

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2025

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

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

A For the 2025 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

AMERICAN BRAIN TUMOR ASSOCIATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

8550 W. BRYN MAWR AVE, STE 550

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CHICAGO, IL 60631

D Employer identification number

23-7286648

E Telephone number

(773) 577-8750

G Gross receipts \$

8,771,490.

F Name and address of principal officer: KELLY SITKIN, PRESIDENT & CEO

8550 W. BRYN MAWR AVE, STE 550, CHICAGO, IL 60631

H(a) Is this a group return for subordinates?

Yes ☐ No ☒

H(b) Are all subordinates included?

Yes ☐ No ☐

If "No," attach a list. See instructions.

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.ABTA.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1973

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE ATTACHMENT 1

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	42
6	Total number of volunteers (estimate if necessary)	6	760
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,320,311.	6,817,603.
9 Program service revenue (Part VIII, line 2g)	NONE	NONE
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	303,898.	339,096.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	171,994.	246,308.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,796,203.	7,403,007.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,791,922.	1,771,262.
14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,105,785.	4,062,995.
16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
16b Total fundraising expenses (Part IX, column (D), line 25)	500,166.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,935,133.	1,936,882.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,832,840.	7,771,139.
19 Revenue less expenses. Subtract line 18 from line 12	-1,036,637.	-368,132.
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	9,844,227.	9,409,673.
21 Total liabilities (Part X, line 26)	1,831,526.	1,505,927.
22 Net assets or fund balances. Subtract line 21 from line 20	8,012,701.	7,903,746.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Kelly Sitkin

Signature of officer

Date

8/18/2026

Kelly Sitkin, President & CEO

Type or print name and title

Paid

Preparer Use Only

Preparer's name

ROBIN BARTOLO

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01315661

Firm's name MILLER, COOPER & CO., LTD.

Firm's EIN

36-2897372

Firm's address 3 PARKWAY NORTH BLVD, SUITE 200 DEERFIELD, IL 60015

Phone no.

847-205-5000

May the IRS discuss this return with the preparer shown above? See instructions

X Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2025) Created 4/30/25

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 2,701,949. including grants of \$ 1,067,236.) (Revenue \$)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 2,314,261. including grants of \$ 403,256.) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 825,724. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ 395,614. including grants of \$ 300,770.) (Revenue \$)

4e Total program service expenses 6,237,548.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	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? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	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	
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 37	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 42		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1b 9		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		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?		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?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization		X
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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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.
 KELLY SITKIN PRESIDENT & CEO 8550 W BRYN MAWR AVE #550 CHICAGO, IL 60631

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KELLY SITKIN PRESIDENT & CEO	38.75 NONE			X				242,001.	NONE	5,618.
(2) NICOLE WILLMARTH CHIEF MISSION OFFICER	38.75 NONE			X				201,783.	NONE	5,439.
(3) LESLIE CROUCH CHIEF DEVELOPMENT OFFICER	38.75 NONE			X				147,061.	NONE	4,737.
(4) PHILLIP SAMUELS SENIOR DIRECTOR OF FINANCE	38.75 NONE	X						121,473.	NONE	4,028.
(5) DEBRA ROBINS DIR. CORP. & FDN. RELATIONS	38.75 NONE			X				115,727.	NONE	2,562.
(6) RAM SUBRAMANIAN IMMEDIATE PAST CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(7) BOB KRUCHTEN CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(8) MINDEE J. PLUGUES DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(9) CHARLES K. SCHAFER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(10) LAURA AGUILAR TREASURER	1.00 NONE	X		X				NONE	NONE	NONE
(11) MITCH BERGER DIRECTOR	1.00 NONE	X						NONE	NONE	NONE
(12) DANNY MONSON VICE CHAIR	1.00 NONE	X		X				NONE	NONE	NONE
(13) SRISUPEN ANDERSEN SECRETARY	1.00 NONE	X		X				NONE	NONE	NONE
(14) NATHAN MUSGROVE DIRECTOR	1.00 NONE	X						NONE	NONE	NONE

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

[illegible]

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	5
---	---	---

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

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►		NONE

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,612,533.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	4,205,070.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 16,433.			
	h	Total. Add lines 1a-1f		6,817,603.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			NONE		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			209,032.		209,032.
	4	Income from investment of tax-exempt bond proceeds . . .			NONE		
	5	Royalties			NONE		
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	NONE	NONE		
	d	Net rental income or (loss)			NONE		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b	764,037.	NONE		
	c	Gain or (loss)	7c	633,973.	NONE		
	d	Net gain or (loss)			130,064.		130,064.
	8a	Gross income from fundraising events (not including \$ 2,612,533. of contributions reported on line 1c). See Part IV, line 18	8a	958,900.			
	b	Less: direct expenses	8b	734,510.			
	c	Net income or (loss) from fundraising events			224,390.		224,390.
	9a	Gross income from gaming activities. See Part IV, line 19	9a	NONE			
	b	Less: direct expenses	9b	NONE			
	c	Net income or (loss) from gaming activities			NONE		
	10a	Gross sales of inventory, less returns and allowances	10a	NONE			
b	Less: cost of goods sold	10b	NONE				
c	Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue				Business Code			
	11a	OTHER INCOME		900099	21,918.	21,918.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d			21,918.		
12	Total revenue. See instructions			7,403,007.	21,918.	563,486.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	300,770.	300,770.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,417,492.	1,417,492.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,000.	53,000.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	267,324.	227,226.	26,732.	13,366.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	2,911,937.	2,129,849.	558,177.	223,911.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,407.	55,165.	13,689.	5,553.
9 Other employee benefits	571,558.	423,748.	105,153.	42,657.
10 Payroll taxes	237,769.	176,280.	43,744.	17,745.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	896.	896.		
c Accounting	45,048.	7,175.	37,144.	729.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	44,757.	33,193.	8,250.	3,314.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	283,631.	201,401.	46,437.	35,793.
12 Advertising and promotion	333,092.	260,561.	6,095.	66,436.
13 Office expenses	372,448.	300,780.	42,382.	29,286.
14 Information technology	324,452.	242,043.	54,420.	27,989.
15 Royalties	NONE			
16 Occupancy	NONE			
17 Travel	189,765.	162,858.	19,142.	7,765.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	51,602.	44,299.	5,193.	2,110.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	66,781.	49,481.	12,300.	5,000.
23 Insurance	32,296.	23,922.	5,942.	2,432.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RECRUITING EXPENSE	10,244.	7,588.	1,885.	771.
b STATE REGISTRATION	16,572.	NONE	16,572.	NONE
c STAFF DEVELOPMENT/EDUCATION	5,202.	3,695.	1,429.	78.
d OTHER	160,096.	116,124.	28,741.	15,231.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	7,771,139.	6,237,546.	1,033,427.	500,166.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	NONE	1	NONE
	2 Savings and temporary cash investments.	4,470,437.	2	3,930,121.
	3 Pledges and grants receivable, net	1,024,826.	3	633,884.
	4 Accounts receivable, net	NONE	4	NONE
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NONE
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	NONE	8	NONE
	9 Prepaid expenses and deferred charges . . SEE SCHEDULE O	218,182.	9	326,786.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,246,720.		
	b Less: accumulated depreciation.	10b 1,044,857.	10c	201,863.
	11 Investments - publicly traded securities. . . SEE SCHEDULE O	3,463,856.	11	3,962,046.
	12 Investments - other securities. See Part IV, line 11.	NONE	12	NONE
	13 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14 Intangible assets	NONE	14	NONE
	15 Other assets. See Part IV, line 11	411,949.	15	354,973.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,844,227.	16	9,409,673.	
Liabilities	17 Accounts payable and accrued expenses.	231,562.	17	261,531.
	18 Grants payable	825,000.	18	542,500.
	19 Deferred revenue . . SEE SCHEDULE O	154,559.	19	194,307.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23 Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24 Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	620,405.	25	507,589.
	26 Total liabilities. Add lines 17 through 25.	1,831,526.	26	1,505,927.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,713,335.	27	6,001,985.
	28 Net assets with donor restrictions.	2,299,366.	28	1,901,761.
	Organizations that do not follow FASB ASC 958, check here ☐			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	8,012,701.	32	7,903,746.	
33 Total liabilities and net assets/fund balances	9,844,227.	33	9,409,673.	

