

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable:	C Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	D Employer identification number 58-1966822
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number (828) 665-6891
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6065 ROSWELL ROAD, NE STE 505	
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30328	G Gross receipts \$ 5,677,466.
	F Name and address of principal officer: COURTNEY DAVIES SAME AS C ABOVE	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions
J Website: WWW.CURETHEKIDS.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		L Year of formation: 1992 M State of legal domicile: GA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: ELIMINATE CHILDHOOD BRAIN TUMORS AND SUPPORT FAMILIES LIVING WITH THIS DEVASTATING DISEASE.
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a) 3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 26
	6	Total number of volunteers (estimate if necessary) 6 350
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
	Revenue	8
9		Program service revenue (Part VIII, line 2g) 0. 0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d) -15,461. 21,568.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,999,996. 5,677,466.
Expenses		13
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,907,400. 2,189,489.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 626,442.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,231,795. 1,505,808.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,267,809. 6,187,974.
	19	Revenue less expenses. Subtract line 18 from line 12 732,187. -510,508.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 6,277,731. 5,648,381.
	21	Total liabilities (Part X, line 26) 846,841. 727,999.
	22	Net assets or fund balances. Subtract line 21 from line 20 5,430,890. 4,920,382.

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	▶ Signature of officer	08/11/23 Date
	▶ ANNE SUTTON, SECRETARY Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name AMY BIBBY	Preparer's signature AMY BIBBY
	Firm's name ▶ FORVIS, LLP	Date 08/08/23
	Firm's address ▶ 500 RIDGEFIELD COURT ASHEVILLE, NC 28806	Check if self-employed <input type="checkbox"/> PTIN P00445891
		Firm's EIN ▶ 44-0160260 Phone no. (828) 254-2254

May the IRS discuss this return with the preparer shown above? See instructions Yes No

PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
VISION: A WORLD WITHOUT CHILDHOOD BRAIN TUMORS.
MISSION: CARE. CURE. THRIVE.

2 Did the organization undertake any significant program services during the year which were not listed on the 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 \$ 4,681,490. including grants of \$ 2,492,677.) (Revenue \$ 5,677,466.)
SEE SCHEDULE O

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶ 4,681,490.**

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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OF THE UNITED STATES, INC.**

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	26
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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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		26
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
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.		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.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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

Check if Schedule O contains a response or note to any line in this Part VI

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 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.	1a	12		
b Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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?	10a		X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		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	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		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	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		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?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AZ, CA, FL, GA, IL, KS, KY, LA, ME, MD, MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s 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 ▶
GEOFF STILL - 828-418-0814
6065 ROSWELL ROAD, NE STE 505, ATLANTA, GA 30328

**PEDIATRIC BRAIN TUMOR FOUNDATION
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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) COURTNEY DAVIES PRESIDENT/CEO	50.00			X			272,939.	0.	13,518.	
(2) GEOFF STILL CFO	50.00			X			146,382.	0.	17,765.	
(3) ANDREW "AJ" JANOWER CHAIR	1.00	X		X			0.	0.	0.	
(4) KRISTIN YOUNG VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) ANNE SUTTON SECRETARY	1.00	X		X			0.	0.	0.	
(6) JEFF GELFAND TREASURER	1.00	X		X			0.	0.	0.	
(7) CHUCK BODERMAN DIRECTOR	1.00	X					0.	0.	0.	
(8) CHASE JONES DIRECTOR	1.00	X					0.	0.	0.	
(9) LARRY LITTLE DIRECTOR	1.00	X					0.	0.	0.	
(10) KARL MUELLER DIRECTOR	1.00	X					0.	0.	0.	
(11) KEN MURPHY DIRECTOR	1.00	X					0.	0.	0.	
(12) JOHN RAGNONI DIRECTOR	1.00	X					0.	0.	0.	
(13) SUSIE ROSSICK DIRECTOR	1.00	X					0.	0.	0.	
(14) JILL SCOGNAMIGLIO DIRECTOR	1.00	X					0.	0.	0.	

**PEDIATRIC BRAIN TUMOR FOUNDATION
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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 5,655,898.					
	g Noncash contributions included in lines 1a-1f	1g \$ 10,508.					
	h Total. Add lines 1a-1f		5,655,898.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		20,874.			20,874.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other	694.			
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		694.			
	d Net gain or (loss)			694.		694.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			5,677,466.	0.	0.	21,568.	

