ATTACHED: NYS AMENDMENT _NAME CHANGE Short Form **Return of Organization Exempt From Income Tax**

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

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. $\frac{1}{9}$

OMB No 1545-0047 2019

Open to Public Inspection

Ā			ndar year, or tax year beginning	and ending						
B	Check applica		C Name of organization	-3	D Employer identification number					
[tress change	GLIOBLASTOMA RESEARCH ORGAN				/			
[X	ne change		<u>3-238886</u>	<u>1</u>					
	X Initial return Final return/ terminated Number and street (or P.O. box if mail is not delivered to street address) Room/suite E 154 W 14 ST									
[term	ninated	<u> 3 0 </u>	<u> 05-984-8</u>	<u> 164</u>					
	Ame	ended return	City or town, state or province, country, and ZIP or foreign po	stal code		50h	F Grou	up Exemption		
_[Appli	ication pending	NEW YORK, NY 10011-0000			00		nber 🛌		<u> V</u> _
G		inting Metho							e organiza	
ı			TTPS://GBMRESEARCH.ORG/					required to attach		
<u>J</u>				(insert no.)	4947(a)(1)	or 527	(For	m 990, 990-EZ, o	<u>r 990-PF).</u>	<u>- </u>
K		of organizat			Other					
L			nd 7b to line 9 to determine gross receipts. If gross receipts a	re \$200,000 o	r more, or if total	assets (Part II	, _	_	<i>C</i> 1	101
, L			500,000 or more, file Form 990 instead of Form 990-EZ nue, Expenses, and Changes in Net Asset	s or Fund	Ralances	(aaa 4b aaab		<u>> \$</u>	<u>61,</u>	<u> 191.</u>
_ L	Part I				Dalatices	(see the instru	Ctions 1	or Part I)		(Ver
> -	Τ.		the organization used Schedule O to respond to any question	in this Part I					- E O	<u>X</u> 366.
	1		ons, gifts, grants, and similar amounts received				-	1	<u> </u>	300.
	2	-	ervice revenue including government fees and contracts				- }	2		
	3		pip dues and assessments	C E	E SCHED			3		24.
	4 5	Investmer		Ð.	I I	one o	ļ-	4		24.
	5a		bunt from sale of assets other than inventory		5a 5b		-+			•
	0		or other basis and sales expenses	from lung Eg)	50		-	5c		
	6	-	ss) from sale of assets other than inventory (subtract line 5b ind fundraising events:	iroin iine Ja)			H	30		
	. °a	_	ome from gaming (attach Schedule G if greater than							
Revenie	} "	\$15,000)	The from gaming (attach ocheanic a frighteater trial)		6a		-			
ğ	. ·		ome from fundraising events (not including \$		of contribution	<u> </u>		4		
ď	<u>י</u> ן י		raising events reported on line 1) (attach Schedule G if the sur	n of such		•	- 1			
	-		me and contributions exceeds \$15,000)		66		1	. 1		
	c	=	et expenses from gaming and fundraising events		6c	••		 .		
	ď		e or (loss) from gaming and fundraising events (add lines 6a a	and 6b and sub	tract line 6c)			6d		
	7a		s of inventory, less returns and allowances		7a ´	1,54	18.			
	ь		of goods sold SEE SCHEDULE	0	7b	3(9.	1		
	C		it or (loss) from sales of inventory (subtract line 7b from line	7a)				7c	1,:	239.
	8	Other reve	nue (describe in Schedule O)	SE	E SCHED	ULE O		8	•	<u> 253.</u>
_	9	Total reve	nue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				▶	9	60,8	882.
	10	Grants an	I similar amounts paid (list in Schedule 0)				L	10		
	11	Benefits p	aid to or for members				Ļ	11		
y.	12	Salaries, o	ther compensation, and employee benefits				L	12		
Fxnenses	13	Profession	al fees and other payments to independent contractors				ļ.	13		105.
Ž	14	Occupanc	r, rent, utilities, and maintenance				_	14		149.
ш	15		ublications, postage, and shipping				 -	15		
	16	-	nses (describe in Schedule 0)	SE	E SCHED	ULE O	. -	16		714.
_	17		nses. Add lines 10 through 16	· ··-			▶	17	2,	968.
y.	18		(deficit) for the year (subtract line 17 from line 9)	F	DECENT	-D	-	18	5/,	914.
Net Assets	19		or fund balances at beginning of year (from line 27, column (A))	RECEIVE	ר	-			^
As			e with end-of-year figure reported on prior year's return)) (a)	-	19		<u> 0 </u>
Ž			ges in net assets or fund balances (explain in Schedule O)	240	JUL 0 6 23	ງວາ 📑	\ F	20	57 (0.
_	21_		or fund balances at end of year. Combine lines 18 through 20	"		2		21		914.
LH	IA Fo	r Paperworl	Reduction Act Notice, see the separate instructions.		CDEN			Form 3	990-EZ	- (2019)
				C-SPECIAL PROPERTY OF THE PERTY	GDEN.	CAST CANADA			-	