Form **990** (2025)

Part XI Reconciliation of Net AssetsCheck 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	7,403,007.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,771,139.
3	Revenue less expenses. Subtract line 2 from line 1	3	-368,132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,012,701.
5	Net unrealized gains (losses) on investments	5	259,177.
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,903,746.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	3b	

Form 990 (2025)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively for test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2025 Created 4/11/25

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,643,146.	6,846,889.	7,773,291.	6,320,311.	6,817,603.	32,401,240.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3 The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 Total. Add lines 1 through 3	4,643,146.	6,846,889.	7,773,291.	6,320,311.	6,817,603.	32,401,240.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						478,837.
6 Public support. Subtract line 5 from line 4						31,922,403.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	4,643,146.	6,846,889.	7,773,291.	6,320,311.	6,817,603.	32,401,240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131,822.	136,321.	195,086.	278,009.	209,032.	950,270.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11 Total support. Add lines 7 through 10						33,351,510.
12 Gross receipts from related activities, etc. (see instructions)					12	4,016,701.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	95.71 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	95.38 %
16a 33 1/3% support test - 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		☒
b 33 1/3% support test - 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test - 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		☐
b 10%-facts-and-circumstances test - 2024. 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-circumstances test. The organization qualifies as a publicly supported organization.		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18	%

- 19a** **33 1/3% support tests - 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . ☐
- b** **33 1/3% support tests - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐
- 20** **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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.	1	
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).	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.	3a	
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.	3b	
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.	3c	
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.	4a	
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.	4b	
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.	4c	
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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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 .	6	
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).	7	
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).	8	
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 .	9a	
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 .	9b	
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 .	9c	
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.	10a	
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.)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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 .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental supported organization. Describe in **Part VI** how you supported a governmental supported organization (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.		
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .		
b Did the organization direct 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.		
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2025

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

Schedule A (Form 990) 2025

SCHEDULE D
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a . .	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1. \$

(ii) Assets included in Form 990, Part X. \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1. \$

b Assets included in Form 990, Part X. \$

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

Schedule D (Form 990) (Rev. 12-2024)

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations

- ☐ d Loan or exchange program
☐ e Other _____

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

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

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

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

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) Unrelated organizations? ☐ Yes ☐ No
(ii) Related organizations? ☐ Yes ☐ No

	Yes	No
3a(i)	☐	☐
3a(ii)	☐	☐
3b	☐	☐

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		483,646.	359,890.	123,756.
d Equipment		433,761.	375,579.	58,182.
e Other		329,313.	309,388.	19,925.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				201,863.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . .		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)) . . .		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part 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, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY CURR	120,645.
(3) OPERATING LEASE LIABILITY LONG	386,944.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ☐

Part XIII Supplemental Information *(continued)*

**SCHEDULE F
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE	NONE	NONE	GRANTMAKING	DISCOVERY GRANT	50,000.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	NONE	NONE			50,000.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	NONE	NONE			50,000.

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

Schedule F (Form 990) (Rev. 12-2024)

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Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) LUNDS UNIVERSITY	EUROPE/ICELAND/GREENLAND		50,000.			N/A	BOOK
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) (Rev. 12-2024)

Part V**Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2 - MONITOR USAGE OF GRANT FUNDS OUTSIDE US

THE GRANTEES SHALL COMPLY WITH ALL APPLICABLE LAWS AND REGULATIONS RELATED TO THE GRANT AND THE RESEARCH PROJECT. THE GRANT FUNDS THAT ARE AWARDED TO THE GRANTEE HEREUNDER SHALL BE EXPENDED IN ACCORDANCE WITH ALL APPLICABLE ANTI-TERRORIST FINANCING AND ASSET CONTROL LAWS, STATUTES, AND EXECUTIVE ORDERS, INCLUDING BUT NOT LIMITED TO THE U.S. PATRIOT ACT AND U.S. EXECUTIVE ORDER NO. 13224, ALL U.S. SANCTIONS LAWS AND REGULATIONS, THE FOREIGN CORRUPT PRACTICES ACT OF 1977, AS AMENDED, AND OTHER APPLICABLE ANTI-BRIBERY LAWS AND REGULATIONS.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | |
|--|--|
| a ☐ Mail solicitations | e ☐ Solicitation of nongovernment grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ In-person solicitations | |