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

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

**PEDIATRIC BRAIN TUMOR FOUNDATION
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Part X Balance Sheet

Check 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	2,257,178.	1	1,407,813.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	519,490.	4	618,647.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,545.	9	94,517.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	44,390.		
	b Less: accumulated depreciation	8,665.		
	11 Investments - publicly traded securities	11,427.	10c	35,725.
	12 Investments - other securities. See Part IV, line 11	3,462,091.	11	3,491,679.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,277,731.	15	5,648,381.	
17 Accounts payable and accrued expenses	74,542.	16	846,841.	
18 Grants payable	772,299.	17	289,128.	
19 Deferred revenue		18	438,871.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
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		21		
23 Secured mortgages and notes payable to unrelated third parties		22		
24 Unsecured notes and loans payable to unrelated third parties		23		
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		24		
26 Total liabilities. Add lines 17 through 25		25		
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
28 Net assets without donor restrictions	2,078,046.	26	727,999.	
29 Net assets with donor restrictions	3,352,844.	27	2,080,890.	
30 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
31 Capital stock or trust principal, or current funds		28	2,839,492.	
32 Paid-in or capital surplus, or land, building, or equipment fund		29		
33 Retained earnings, endowment, accumulated income, or other funds		30		
34 Total net assets or fund balances	5,430,890.	31	4,920,382.	
35 Total liabilities and net assets/fund balances	6,277,731.	32	5,648,381.	

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,677,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,187,974.
3	Revenue less expenses. Subtract line 2 from line 1	3	-510,508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,430,890.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,920,382.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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
- 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
- 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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**PEDIATRIC BRAIN TUMOR FOUNDATION
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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5643146.	9927494.	6471860.	3836629.	5655898.	31535027.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5643146.	9927494.	6471860.	3836629.	5655898.	31535027.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						749,329.
6 Public support. Subtract line 5 from line 4.						30785698.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	5643146.	9927494.	6471860.	3836629.	5655898.	31535027.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	109,546.	16,620.	45,248.	14,534.	21,568.	207,516.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31742543.
12 Gross receipts from related activities, etc. (see instructions)					12	
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	96.99 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	95.74 %
16a 33 1/3% support test - 2021. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2020. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2021. 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	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

**PEDIATRIC BRAIN TUMOR FOUNDATION
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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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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

**PEDIATRIC BRAIN TUMOR FOUNDATION
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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

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? <i>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.</i>		
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? <i>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.</i>		
1		
2		

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)? <i>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).</i>		
1		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (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 the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
3b			

PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.

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	(A) Prior Year	(B) Current Year (optional)
1 Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule A (Form 990) 2021

58-1966822 Page 7

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 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Employer identification number

58-1966822

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number 58-1966822
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 177,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 284,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 160,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 230,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 147,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 240,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number 58-1966822
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 178,110.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number 58-1966822
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number 58-1966822
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization	PEDIATRIC BRAIN TUMOR FOUNDATION OF THE UNITED STATES, INC.	Employer identification number	58-1966822
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	6,187,974.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,187,974.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	459,399.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	114,850.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	404,647.	506,409.	413,390.	459,399.	1,783,845.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,675,768.
c Total lobbying expenditures					
d Grassroots nontaxable amount	101,162.	126,602.	103,348.	114,850.	445,962.
e Grassroots ceiling amount (150% of line 2d, column (e))					668,943.
f Grassroots lobbying expenditures					

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,676,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,676,435.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337.
b	Other (Describe in Part XIII.)	4b	694.
c	Add lines 4a and 4b	4c	1,031.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,677,466.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	6,186,943.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	6,186,943.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337.
b	Other (Describe in Part XIII.)	4b	694.
c	Add lines 4a and 4b	4c	1,031.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,187,974.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE A BOARD DESIGNATED RESERVE FUND TO ASSURE THE FOUNDATION'S ABILITY TO RESPOND TO PROGRAM RELATED OPPORTUNITIES (BOTH RESEARCH AND FAMILY SUPPORT) THAT MAY BE BEYOND THE FUNDS AVAILABLE FROM NORMAL OPERATIONS.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE; ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE FOUNDATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF SEPTEMBER 30,

PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.

Part XIII Supplemental Information *(continued)*

2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSETS 694.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF ASSET 694.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

**Employer identification number
58-1966822**

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
AFLAC CANCER AND BLOOD DISORDER CENTER - 5455 MERIDIAN MARK ROAD STE 400 - ATLANTA, GA 30342	58-2367819	501(C)(3)	65,000.	0.			RESEARCH GRANT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E CHICAGO AVE, BOX 130 - CHICAGO, IL 60611	36-2170833	501(C)(3)	7,122.	0.			VS. CANCER GRANT
ARMS WIDE OPEN CHILDHOOD CANCER FOUNDATION - PO BOX 258 - MARLBORO, NJ 07746	27-0811733	501(C)(3)	10,000.	0.			VS. CANCER GRANT
CAMP RONALD MCDONALD FOR GOOD TIMES - 56400 APPLE CANYON RD - MOUNTAIN CENTER, CA 92561	95-3167869	501(C)(3)	8,750.	0.			VS. CANCER GRANT
CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES - 625 S COUNTY LINE RD - HINSDALE, IL 60521	36-3918407	501(C)(3)	59,363.	0.			RESEARCH GRANT
CHILDREN'S RESEARCH INSTITUTE 7144 13TH PL NW WASHINGTON, DC 20012	52-1640403	501(C)(3)	32,346.	0.			RESEARCH GRANT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **41.**
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule I (Form 990)