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Department of the Treasury

Internal Revenue Service

Form **990-EZ** (2019)

Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each X activity in Schedule O 33 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N/A 35b b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax X requirements during the year? If "Yes," complete Schedule C, Part III 35c 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X complete applicable parts of Schedule N 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. 0 • ; section 4912 ► 0 • ; section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any X 40b of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed > NY 42 a The organization's books are in care of ▶ AMBER BARBACH Telephone no. > 305 - 984 - 8164Located at ▶ 154 W 14 ST, NEW YORK, NY $ZIP + 4 \rightarrow 10011 - 0000$ b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-F7 44b c Did the organization receive any payments for indoor tanning services during the year? 44c d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions Form 990-EZ (2019)

Form 990-EZ	(2019)	GLIOBLASTOM	A RESEARCH OR	GANIZATI	ON INC	:	83-2	<u> 23888</u>		Page 4
40 0-445-				4 babaid -4 -			dan andria add	o [38	Yes	No
		i engage, directly or indirecti chedule C. Part I	y, in political campaign activi					_	6	X
Rart VI		n 501(c)(3) Organiza	ations Only		11	<u> </u>	1,111	1 4	<u> </u>	1 4
it Col Civi			must answer questions 4	7.49b and 52. a	nd complet	a the tables for	lines 50 and	4 5 4		
		· · · -	hedule O to respond to ar							
	CHECKIII	ne organization used Sci	nedule O to respond to ai	iy question in th	IS FAIL VI	 	<u></u>	·	Yes	No
I7 Did tha	organization	annon in Inhhulan antivita	a ar have a sastian EO4/h) at	astion in alleat du	una the tay o		nalata Cab C	Dort II		X
			s or have a section 501(h) ele				npiete aça. C,		17 18	$\frac{\lambda}{X}$
			ion 170(b)(1)(A)(ii)? If "Yes,"					· ·	9a	X
			kempt non-charitable related	organization?	• • • • • • • • • • • • • • • • • • • •	· ···· · · · · · · · · ·		•	9b	 ^
		ited organization a section 5								
		<u>-</u>	ghest compensated employed	•	ers, airectoi	is, irusides, and i	tey employees	s) who each	received	more
वादा। इ व			zation. If there is none, enter		no house	(2)	(d) year	(1) have a la	(a) Catin	natad
	(3	a) Name and title of each em	ipioyee	(b) Avera		(C) Reportab	orms contrib	th bonefits, putions to	(e) Estin	
			MONT	POSI		W-2/1099-MIS	SC) omploy plans, as	ree benefit nd deferred	compens	
			NONE	1 700			comp	ensation		
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4 Total av			2000		•					
		er employees paid over \$100								
			ghest compensated independ	ent contractors w	no each rece	ived more than \$	100,000 of co	mpensation	irom the	
		is none, enter "None."	NONE							
<u>(a)</u>	Name and b	usiness address of each indi	ependent contractor		<u>(b</u>) Type of service		(c) Co	mpensatio	<u> </u>
										