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		BRKTH FOR BRAIN (event type)	VLNTR FUNDRS EV (event type)	18 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,075,749.	533,486.	962,198.	3,571,433.
	2 Less: Contributions	1,578,309.	500,336.	533,888.	2,612,533.
	3 Gross income (line 1 minus line 2)	497,440.	33,150.	428,310.	958,900.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	622,784.	45,224.	66,502.	734,510.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				734,510.
	11 Net income summary. Subtract line 10 from line 3, column (d)				224,390.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Rev. December 2024)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Employer identification number

23-7286648

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (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
(1) CENTRAL BRAIN TUMOR REGISTRY OF THE U.S. 625 SOUTH COUNTY LINE ROAD			30,000.				RESEARCH GRANT
(2) SOCIETY OF NEURO ONCOLOGY (SNO) P.O. BOX 273296 HOUSTON, TX 77277-3296			35,000.				RESEARCH FELLOWSHIPS
(3) BRAIN TUMOR EPIDEMIOLOGY CONSORTIUM (BTEC) 1211 ALABAMA AVENUE DURHAM, NC 27705			13,000.				RESEARCH GRANT
(4) AMERICAN ASSOCIATION FOR CANCER RESEARCH 615 CHESNUT STREET PHILADELPHIA, PA 19106			9,000.				RESEARCH GRANT
(5) HEALTH RESEARCH ALLIANCE 3110 EDWARDS MILL RD, SUITE 300			100,000.				RESEARCH GRANT
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (Rev. 12-2024)

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

JSA

5E1288 1.000

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 non-cash assistance
1 GRANTS TO U.S. INDIVIDUALS - SEE ATTACHMENT		973,937.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART IV - MONITORING USE OF GRANT FUNDS

THE AMERICAN BRAIN TUMOR ASSOCIATION FUNDS RESEARCH THROUGH FIVE PRIMARY

PROGRAMS:

THE BASIC RESEARCH FELLOWSHIP PROGRAM, AWARDING TWO-YEAR, \$100,000 GRANTS
SUPPORTING EARLY-CAREER RESEARCHERS ENTERING THE FIELD OF BRAIN TUMOR
RESEARCH; THE DISCOVERY GRANT PROGRAM, ONE-YEAR, \$50,000 GRANTS FOR
HIGH-RISK, HIGH-IMPACT PROJECTS DEEMED TO HAVE THE POTENTIAL TO CHANGE
CURRENT DIAGNOSTIC OR TREATMENT PARADIGMS FOR ADULT AND PEDIATRIC BRAIN

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

TUMOR CARE; THE ABTA RESEARCH COLLABORATION GRANTS, TWO-YEAR, \$200,000

GRANTS TO SUPPORT MULTI-PRINCIPAL INVESTIGATOR, MULTI-INSTITUTIONAL

PROJECTS THAT BRING DIVERSE EXPERTISE AND APPROACHES TOGETHER TO ADDRESS

THE COMPLEXITY OF BRAIN TUMORS; THE JACK AND FAY NETCHIN MEDICAL STUDENT

SUMMER FELLOWSHIP PROGRAM, \$3,000 GRANTS FOR TEN-TO-TWELVE WEEK SUMMER

LABORATORY EXPERIENCES; AND COLLABORATIVE INITIATIVES, THE JOINT FUNDING

OF BASIC RESEARCH AND CLINICAL STUDIES WITH PROFESSIONAL AND OTHER BRAIN

TUMOR RESEARCH FUNDING ORGANIZATIONS. WE ALSO SUPPORT PROFESSIONAL

FORUMS AND OPPORTUNITIES FOR DATA GATHERING AND / OR INFORMATION

EXCHANGES AMONG THE MEDICAL AND SCIENTIFIC COMMUNITIES. ABTA

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 non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

FELLOWSHIPS, DISCOVERY GRANTS, RESEARCH COLLABORATION GRANTS AND MEDICAL STUDENT GRANTS REQUIRE A WRITTEN REPORT OF OUTCOMES AT THE CONCLUSION OF THE FUNDING PERIOD. FINANCIAL REPORTS ARE ALSO REQUIRED AT THE CONCLUSION OF THE FUNDING PERIOD. ANY UNUSED FUNDS ARE REIMBURSED TO ABTA. THOSE COMPLETING THEIR GRANT PERIOD COME TO CHICAGO TO REPORT THEIR FINDINGS AT A NATIONAL CONFERENCE POSTER RECEPTION ATTENDED BY THE BOARD OF DIRECTORS, DONORS AND ABTA CONSTITUENTS. ATTENDEES AT THAT EVENT ASK QUESTIONS AND INTERACT DIRECTLY WITH THE RESEARCHERS.