58-1966822

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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

Schedule I (Form 990)

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOUGH2GETHER AGAINST DIPG C/O AWOCCF - 1600 POYNTZ AVE STE A - MANHATTAN, KS 66502	27-0811733	501(C)(3)	10,000.	0.			RESEARCH GRANT
UNIVERSITY OF CINCINNATI 2600 CLIFTON AVE CINCINNATI, OH 45221	31-1779020	501(C)(3)	100,000.	0.			RESEARCH GRANT
UPMC CHILDREN'S HOSPITAL OF PITTSBURGH - 4401 PENN AVE - PITTSBURGH, PA 15224	25-1865744	501(C)(3)	8,512.	0.			RESEARCH GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DRIVE ST. LOUIS, MO 63130	43-1519670	501(C)(3)	100,000.	0.			RESEARCH GRANT
UNC LINEBERGER COMPREHENSIVE CANCER CENTER - PO BOX 1050 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	15,389.	0.			VS. CANCER GRANT
OKLAHOMA CHILDREN'S HOSPITAL 1200 EVERETT DR., BOX 71 OKLAHOMA CITY, OK 73104	73-1200262	501(C)(3)	14,089.	0.			VS. CANCER GRANT
GEISINGER JANET WEIS CHILDREN'S HOSPITAL - 100 N ACADEMY AVE., MC 40-36 - DANVILLE, PA 17822-9800	24-0795959	501(C)(3)	9,533.	0.			VS. CANCER GRANT
BAYSTATE MEDICAL CENTER 280 CHESTNUT ST. SPRINGFIELD, MA 01104-3563	04-2790311	501(C)(3)	9,316.	0.			VS. CANCER GRANT
CHILDREN'S HOSPITAL OF ILLINOIS 530 NE GLEN OAK AVE. PEORIA, IL 61637-0001	32-0353954	501(C)(3)	9,129.	0.			VS. CANCER GRANT

Schedule I (Form 990)

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule I (Form 990)

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTHCARE OF ATLANTA AFLAC CANCER CENTER; 3395 NORTHEAST EXPY NE - ATLANTA, GA 30341	58-2367819	501(C)(3)	8,959.	0.			VS. CANCER GRANT
UPMC CHILDREN'S HOSPITAL OF PITTSBURGH - 1 CHILDREN'S HOSPITAL DR., 4401 PENN AVE. - PITTSBURGH, PA 15224-1529	25-1865744	501(C)(3)	8,512.	0.			RESEARCH GRANT
CHILDREN'S HOSPITAL AND MEDICAL CENTER OMAHA - 8200 DODGE ST. - OMAHA, NE 68114-4113	47-0379754	501(C)(3)	8,443.	0.			VS. CANCER GRANT
LEVINE CHILDREN'S HOSPITAL; ATRIUM HEALTH FOUNDATION - 208 EAST BLVD. - CHARLOTTE, NC 28203-4720	56-6060481	501(C)(3)	8,218.	0.			VS. CANCER GRANT
TAMPA GENERAL HOSPITAL 1 TAMPA GENERAL CIRCLE TAMPA, FL 33606-3571	23-7354477	501(C)(3)	7,661.	0.			VS. CANCER GRANT
ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL OF CHICAGO - 225 E. CHICAGO AVE. BOX 130 - CHICAGO, IL 60611-2991	36-2170833	501(C)(3)	7,122.	0.			VS. CANCER GRANT
UNIVERSITY OF VIRGINIA HEALTH SYSTEM; UVA CHILDREN'S HOSPITAL - 1204 W. MAIN ST. - CHARLOTTESVILLE, VA 22903-2824	81-0868533	501(C)(3)	6,435.	0.			VS. CANCER GRANT
NATIONWIDE CHILDREN'S 525 E. MOUND ST. COLUMBUS, OH 43215-5540	31-1036372	501(C)(3)	5,908.	0.			VS. CANCER GRANT
CHILDREN'S NATIONAL MEDICAL CENTER 1 INVENTA PL., FL 6 SILVER SPRING, MD 20910-5176	52-1640403	501(C)(3)	5,480.	0.			VS. CANCER GRANT

Schedule I (Form 990)

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule I (Form 990)

