF RESPONSIBILITY, SIZE

OF ORGANIZATION, RESPONSIBILITY AND BUDGET TO DETERMINE THE REASONABLENESS

58

OF THE SALARY.

132212 11-11-21

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AZ,CA,FL,GA,IL,KS,KY,LA,ME,MD,MA,MI,NH,NJ,NM,NY,NC,ND,OH,OR,PA,RI,SC,VA WA,WV,WI,AL,AR,CO,CT,OK,TN,UT,HI,MN,MS,MO

FORM 990, PART VI, SECTION C, LINE 18:

RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT CURETHEKIDS.ORG,

GUIDESTAR, AND CHARITY NAVIGATOR.

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

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE THROUGH INSPECTION AT THE ADMINISTRATIVE

OFFICE IN ASHEVILLE, NC. ADDITIONALLY, THESE DOCUMENTS ARE MADE AVAILABLE

TO ALL STATE GOVERNMENTS THAT REQUIRE ANNUAL FILING OF CHARITABLE

ORGANIZATIONS.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21