SCHEDULE I PART III ATTACHMENT

Date	Name	Street 1	Street 2	Name City	Name State	Name Zip	SSN/Tax ID	Amount
U.S. RESEARCH FELLOWSHIPS								
01/16/2025	St. Jude Children's Research Hospital]	Attn: Gladie Krancovic	262 Danny Thomas Place, Mailstop	Memphis	TN	38105	62-0646012	5,000.00
02/15/2025	Dana-Farber Cancer Institute	Attn:Patricia A. Courtney	450 Brookline Avenue, BP 451	Boston	MA	02215-5450	04-2265040	25,000.00
05/06/2025	The Univ. of TX MD Anderson Cancer Center of Office	Attn: Grants and Contracts	P.O. Box 4390	Houston	TX	77210-4390	74-6001118	25,000.00
04/03/2025	The Cleveland Clinic Foundation		9500 Euclid Avenue	Cleveland	OH	44195	34-0714585	20,000.00
06/26/2025	Dana-Farber Cancer Institute	Attn:Patricia A. Courtney	450 Brookline Avenue, BP 451	Boston	MA	02215-5450	04-2265040	20,000.00
06/26/2025	Northwestern University	ASRSP Cash Management	633 Clark, Room G547	Evanston	IL	60208	56-2167817	25,000.00
07/24/2025	Dignity Health dba St. Joseph's Hospital and Medical Center	350 W. Thomas Road		Phoenix	AZ	85013	94-1196203	45,000.00
09/18/2025	Mayo Clinic	200 1st St. SW		Rochester	MN	55905		20,000.00
09/18/2025	Baylor College of Medicine	Attn: Ms. Leanne B. Scott	One Baylor Plaza	Houston	TX	77030-3411	74-1613878	25,000.00
09/18/2025	The Trustees of the University of Pennsylvania	Franklin Building	3451 Walnut St., Ste 737	Philadelphia	PA	19104-6205	23-1352685	25,000.00
09/18/2025	General Hospital Corp, The	399 Revolution Dr.	Ste 327	Somerville	MA	02145	04-2697983	25,000.00
10/02/2025	Brigham & Women's Hospital	Bank of America	PO BOX 3149	Boston	MA	02231-5829	04-2312909	25,000.00
10/30/2025	The Cleveland Clinic Foundation		9500 Euclid Avenue	Cleveland	OH	44195	34-0714585	4,999.99
12/11/2025	The Regents of the University of Michigan	3003 S. State St., Rm. 1072		Ann Arbor	MI	48109-1274	38-6006309	25,000.00
12/29/2025	The Univ. of TX MD Anderson Cancer Center of Office Grants	Attn: Grants and Contracts	P.O. Box 4390	Houston	TX	77210-4390	74-6001118	25,000.00
TOTAL								339,999.99
MSSF								
02/13/2025	University of Pittsburgh	PO Box 640458		Pittsburgh	PA	15261-0458	25-0965591	1,000.00
06/18/2025	The University of Texas Health Science Center at Houston	7000 Fannin St., FL 9		Houston	TX	77030	74-1761309	1,500.00
06/18/2025	The Regents of the University of California	9557089,1125 Murphy Hall	405 Hilgard Avenue	Los Angeles	CA	90095-7089	94-0036493	1,500.00
06/18/2025	Mary Hitchcock Memorial Hospital Non-Patient Miscellaneous	One Medical Center Drive		Lebanon	NH	03756-0001	22-2519596	1,500.00
06/18/2025	The Trustees of the University of Pennsylvania	Franklin Building	3451 Walnut St., Ste 737	Philadelphia	PA	19104-6205	23-1352685	1,500.00
06/18/2025	University of Miami	Attn: Office of Research Administration	PO Box 405803	Atlanta	GA	30384-5803	59-0624458	1,500.00
06/18/2025	Research Foundation for the State University of New York	Stony Brook University	W5510 Melville Library	Stony Brook	NY	11794-3362	14-1368361	1,500.00
06/18/2025	Regents of the UCSF	UCSF Accounting		San	CA	94143-0897	94-6036493	1,500.00
06/18/2025	Case Western Reserve University	10900 Euclid Ave		Cleveland	OH	44106-7016	34-1018992	1,500.00
07/19/2025	Regents of the UCSF	UCSF Accounting		San	CA	94143-0897	94-6036493	1,500.00
08/07/2025	Washington University in St. Louis	MSC 1034-0421-02	7425 Forsyth Blvd.	St. Louis	MO	63105-2161	43-0653611	1,500.00
08/07/2025	University of Florida	Attn: Contracts Grants	P.O. Box 24756	New York	NY	10087-4736	59-6002052	1,500.00
10/16/2025	The Regents of the University of California	9557089,1125 Murphy Hall	405 Hilgard Avenue	Los Angeles	CA	90095-7089	94-0036493	1,500.00
10/16/2025	Mary Hitchcock Memorial Hospital Non-Patient Miscellaneous	One Medical Center Drive		Lebanon	NH	03756-0001	22-2519596	1,500.00
10/16/2025	The Trustees of the University of Pennsylvania	Franklin Building	3451 Walnut St., Ste 737	Philadelphia	PA	19104-6205	23-1352685	1,500.00
10/16/2025	Research Foundation for the State University of New York	Stony Brook University	W5510 Melville Library	Stony Brook	NY	11794-3362	14-1368361	1,500.00
10/16/2025	Regents of the UCSF	UCSF Accounting		San	CA	94143-0897	94-6036493	1,500.00
11/06/2025	University of Miami	Attn: Office of Research Administration	PO Box 405803	Atlanta	GA	30384-5803	59-0624458	1,436.63
11/20/2025	Regents of the UCSF	UCSF Accounting		San	CA	94143-0897	94-6036493	1,500.00
11/20/2025	Case Western Reserve University	10900 Euclid Ave		Cleveland	OH	44106-7016	34-1018992	1,500.00
11/25/2025	Washington University in St. Louis	MSC 1034-0421-02	7425 Forsyth Blvd.	St. Louis	MO	63105-2161	43-0653611	1,500.00
12/04/2025	The University of Texas Health Science Center at Houston	7000 Fannin St., FL 9		Houston	TX	77030	74-1761309	1,500.00
12/29/2025	University of Florida	Attn: Contracts Grants	P.O. Box 24756	New York	NY	10087-4736	59-6002052	1,500.00
TOTAL								33,936.63
DISCOVERY GRANTS								
09/18/2025	University of Miami	Attn: Office of Research Administration	PO Box 405803	Atlanta	GA	30384-5803	59-0624458	25,000.00
09/18/2025	The Regents of the University of Michigan	3003 S. State St., Rm. 1072		Ann Arbor	MI	48109-1274	38-6006309	25,000.00
09/18/2025	Sanford Burnham Prehys Medical Discovery Institute	10901 North Torrey Pines Rd		La Jolla	CA	92037	51-0197108	25,000.00
09/18/2025	The Regents of the University of Colorado	13001 E 17th Place	Rm W1124	Aurora	CO	80045	84-6006555	25,000.00
09/30/2025	University of Miami	Attn: Office of Research Administration	PO Box 405803	Atlanta	GA	30384-5803	59-0624458	25,000.00
09/30/2025	The Regents of the University of Michigan	3003 S. State St., Rm. 1072		Ann Arbor	MI	48109-1274	38-6006309	25,000.00
09/30/2025	Sanford Burnham Prehys Medical Discovery Institute	10901 North Torrey Pines Rd		La Jolla	CA	92037	51-0197108	25,000.00
09/30/2025	The Regents of the University of Colorado	13001 E 17th Place	Rm W1124	Aurora	CO	80045	84-6006555	25,000.00
10/02/2025	The Ohio State University	1960 Kenny Rd.		Columbus	OH	43215	31-6025986	25,000.00
10/02/2025	Dana-Farber Cancer Institute	Attn:Patricia A. Courtney	450 Brookline Avenue, BP 451	Boston	MA	02215-5450	04-2263040	25,000.00
10/02/2025	The Johns Hopkins Hospital	PO Box 417714		Boston	MA	02241-7714	52-0591656	25,000.00
10/09/2025	Cleveland Clinic Foundation	P.O. Box 931531		Cleveland	OH	44195-5012	34-0714585	25,000.00
10/31/2025	The Ohio State University	1960 Kenny Rd.		Columbus	OH	43215	31-6025986	25,000.00
10/31/2025	Dana-Farber Cancer Institute	Attn:Patricia A. Courtney	450 Brookline Avenue, BP 451	Boston	MA	02215-5450	04-2263040	25,000.00
10/31/2025	The Johns Hopkins Hospital	PO Box 417714		Boston	MA	02241-7714	52-0591656	25,000.00
10/31/2025	Cleveland Clinic Foundation	P.O. Box 931531		Cleveland	OH	44195-5012	34-0714585	25,000.00
12/11/2025	The Cleveland Clinic Foundation		9500 Euclid Avenue	Cleveland	OH	44195	34-0714585	25,000.00
12/31/2025	The Cleveland Clinic Foundation		9500 Euclid Avenue	Cleveland	OH	44195	34-0714585	25,000.00
TOTAL								450,000.00
Project Grants								
12/31/2025	The Univ. of Texas MD Anderson	Office of Grants and Contracts	PO Box 4390	Houston	TX	77210-4390	74-6001118	50,000.00
TOTAL								50,000.00
METS Grants								
09/11/2025	The Univ. of Texas MD Anderson	Office of Grants and Contracts	PO Box 4390	Houston	TX	77210-4390	74-6001118	25,000.00
09/11/2025	Pennsylvania State University		208 Old Main	University Pa	PA	16802	24-6000375	25,000.00
10/01/2025	The Univ. of Texas MD Anderson	Office of Grants and Contracts	PO Box 4390	Houston	TX	77210-4390	74-6001118	25,000.00
10/01/2025	Pennsylvania State University		208 Old Main	University Pa	PA	16802	24-6000375	25,000.00
TOTAL								100,000.00
TOTAL US GRANTS - INDIVIDUALS								973,939.63