58-1966822

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEATTLE CHILDREN'S 4800 SAND POINT WAY NE SEATTLE, WA 98105-3901	91-0564748	501(C)(3)	5,026.	0.			VS. CANCER GRANT
HASBRO CHILDREN'S HOSPITAL PO BOX H PROVIDENCE, RI 02901-1697	22-2538470	501(C)(3)	5,015.	0.			VS. CANCER GRANT
SYDNEY'S INCREDIBLE DEFEAT OF EWING'S SARCOMA - 1655 N. COMMERCE PKWY, SUITE 102 - WESTON, FL 33331	45-3368209	501(C)(3)	78,486.	0.			GRANT

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
BUTTERFLY FUND, EMERGENCY FINANCIAL ASSISTANCE PROGRAM FOR FAMILIES	381	424,999.	0.		
DIRECT AID TO MELTON FAMILY	1	8,000.	0.		

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

PART I, LINE 2:

ALL ANNUAL RESEARCH GRANTS ARE REVIEWED BY OUR RESEARCH ADVISORY NETWORK AND EVALUATED ON SEVERAL CRITERIA, INCLUDING SCIENTIFIC MERIT OF THE GRANT APPLICATION; SCIENTIFIC BACKGROUND OF THE RESEARCHERS; THE PEER REVIEWED RESEARCH PUBLICATIONS OF THE PRINCIPLE INVESTIGATORS APPLYING; THE SUPPORTING COLLABORATIVE RESEARCH ENVIRONMENT IN THE RESEARCH INSTITUTION; AND THE VIABILITY OF RESEARCH PROPOSED, AND FACILITIES AVAILABLE. EACH GRANT RECIPIENT IS REQUIRED TO SUBMIT PERIODIC UPDATES, AND A FINAL REPORT BEFORE THE FINAL GRANT PAYMENT IS MADE.

Part IV Supplemental Information

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

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

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2021

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule J (Form 990) 2021

58-1966822

Page 2

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) COURTNEY DAVIES PRESIDENT/CEO	(i)	272,939.	0.	0.	0.	13,518.	286,457.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) GEOFF STILL CFO	(i)	146,382.	0.	0.	7,367.	10,398.	164,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Schedule L (Form 990) 2021

58-1966822 Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
AMY WEINSTEIN	AJ JANOWER - CHAIR	75,000.	NATIONAL DI		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: AMY WEINSTEIN

(D) DESCRIPTION OF TRANSACTION: NATIONAL DIRECTOR, RESEARCH INVESTMENTS
(INDEPENDENT CONTRACTOR)

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

**PEDIATRIC BRAIN TUMOR FOUNDATION
OF THE UNITED STATES, INC.**

Employer identification number

58-1966822

PART III LINE 4A

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

2022 RESEARCH INVESTMENTS:

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

PREVIOUS YEARS' SEED FUNDING ALSO CONTINUED TO DELIVER RESULTS, WITH OVER A DOZEN SCIENTIFIC MANUSCRIPTS WRITTEN AND ACCEPTED FOR PUBLICATION AND THE SUCCESSFUL APPLICATION BY PBTf-FUNDED RESEARCHERS

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

Schedule O (Form 990) 2021

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FOR MULTI-MILLION-DOLLAR NCI/NIH GRANTS TO CONTINUE WORK WITH PROVEN EFFICACY. OUR MISSION OF SUPPORTING THE BRIGHTEST MINDS IN THE FIELD TO ACCELERATE THE PACE OF TARGETED DRUG DEVELOPMENT WAS ALSO ACHIEVED THROUGH PARTICIPATION IN INTERNATIONAL CONFERENCES AND TARGETED STRATEGY FORUMS.

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

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

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

CLINICAL DATA COLLECTION AND MANAGEMENT FOR LOW GRADE GLIOMA SUBJECTS

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- CHILDREN'S BRAIN TUMOR NETWORK (CBTN) - THIS \$64,000 INVESTMENT THROUGH THE PLGA FUND AT PBTf WILL ENSURE THAT PLGG PATIENTS' CLINICAL DATA WILL BE TRACKED LONGITUDINALLY BY CONSENTING SUBJECTS AND TRACKING THEIR CLINICAL DATA. SIMILAR TO THE CLINICAL RESEARCH ASSISTANT POSITION AT DANA FARBER CANCER INSTITUTE, THIS ROLE HELPS ENSURE AN INCREASE OF VIABLE TISSUE SAMPLES FOR SCIENTIFIC RESEARCH.

CHILDHOOD AND ADOLESCENT BRAIN TUMOR STATISTICAL REPORT CENTRAL BRAIN TUMOR REGISTRY OF THE UNITED STATES (CBTRUS) IN 2022, PBTf COMMISSIONED A FIRST-OF-ITS-KIND STATISTICAL REPORT BY CBTRUS TO INCREASE UNDERSTANDING OF THE SCOPE AND SEVERITY OF PEDIATRIC BRAIN CANCER. PUBLISHED IN NEURO-ONCOLOGY, THIS REPORT CONTAINS THE MOST UP-TO-DATE POPULATION-BASED DATA ON PRIMARY BRAIN AND OTHER CENTRAL NERVOUS SYSTEM (CNS) TUMORS IN CHILDREN AND ADOLESCENTS AVAILABLE IN THE UNITED STATES. IT IS THE FIRST OF ITS KIND TO REPRESENT THE PEDIATRIC AND ADOLESCENT POPULATION, PROVIDE STATE-LEVEL DATA, AND INCLUDE MOLECULAR DATA FOR SOME TUMOR SUBTYPES. PBTf AWARDED CBTRUS A \$65,000 GRANT IN 2022 TO FUND THE REPORT.

DIPG/DMG NATIONAL BRAIN TUMOR BOARD - IN PARTNERSHIP WITH THE DIPG/DMG RESEARCH FUNDERS ALLIANCE, PBTf HELPED ESTABLISH THIS TUMOR BOARD IN 2022 WITH A 1-YEAR \$10,000 FUNDING COMMITMENT.

MRI GOGGLES GRANT - EAST TENNESSEE CHILDREN'S HOSPITAL - PBTf INVESTED \$49,225 IN 2022 TO SUPPORT THE PURCHASE OF SPECIALIZED VIDEO GOGGLES FOR PEDIATRIC PATIENTS DURING MRIS. THESE GOGGLES OFFER DISTRACTIONS AND DRAMATICALLY REDUCE UNEXPECTED LOUD MRI GRADIENT NOISE TO SOOTHE ANXIOUS CHILDREN DURING THIS IMPORTANT BUT OVERWHELMING PROCEDURE.

BASIC SCIENCE INVESTMENTS: FUNDING NOVEL CONCEPTS BROUGHT FORWARD BY CLINICIANS AND SCIENTISTS AROUND THE WORLD IS AT THE VERY CORE OF

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PBTF'S PHILOSOPHY THAT FINDING THE NEXT TARGETED THERAPY WILL ONLY HAPPEN WHEN NEW IDEAS, NEW STRATEGIES, AND NEW HYPOTHESES HAVE AN OPPORTUNITY FOR TESTING. DURING 2022, PBTF INVESTED IN THE FOLLOWING BASIC SCIENCE INITIATIVES:

OPTIMIZING TARGETED INHIBITION TO OVERCOME RESISTANCE AND/OR REBOUND GROWTH IN PLGA BRAIN TUMORS - DANA FARBER CANCER INSTITUTE \$190,047 FUNDED IN 2022 OF A 1-YEAR GRANT

DISSECTING CELLULAR INTERACTIONS IN PLGGS - DANA FARBER CANCER INSTITUTE - \$204,686 FUNDED IN 2022 OF A 1-YEAR GRANT

RAPID MOLECULAR TESTING OF HIGH GRADE BRAIN TUMORS - UNIVERSITY OF MICHIGAN MEDICAL CENTER \$130,000 FUNDED IN 2022 OF A 1-YEAR GRANT

DEFINING ESSENTIAL GENES AND TARGETABLE VULNERABILITIES IN INFANT PINEOBLASTOMA SICK KIDS OF TORONTO \$55,000 FUNDED IN 2022 OF A 1-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$105,000)

INTEGRATED MOLECULAR AND CLINICAL CHARACTERIZATION OF THE DISSEMINATED PLGG VANDERBILT MEDICAL CENTER \$197,500 FUNDED IN 2022 OF A 1-YEAR GRANT

RARE BUT UNFORGOTTEN: PRECLINICAL MODELING & SCREENING OF HIGH-RISK PINEOBLASTOMA SUBGROUPS ST. JUDE MEDICAL CENTER \$100,000 FUNDED IN 2022 OF A 1-YEAR GRANT

NOVEL IMMUNE MEDIATED-GENE THERAPY FOR HIGH GRADE GLIOMA UNIVERSITY OF MICHIGAN \$219,845 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$669,530)

OPTIMIZING OUTCOMES FOR PLGG PATIENTS NATIONAL CHILDREN'S MEDICAL CENTER, GEORGIA STATE UNIVERSITY AND CHILDREN'S HOSPITAL OF ATLANTA \$36,803 FUNDED IN 2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$364,122; 2022 FUNDING INCLUDED \$28,593 TO CHILDREN'S NATIONAL MEDICAL CENTER AND \$8,210 TO CHILDREN'S HOSPITAL OF ATLANTA)