SCHEDULE J
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in or receive payment from a supplemental nonqualified retirement plan?
- c Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 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.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) (Rev. 12-2024)

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KELLY SITKIN PRESIDENT & CEO	(i) 242,001. (ii)	NONE	NONE	5,618.	NONE	247,619.	NONE
2 NICOLE WILLMARTH CHIEF MISSION OFFICER	(i) 201,783. (ii)	NONE	NONE	5,439.	NONE	207,222.	NONE
3 LESLIE CROUCH CHIEF DEVELOPMENT OFFICER	(i) 147,061. (ii)	NONE	NONE	4,737.	NONE	151,798.	NONE
4	(i) (ii)						
5	(i) (ii)						
6	(i) (ii)						
7	(i) (ii)						
8	(i) (ii)						
9	(i) (ii)						
10	(i) (ii)						
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

Schedule J (Form 990) (Rev. 12-2024)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

PART VI, SECTION B, LINE 11A - REVIEW OF 990

PRIOR TO SIGNING AND SUBMITTING EACH YEAR'S FORM 990 AND ACCOMPANYING
ATTACHMENTS, ALL MEMBERS OF THE ABTA BOARD OF DIRECTORS REVIEW AND IF
THEY WISH, THEY COMMENT ON THE DOCUMENT.

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

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

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

AT THE BOARD MEETING, THE CHAIR ENTERTAINS A MOTION TO AUTHORIZE THE
PRESIDENT & CEO TO SIGN AND SUBMIT THE DRAFT AS PRESENTED OR AS AMENDED
THROUGH DISCUSSION. A MAJORITY OF THOSE PRESENT CAN APPROVE THE MOTION.

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

ALL BOARD MEMBERS WILL BE SENT A COPY OF THE FORM 990 AND ATTACHMENTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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2025

**Open to Public
Inspection**

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

ELECTRONICALLY AT LEAST THIRTY DAYS PRIOR TO THE SUBMISSION DATE.

DIRECTORS ARE ENCOURAGED TO ASK QUESTIONS ABOUT, RAISE ISSUES ABOUT, AND
INDICATE SUPPORT FOR THE DRAFT WITHIN TEN DAYS. SUCH FEEDBACK CAN BE SENT
TO THE PRESIDENT & CEO, THE BOARD CHAIR, OR THE TREASURER BY EMAIL OR
OTHER FORM OF DELIVERY AS LONG AS IT IS RECEIVED WITHIN THE TEN DAYS.

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

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

A SUMMARY OF THE CHANGES MADE TO THE DRAFT FORM 990 AND THE REASONS FOR
THE CHANGES WILL BE EMAILED TO ALL DIRECTORS TEN DAYS OR MORE BEFORE
SCHEDULED SUBMISSION. SHOULD CHANGES BY DIRECTORS TO THE NEW DRAFT OF
FORM 990 BE RECEIVED WITHIN SEVEN DAYS, THE BOARD CHAIR AND TREASURER
WILL TOGETHER DECIDE WHETHER: (1) TO PROCEED WITH SUBMISSION AND MAKE
WARRANTED ADJUSTMENTS THROUGH THE IRS AMENDMENT PROCESS; OR (2) REQUEST AN
EXTENSION FOR FILING AND RESOLVE REMAINING ISSUES AT THE SUBSEQUENT BOARD
MEETING.

PART VI, SECTION B, LINE 12C - CONFLICT OF INTEREST POLICY ENFORCEMENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

EACH ASSOCIATE (DEFINED AS, ABTA DIRECTORS, OFFICERS, VOLUNTEERS AND
EMPLOYEES) SHALL SIGN AN ANNUAL CONFLICT OF INTEREST DISCLOSURE
STATEMENT, WHICH DESCRIBES ANY EXISTING OR POTENTIAL CONFLICT OF INTEREST
AND AFFIRMS THAT SUCH PERSON:

- A. HAS RECEIVED A COPY OF THE POLICY;
- B. HAS READ AND UNDERSTANDS THE POLICY; AND
- C. HAS AGREED TO COMPLY WITH THE POLICY.

ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS SHALL BE FILED ON OR
BEFORE JUNE 30 IN THE CASE OF EMPLOYEES AND ON OR BEFORE THE DATE OF THE
FIRST MEETING OF THE BOARD IN EACH FISCAL YEAR IN THE CASE OF GOVERNANCE
VOLUNTEERS.