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HUMAN IPSC PLGA MODELS FOR THERAPEUTIC DRUG DISCOVERY AND EVALUATION

WASHINGTON UNIVERSITY OF ST. LOUIS MEDICAL CENTER \$100,000 FUNDED IN

2022 OF A 3-YEAR GRANT (TOTAL FUNDING COMMITMENT OF \$300,000)

HARNESSING VIRAL MIMICRY TO TARGET H3K27M DRIVEN PEDIATRIC HIGH GRADE

GLIOMA ST. JUDE MEDICAL CENTER \$150,000 FUNDED IN 2022 OF A 2-YEAR

EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT OF \$250,000)

IDENTIFYING BRAINSTEM GLIOMA SUBTYPES THAT CAN BE RADIOSENSITIZED BY

ATM INHIBITION - DUKE UNIVERSITY \$100,000 FUNDED IN 2022 OF A 3-YEAR

EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT OF \$300,000)

MAINTENANCE OF DIPG BLOOD-BRAIN BARRIER INTEGRITY BY ANGIOPOLETIN1 -

CHILDREN'S HOSPITAL OF CINCINNATI - \$100,000 FUNDED IN 2022 OF A 3-YEAR

EARLY CAREER DEVELOPMENT GRANT (TOTAL FUNDING COMMITMENT OF \$300,000)

DATA PROJECT INVESTIGATING HGG IMMUNE MICROENVIRONMENT DURING

TUMORIGENESIS AND TREATMENT IN PRIMARY MOUSE MODELS - DUKE UNIVERSITY

MEDICAL CENTER \$52,946 FUNDED IN 2022 OF A 1-YEAR EARLY CAREER

DEVELOPMENT GRANT

INTERROGATING ANTI-TUMOR T CELLS TO DEVELOP ADAPTIVE ACT IMMUNOTHERAPY

FOR PEDIATRIC HIGH GRADE GLIOMA UNIVERSITY OF PITTSBURGH \$150,000

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

MADE IN PARTNERSHIP WITH THE BRAIN TUMOR FUNDERS' COLLABORATIVE)

PART III LINE 4A CONTINUED

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

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

TRIALS CHALLENGE 'GOLD STANDARD' TREATMENTS AND EXPLORE NEW

POSSIBILITIES FOR CHILDREN WHO HAVE RUN OUT OF OTHER EFFECTIVE

TREATMENT OPTIONS. THE FOLLOWING PBTf-SUPPORTED CLINICAL TRIALS WERE

ACTIVE IN 2022:

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PNOC021-COMBINATORIAL CLINICAL TRIAL - UNIVERSITY OF CALIFORNIA, SAN FRANCISCO AS PART OF THE PEDIATRIC PACIFIC NEURO ONCOLOGY CONSORTIUM - MULTI-YEAR AWARD TOTALING \$300,000

PHASE I/II TRIAL OF MEK162 IN LOW GRADE GLIOMA - DANA FARBER CANCER INSTITUTE (DFCI) - MULTI-YEAR AWARD TOTALING \$249,500

PHASE 1 TRIAL OF MARIZOMIB ALONE AND IN COMBINATION WITH PANOBINOSTAT FOR CHILDREN WITH DIFFUSE INTRINSIC PONTINE GLIOMA - PROJECT OPEN DIPG CONTINUATION OF \$16,667 GRANT AWARDED IN 2019 THROUGH A NO-COST EXTENSION; STUDY REOPENED IN 2022 AFTER PAUSING FOR ENROLLMENT IN 2020 AND 2021 DUE TO COVID-19

PBTC 0533 HCQ TRIAL PEDIATRIC BRAIN TUMOR CONSORTIUM MULTI-YEAR AWARD TOTALING \$350,000

ACNS1833 PHASE III CLINICAL TRIAL CHILDREN'S ONCOLOGY GROUP MULTI-YEAR AWARD TOTALING \$400,000

SIOP LOGGIC PHASE III CLINICAL TRIAL GERMAN CANCER RESEARCH INSTITUTE MULTI-YEAR AWARD TOTALING \$428,000 (\$177,000 DISTRIBUTED IN 2022)

GLOBAL TRAINING/EDUCATION: PBTF'S SUPPORT FOR ACADEMIC-DRIVEN INTERNATIONAL RESEARCH MEETINGS SPURS INNOVATION AND FACILITATES THE SHARING OF TIMELY RESEARCH DISCOVERIES ACROSS DISCIPLINES, SUB-SPECIALTIES, COUNTRIES, AND INSTITUTIONS:

O INTERNATIONAL SOCIETY OF PEDIATRIC NEUROONCOLOGY'S (ISPNO) - THE BI-ANNUAL ISPNO MEETING OFFERS A CRITICAL CORNERSTONE FOR THE GLOBAL RESEARCH COMMUNITY TO CONNECT AND SHARE REAL TIME DATA AND RESULTS, BUILD RELATIONSHIPS AND BREAK DOWN SILOS IN ORDER TO ACCELERATE THE PACE OF CUTTING-EDGE RESEARCH. PBTF PROVIDED A \$40,000 SPONSORSHIP GRANT FOR THE 2022 MEETING.

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

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SPONSORSHIP GRANT FOR THIS 2022 MEETING FOCUSED ON PEDIATRIC BRAIN
TUMOR EPIDEMIOLOGY.

PART III LINE 4A CONTINUED

2022 FAMILY SUPPORT PROGRAM HIGHLIGHTS:

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

PBTf CREATED AND IMPLEMENTED A PATIENT FAMILY JOURNEY TOOL IN 2022
THAT MAPS THE PHASES OF THE PEDIATRIC BRAIN TUMOR JOURNEY AND THE
UNIQUE STRESSORS AND NEEDS THAT PATIENTS, SURVIVORS, CAREGIVERS, AND
SIBLINGS EXPERIENCE DURING EACH PHASE. THIS GUIDE FOR PROGRAM
DECISION-MAKING AND ASSESSMENT HAS HELPED IMPROVE HOW WE MEET FAMILIES
WHERE THEY ARE IN THEIR JOURNEY.

PBTf'S BUTTERFLY FUND PROVIDED \$424,998.93 OF EMERGENCY FINANCIAL
RELIEF IN 2022, WITH AN AVERAGE OF \$1116 PROVIDED PER FAMILY. HOUSING
CONTINUED TO BE FAMILIES' MOST SUBSTANTIAL NEED, WITH 49.3% OF
ASSISTANCE SUPPORTING RENT AND MORTGAGE PAYMENTS. GROCERY AND GAS CARDS
SAW A 46.5% YEAR-OVER-YEAR INCREASE DUE TO THE STEEP RISE IN COSTS FOR
THESE EXPENSES.

IN ADDITION TO THE FINANCIAL RELIEF PROVIDED THROUGH THE BUTTERFLY
FUND, PBTf MOBILIZED TO IDENTIFY AREAS WHERE INCREASED TRANSPORTATION
AND TRAVEL COSTS MOST SEVERELY IMPACTED PATIENT FAMILIES AND UNDERTOOK

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A FUNDRAISING CAMPAIGN TO PROVIDE GAS CARDS TO FAMILIES AT 7 HOSPITALS IN THOSE AREAS. THESE GIFT CARDS WERE DISTRIBUTED TO HOSPITAL PARTNERS NOT RECEIVING SUPPORT FROM THE BUTTERFLY FUND, WIDENING THE REACH OF PBTF'S FINANCIAL ASSISTANCE.

VIRTUAL SUPPORT GROUPS BECAME A PRIMARY FOCUS IN PBTF'S 2022 PROGRAMMING, WITH THE CREATION OF GROUPS FOCUSED ON BEREAVED FAMILIES, FAMILIES OF CHILDREN DIAGNOSED WITHIN THE PAST 5 YEARS, AND SPANISH-SPEAKING FAMILIES. WE ALSO EXPANDED OUR PEER TO PEER MENTOR PROGRAM, RESPONDING TO THE GROWING NEED FOR MORE BEREAVED PARENT AND SURVIVOR MENTORS BY INCREASING RECRUITMENT EFFORTS AND STREAMLINING THE PROGRAM'S APPLICATION AND TRAINING PROCESS.

FAMILY CAMPS RESUMED IN CALIFORNIA FOLLOWING A 2-YEAR HIATUS DUE TO COVID-19. 68 FAMILY MEMBERS ATTENDED TWO CAMPS, ONE FOR BEREAVED FAMILIES AND ONE FOR CURRENT PATIENT FAMILIES. SUPPORT WAS PROVIDED BY PBTF'S PARTNER MENTAL HEALTH PROFESSIONALS IN THE AREA, OFFERING GROUP SESSIONS FOR PARENTS/CAREGIVERS, SIBLINGS, AND PATIENTS. TOPICS INCLUDED RESILIENCY IN THE BRAIN TUMOR JOURNEY, ENDOCRINE ISSUES, AND NAVIGATING FRIENDSHIPS AFTER MY CHILD DIES.