IT SHALL BE THE CONTINUING RESPONSIBILITY OF ASSOCIATES TO SCRUTINIZE
THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR
POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE ANY NECESSARY DISCLOSURES.

PART VI, SECTION B, LINE 15 - COMPENSATION REVIEW AND APPROVAL

WHEN HIRING THE PRESIDENT & CEO AND THEREAFTER AT LEAST EVERY THREE
YEARS, THE EXECUTIVE COMMITTEE OF THE BOARD WILL ENGAGE IN A DETAILED
REVIEW OF HIS/HER COMPENSATION PACKAGE TO ENSURE IT FITS CURRENT
CONDITIONS. IN ADDITION, ANNUALLY THE EXECUTIVE COMMITTEE OF THE BOARD
(WITH APPROVAL OF THE FULL BOARD) CONDUCTS AN EVALUATION OF THE PRESIDENT
& CEO AND MAKES ADJUSTMENTS TO SALARY AS THEY DEEM APPROPRIATE. AS PART
OF THIS PROCESS, THE EXECUTIVE COMMITTEE WILL REVIEW:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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OMB No. 1545-0047

2025

**Open to Public
Inspection**

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

SALARY SURVEYS

WRITTEN EMPLOYMENT CONTRACTS

INFORMATION FROM 990'S FILED WITH THE IRS

OTHER INFORMATION AND INPUT AS NEEDED SOURCED THROUGH AN INDEPENDENT

COMPENSATION CONSULTANT.

THE PROCESS AND THE DOCUMENTS REVIEWED EACH TIME A COMPENSATION PACKAGE
FOR THE PRESIDENT & CEO WILL BE RECORDED AS THE PROCESS IS OCCURRING. A
REPORT ON THE PROCESS WILL BE MADE AT THE NEXT MEETING OF THE BOARD OF
DIRECTORS AND ENTERED INTO THE MINUTES.

PART VI, SEC C, LN 19 - AVAILABILITY OF GOV DOCS, POLICIES, & FIN'L STMTS

AS PART OF ITS ACCOUNTABILITY TO ITS CONSTITUENCIES AND TO THE PUBLIC,
ABTA IS COMMITTED TO DISCLOSURE OF ORGANIZATIONAL INFORMATION THAT IS
APPROPRIATE FOR PUBLIC VIEWING. THE FOLLOWING ABTA DOCUMENTS ARE
AVAILABLE FROM ABTA FOR PUBLIC INSPECTION UPON REQUEST:

ABTA INCORPORATION PAPERS

ABTA BY-LAWS

IRS FORM 1023 AND SUPPORTING DOCUMENTS: APPLICATION FOR 501(C) (3)

STATUS

IRS DETERMINATION LETTER DOCUMENTING THAT ABTA IS AN EXEMPT ORGANIZATION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

ABTA'S ANNUAL 990'S FILED WITH THE IRS (NOT INCLUDING SCHEDULE B) -LAST
THREE FILINGS

ABTA'S ANNUAL REPORT TO THE ILLINOIS ATTORNEY GENERAL-LAST THREE YEARS

ABTA'S CONFLICT OF INTEREST POLICY FOR BOARD AND STAFF

REQUESTS RECEIVED BY MAIL, PHONE, FAX, OR E-MAIL WILL BE HONORED BY
DIRECTING THE INTERESTED PARTY TO THE APPROPRIATE SECTION ON THE ABTA
WEBSITE. REQUESTS MADE IN-PERSON TO VIEW DOCUMENTS AT ABTA'S OFFICES
DURING ABTA'S BUSINESS HOURS WILL BE HONORED THAT DAY UP UNTIL THE OFFICE
CLOSES FOR THE DAY. INDIVIDUALS OR GROUPS WHO REQUEST HARD COPIES OF THE
DOCUMENTS MAY BE ASKED TO PAY, IN ADVANCE, REASONABLE COPYING COSTS OF
\$.20 PER PAGE AND POSTAGE COSTS. DOCUMENTS WILL BE MAILED WITHIN THIRTY
DAYS OF THE TIME PAYMENT FOR COPYING AND POSTAGE COSTS ARE RECEIVED.

PART VI, SECTION A, LINE 4 - SIGNIFICANT CHANGES TO GOVERNING DOCS

REVISED BY-LAWS

ABTA IS COMMITTED TO DISCLOSURE OF ORGANIZATIONAL INFORMATION THAT IS
APPROPRIATE FOR PUBLIC VIEWING. THE ABTA BY-LAWS ARE AVAILABLE FOR PUBLIC
INSPECTION UPON REQUEST.

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

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

MISSION STATEMENT

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

IMPACT STATEMENT

FOUNDED IN 1973, THE AMERICAN BRAIN TUMOR ASSOCIATION WAS THE FIRST NATIONAL NON-PROFIT ORGANIZATION COMMITTED TO FUNDING BRAIN TUMOR RESEARCH AND PROVIDING INFORMATION AND EDUCATION FOR ALL BRAIN TUMOR TYPES ACROSS ALL AGE GROUPS.

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

SEE "PROGRAM SERVICE" ATTACHMENT

LINE 4B, PROGRAM SERVICE

SEE "PROGRAM SERVICE" ATTACHMENT

LINE 4C, PROGRAM SERVICE

SEE "PROGRAM SERVICE" ATTACHMENT

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, FL, GA, ID, IL, IN, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY

Name of the organization

Employer identification number

AMERICAN BRAIN TUMOR ASSOCIATION

23-7286648

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES	326,786.
TOTALS	----- 326,786. =====

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
CORPORATE BONDS	796,510.	FMV
ASSET-BACKED SECURITIES	239,105.	FMV
EQUITIES	633,119.	FMV
MUTUAL FUNDS	670,905.	FMV
CORPORATE FIXED INCOME	1,622,407.	FMV
TOTALS	3,962,046.	

Name of the organization

AMERICAN BRAIN TUMOR ASSOCIATION

Employer identification number

23-7286648

FORM 990, PART X - DEFERRED REVENUE

DESCRIPTION

UNEARNED REVENUE

ENDING

BOOK VALUE

194,307.

TOTALS

194,307.