PBTF'S VS. CANCER PROGRAM FUNDED MORE THAN \$190K IN GRANTS PROVIDED TO PEDIATRIC ONCOLOGY PROGRAMS ACROSS THE UNITED STATES. THIS FUNDING SAFEGUARDED PSYCHOSOCIAL SUPPORT THAT'S IMPERATIVE TO FAMILIES' WELL-BEING, SUCH AS:

O UNIVERSITY OF MASSACHUSETTS MEMORIAL MEDICAL CENTER'S ANIMAL ASSISTED THERAPY (AAT) PROGRAM. THROUGH THIS PROGRAM, FULL-TIME CANINE ASSISTANTS ARE TRAINED TO MEET THE NEEDS OF PEDIATRIC PATIENTS, INCLUDING PARTICIPATING IN OR DEMONSTRATING ACTIVITIES TO REDUCE FEAR CHILDREN MAY HAVE. THESE DOGS CAN SHOW A CHILD HOW TO LIE ON AN MRI TABLE OR DEMONSTRATE THAT BLOOD PRESSURE CUFFS DON'T HURT. FOR CHILDREN

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WITH GOALS OF GETTING OUT OF BED OR WALKING, THE PROGRAM'S FULL-TIME DOG VALENTINA PROVIDES INCENTIVE AND INSPIRATION, AS WELL AS DISTRACTION FROM DISCOMFORT. WHEN VISITATION IS LIMITED AND VOLUNTEERS AREN'T ALLOWED IN, THE PROFESSIONAL CANINE ASSISTANT THROUGH MORE STRINGENT INFECTION CONTROL PROTOCOLS AND COMPLETE KNOWLEDGE OF THE DOG'S HEALTH AND ENVIRONMENT IS STILL ABLE TO WORK WITH PATIENTS AND REDUCE THE IMPACT OF ISOLATION.

O HASBRO CHILDREN'S HOSPITAL'S "FIGHT CELEBRATION" PATIENT PROM. THIS EVENING INCLUDES DINNER, DANCING, AND OTHER ACTIVITIES THAT OFFER FAMILIES A SPACE TO STEP BACK FROM TREATMENT AND CONNECT WITH ONE ANOTHER WHILE CREATING POSITIVE AND LASTING MEMORIES. FAMILIES BENEFIT FROM SOCIAL ENGAGEMENT WITH EACH OTHER AND HOSPITAL STAFF OUTSIDE OF A CLINIC SETTING AND A SPACE FOR "NORMALCY", ALL IMPORTANT TO THE MENTAL WELL-BEING OF FAMILIES IN THIS JOURNEY.

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

2022 ADVOCACY HIGHLIGHTS:

WHILE RESEARCHERS SEARCH FOR A CURE FOR PEDIATRIC BRAIN TUMORS, IMMEDIATE CHANGE THAT CAN BENEFIT PATIENTS AND THEIR FAMILIES IS NEEDED. PBTf'S GRASSROOTS ADVOCACY FOCUSES ON PASSING LEGISLATION THAT BENEFITS FAMILIES AND CHANGING STATE-LEVEL HEALTH POLICY SO PEDIATRIC BRAIN TUMOR RESEARCH AND TREATMENT RECEIVE THE ATTENTION AND FUNDING THEY DESERVE.

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

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

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD OF DIRECTORS MAY, BY RESOLUTION, DESIGNATE TWO (2) OR MORE DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE, WHICH COMMITTEE, TO THE EXTENT PROVIDED IN SUCH RESOLUTION, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION

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EXCEPT AS OTHERWISE REQUIRED BY LAW. ALL MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE DIRECTORS OF THE CORPORATION. VACANCIES IN THE MEMBERSHIP OF THE COMMITTEE SHALL BE FILLED BY THE BOARD OF DIRECTORS AT ANY ANNUAL OR SPECIAL MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD.

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

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

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

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

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

THE BOARD'S EXECUTIVE COMMITTEE DETERMINES COMPENSATION AND BENEFITS FOR THE PRESIDENT/CEO AFTER REVIEWING THE MOST CURRENT GUIDESTAR NONPROFIT COMPENSATION REPORT, OTHER COMPARABLE DATA, SCOPE OF RESPONSIBILITY, SIZE OF ORGANIZATION, RESPONSIBILITY AND BUDGET TO DETERMINE THE REASONABLENESS OF THE SALARY.

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

FORM 990, PART VI, SECTION C, LINE 18:
 RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT CURETHEKIDS.ORG,
 GUIDESTAR, AND CHARITY NAVIGATOR.

FORM 990, PART VI, SECTION C, LINE 19:
 THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
 AND FINANCIAL STATEMENTS AVAILABLE THROUGH INSPECTION AT THE ADMINISTRATIVE
 OFFICE IN ASHEVILLE, NC. ADDITIONALLY, THESE DOCUMENTS ARE MADE AVAILABLE
 TO ALL STATE GOVERNMENTS THAT REQUIRE ANNUAL FILING OF CHARITABLE
 ORGANIZATIONS.

FORM 990, PART XII, LINE 2C:
 THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.