American Brain Tumor Association
FEIN: 23-7286648
Program Service Attachment
Calendar Year Ended December 31, 2025

Form 990, Part III - Program Service, Line 4A

MISSION I: RESEARCH PROGRAMS

Research Programs I: Medical and Scientific Research Grants

The ABTA's historical support of early-career investigators working to improve brain tumor diagnostics and treatment has contributed to populating the modern brain tumor research and scientific community. Many of the scientists we have supported have gone on to mentor new researchers in the field and have become leaders of some of the nation's most prestigious brain tumor centers. In addition to supporting early-career investigators, the ABTA funds discovery science which encourages the development of new approaches to the diagnosis and treatment of brain tumors. These grants allow researchers to conduct the novel early scientific studies needed to secure additional funding for their projects. Interest in these new concepts has been shown by the National Institutes of Health (NIH) and venture capitalists, who have provided additional funding at significantly higher levels than the ABTA's grants. The development of new diagnostic and therapeutic approaches advances the understanding and treatment of brain tumors, and increases the potential for improving, extending and, ultimately, saving the lives of those living with a brain tumor diagnosis.

An independent, multi-level, external review process ensures ABTA grants are awarded for the most meritorious research projects. Our reviewers include our prestigious Scientific Advisory Council members and external experts who are leaders in the brain tumor community. Many were recipients of ABTA funding earlier in their careers.

The ABTA's Request for Applications (RFA) Driven Funding Program supports career development and innovative research through the following grant mechanisms:

- **BASIC RESEARCH FELLOWSHIPS**
\$100,000, two-year grants for postdoctoral fellows embarking on careers dedicated to brain tumor research. Through these awards and under the guidance of a mentor, the ABTA is ensuring a diverse pool of highly trained brain tumor scientists will emerge as the next generation of leaders in the field. An ABTA Basic Research Fellowship is highly regarded, and often the first grant of a postdoctoral fellow's career. We have helped retain many researchers in this field, via ABTA Basic Research Fellowships, and many transitioned into leaders of brain tumor research laboratories and treatment programs. They also now serve as mentors to new scientists entering the field.
- **JACK AND FAY NETCHIN MEDICAL STUDENT SUMMER FELLOWSHIPS**
\$3,000 summer stipend grants to allow medical students to spend a summer conducting brain tumor research under the guidance of an experienced mentor. These grants aim to expand the nation's pool of physician-scientists in the brain tumor research field. These summer fellowships are one of the most exciting areas for the ABTA to fund as they are so meaningful to these enthusiastic students embarking on their careers. This unique opportunity gives the grantees the ability to focus on a research project full-time and determine how they can incorporate

brain tumor research into their developing careers. It also provides them with valuable research lab skills that will motivate them to pursue a career in neuro-oncology research.

- **DISCOVERY GRANTS**

One-year, \$50,000 grants to fund high-risk/high-impact projects with the potential to change current diagnostic or treatment paradigms for adults and children with brain tumors. These grants encourage innovative novel research at its earliest stages, hoping it spurs more funding in the future.

Discovery Grants, while considered the most “high-risk/high-impact” research pursuits, carry the highest opportunity for reward and innovation. Funding has been provided for a variety of focus areas including immunotherapy, new biomarkers, nanoparticles and stem cell research.

- **ABTA RESEARCH COLLABORATION GRANTS**

The ABTA Research Collaboration Grants (ARC) are the largest grants offered. These are two-year, \$200,000 grants designed to specifically bring together two or more researchers from multiple disciplines and multiple institutions. Researchers are encouraged to move toward team science projects that could generate results that are more scientifically impactful. Complex problems, such as treating brain tumors, require complex approaches including the use of innovative, modern technologies. The ARC grants were launched in 2016.

Research Programs II: Strategic Partnerships

The ABTA invests time and resources into strategic partnerships to leverage capacities of different organizations to address critical challenges and cross-cutting issues in research, clinical practice, and public health.

- ABTA is one of the founding members of the Brain Tumor Funders Collaborative (BTFC), established in 2005. The BTFC is a unique alliance of brain tumor research funding organizations that work together to enhance collaboration and strategic coordination of research efforts. The BTFC sees funders, advocates, clinicians, and researchers as one community with shared goals. The BTFC releases periodic calls for applications to fund research projects through this partnership. Most recently, the BTFC launched a Request for Proposals (RFP) focused on liquid biopsy for primary brain tumors.
- ABTA is a member of the Health Research Alliance (HRA), which brings together not-for-profit, non-governmental funders of biomedical research and training to foster open communication and collaboration among members, provide comprehensive data and analysis about the funding of biomedical research and training by HRA member organizations, identify gaps in funding to facilitate innovative grant-making, and address any issues key to accelerating research discovery and its translation to the patient. These efforts support the continuum of health research and training from biomedical science to applications that advance health.
- ABTA has a partnership with the American Association for Neurological Surgeons (AANS) through two programs that support early-career investigators. Both programs foster and recognize early-career talent in the field of neurosurgery:
 - American Association of Neurological Surgeons (AANS) Young Investigator Award
 - Congress of Neurological Surgeons (CNS) Young Investigator Award

- ABTA has supported the Society for Neuro-Oncology (SNO) Annual Meeting for many years through conference support and educational programming. SNO has become a dynamic force in neuro-oncology, providing a rich environment for its diverse worldwide membership.
- ABTA has a relationship with the American Association for Cancer Research (AACR) which is the oldest and largest scientific organization in the world focused on every aspect of high-quality, innovative cancer research. Its reputation for scientific breadth and excellence attracts the premier researchers in the field. AACR also publishes highly ranked peer-reviewed journals in cancer research.

Each year, the ABTA supports the attendance of early-career investigators at the AACR Annual Meeting. These AACR-ABTA Scholar-in-Training Awards are presented to researchers conducting high-merit brain cancer research who present their research findings at the conference. Over 20,000 participants from around the world attend the conference.

- Since 2008, the ABTA has been the only patient advocacy organization represented on the National Comprehensive Cancer Network (NCCN) Central Nervous System Cancer Panel, which reviews the NCCN CNS guidelines on an annual basis and makes recommendations for updates based on the evolving standard of care.
- The ABTA supports the Response Assessment in Neuro-Oncology (RANO) Annual Meeting that occurs every year in conjunction with the American Society for Clinical Oncology (ASCO) Annual Meeting. The RANO meeting provides a forum for scientists and clinicians to work together to develop appropriate guidelines for measuring patient response to treatment in neuro-oncology clinical trials.

ABTA has a partnership with over ten different cancer advocacy organizations and seven metastatic brain tumor experts in the field, to address the needs of metastatic brain tumor patients and caregivers through our Metastatic Brain Tumor Collaborative. This is a strong collaboration to design and deliver educational programming, services, and research funding in the metastatic brain tumor space.

Research Programs III: Research Engagement

The ABTA prioritizes continued engagement with the broader brain tumor research community through the following:

- ABTA Scientific Advisory Council (SAC) is a group of top-level scientists and clinicians who advise the organization on its research-related efforts. With the guidance of these experts, ABTA can invest every research dollar as carefully and conscientiously as possible.
 - ABTA's research grants are reviewed through a rigorous peer-review process. Reviewers include SAC members who have made significant contributions to advancing the field or who demonstrate promise of leading the field and are committed to furthering ABTA's mission.
 - SAC members serve as Chairpersons who help to lead the review committee's discussion of applications during the peer-review process.
 - SAC members participate in yearly strategy meetings and contribute their expertise in other ways to ABTA mission-related programs.
- ABTA Alumni Research Network (AARN) is a network of previously and currently funded ABTA grantees. The ABTA brings AARN members together for an Annual Meeting where they are encouraged to share ideas and gain insights that will shape their careers and the brain tumor landscape. AARN members engage with the ABTA in several ways including serving as peer reviewers or speakers for our conferences and events.

Form 990, Part III – Program Service, Line 4B

MISSION II: PATIENT SERVICES

Patient Services I: Brain Tumor Information and Education

The ABTA is a trusted resource for brain tumor patients, caregivers, and health care professionals. Our well-trained staff respond daily to requests from patients and families seeking assistance from understanding a diagnosis or treatment to navigating the emotional complexities of a brain tumor diagnosis. From a wide range of publications to webinars and educational programs, the goal of the ABTA is to ensure that brain tumor patients, their families and those who care for them have the tools and information they need from the point of diagnosis throughout the trajectory of the disease.

The ABTA provides:

- The ABTA website, ABTA.org, offers more than 200 pages of information about primary and metastatic brain tumors for adult and pediatric patients, caregivers, and survivors. Information is available in both English and Spanish, and includes brain tumor types, treatment options and emotional and social support.
- Professionally reviewed educational brochures – specific brain tumor information from diagnosis through treatment are available at no charge to patients and families. Most are available in downloadable format, and translated in Spanish.
- Well-trained staff delivering one-on-one informational services on ABTA's *CareLine* by phone or email, assists patients and caregivers by providing emotional support and providing resources that meet their needs.

- Patient and Caregiver Mentor Support Program connects newly diagnosed patients and caregivers with trained patient or caregiver mentors to help navigate a brain tumor diagnosis.
- Clinical Trial Research and Patient Navigation is offered in partnership with the Brain Tumor Network (BTN), a non-profit organization specializing in assisting patients to find treatments and clinical trials that best suit their individual needs.
- A Featured Clinical Studies Program that aims to provide patients and caregivers with a way to easily understand and navigate available clinical trials and other types of patient studies to increase patient consideration and participation.
- “Connections” online support community connects patients, families, caregivers and friends for support and inspiration. There is no charge for membership, and the site is available 24/7.
- Regularly scheduled webinars are free, hour-long presentations on topics of interest for brain tumor patients, families, and health care professionals. Webinars are recorded and can be viewed at any time on the ABTA website and our Anytime Learning Channel on YouTube.
- ABTA’s National Conference, an annual patient-centered conference bringing the nation’s leading medical and research experts together with patients and their families to share brain tumor research, treatment, and care trends.
- Patient and Family Meetings are free educational programs, designed for brain tumor patients, caregivers, and their loved ones to learn, gain support and build a community.
- Brain Tumor Support Group listing on our website allows users to locate support groups by state or zip code within the United States.
- Brain Tumor Treatment Center Guide on our website allows patients and their caregivers to search and compare treatment centers to make informed decisions about where to seek treatment and care.
- Outreach to and collaboration with health care institutions to promote and enhance brain tumor education and awareness at the local level.
- Updates on brain tumor care and treatment through our bi-monthly e-newsletter, MindMatters, and regular content updates to our website.
- Financial assistance through the ABTA Financial Assistance Program, supported by the Glenn Garcelon Foundation, which offers limited financial assistance for patients diagnosed with a primary benign or malignant CNS tumor.

Advocacy

ABTA’s successful advocacy efforts made possible the inclusion of brain cancer as an eligible cancer for study in the Department of Defense’s Peer-Reviewed Cancer Research Program. This has enabled more federal funding to be awarded for brain tumor research.

In addition, the ABTA is active in its alliances with such organizations as the American Association for Cancer Research (AACR) and the American Society for Clinical Oncology (ASCO) as well as partnerships with the National Cancer Institute through NCI-Connect and the National Council of Research Advocates.

ABTA continues to strengthen partnerships with organizations and federal agencies, such as through the Cancer Moonshot, to help impact legislation initiatives that can accelerate federal funding and improve brain tumor patient care.

Form 990, Part III – Program Service, Line 4C

Patient Services II: HEALTH CARE PROFESSIONAL OUTREACH

The ABTA brings to the health care professional community the tools to assist them in providing their patients and their patients' caregivers with up-to-date educational information, opportunities to help them better understand the impact of a brain tumor on the lives of patients and their families, and collaborations that will advance new approaches to the diagnosis and treatment of brain tumors. Through relationships with health care providers and collaborative efforts between organizations, institutions and researchers, the ABTA adds to the knowledge of the impact of this diagnosis on patients and their families.

We do this by:

Assessing the informational needs of health care professionals relative to the ABTA's offerings in the areas of a) educational information being sought, b) their preferred manner of receiving educational information, and c) the ways in which this information is extended to their patients and caregivers.

Actively participating in professional organizations as members, exhibitors, or both, such as the Academy of Oncology Nurse & Patient Navigators, the American Association of Neuroscience Nurses, the American Association of Neurological Surgeons, the College of American Pathology, the Association of Oncology Social Workers and the Oncology Nursing Society. These organizations provide the ABTA with opportunities to enhance our visibility and share resources with the brain tumor clinical and scientific communities.

The ABTA established a Clinical Advisory Committee to assist in the continual review and improvement of our programs and services and development of a comprehensive health care professional outreach strategy that will allow the ABTA to engage and empower patients in underserved communities and help break down barriers to brain tumor education and resources.