		·								
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							[
d Total au	mbar of other	Triedocandost contractors o	and consider aver C100 000							
		•	each receiving over \$100,000			–				
			e: All section 501(c)(3) organ	nzanons most ana	cii a			▶ [X]	٧ ٦	ال
	ed Schedule									<u>No</u>
			ned this return, including acco					knowledge	and belief,	it is
ue, correct, a	and complete	2. Declaration of proparer (o	ther than officer) is based on	all information of	which prepa	rer has any know	rledge.	10-		
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Sign /	Signatura	or pricer -					Uate	•		
lere			OUNDER AND CE	EO						
	Type or pri	nt name and title	<u> </u>						<u> </u>	
	Print/Typ	e preparer's name	Preparer's signature	3	Date	Check		PTIN		
Doid	1 "	•	not	01		seit- e	mployed			
Paid	מאבדת	MILLER	Wina Mil	ller	6/18/2	2020		P0159	7612	
reparer	Firm's na	me ►WISS & CO	1 1 1 1 1 1 1		1		s EIN ► 22			
Jse Only										00
	Lum 2 ao	dress ► 100 CAMP				Phon	епо. (У/	31 33	4-94	UU
			PARK, NJ 0793	54						
lay the IRS d	liscuss this r	eturn with the preparer show	vn above? See instructions						Yes	No
								Fori	m 990-EZ	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GLIOBLASTOMA RESEARCH ORGANIZATION INC.

Employer identification number

		GLIU	Shariby Status	ESEARCH ORGA	NIZAT.	TON TI	NC 8	3-2388861		
L	art I	Reason for Public	Charity Status (All organizations must c	omplete th	is part) S	ee instructions			
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state								
5		An organization operated for	or the benefit of a co.	lege or university owned	or operat	ed by a go	overnmental unit describ	ed in		
Ī		section 170(b)(1)(A)(iv). (0		, , , , , , , , , , , , , , , , , , , ,		,				
6	\Box	A federal, state, or local go		nental unit described in	section 1	70(h)(1)(A)	(v)			
	X	An organization that norma	•				• •	nublic described in		
'			· ·	mar part of its support in	ioni a gove	on milentar	unit or nom the general	public described in		
_	\Box	section 170(b)(1)(A)(vi). (C		(4)(A)(-i) (Commiste Dos	4 11 1					
8	=	A community trust describe						H		
9	ш	An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or		
	$\overline{}$	university:								
10	Ш	An organization that norma	• • •	•	-		•	•		
		activities related to its exen	npt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 509(a)(3).	Check the box in		
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.			
a	. [Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anızation(s), typıcally by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the st	upporting		
		organization. You must o								
t	, [Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organization(s), by hav	ving		
		control or management o	•					=		
		organization(s) You mus								
c		Type III functionally inte	•		in connect	tion with, a	and functionally integrate	ed with.		
•		its supported organization					• -	,		
c	,	Type III non-functionally						zation(s)		
•	'	that is not functionally int					_			
		•	•		-			VE11633		
		requirement (see instructi	•	•						
е	,	Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or		nally integrated supporting	ng organiz	ation				
f		r the number of supported of	•	1 1 (-)						
		ide the following information Name of supported	n about the supporte	d organization(s) (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,,	organization	(11) 2.114	(described on lines 1-10	in your govern		support (see instructions)	support (see instructions)		
				above (see instructions))	Yes	No	,			
					 					
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					<u> </u>					
Tota	a <u>l</u>									

Schedule A (Form 990 or 990 EZ) 2019 GLIOBLASTOMA RESEARCH ORGANIZATION INC. 83-2388861 Page 2 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)

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")	l	_		<u> </u>	59,366.	59,366.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf			_					
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge	_				1			
4	Total. Add lines 1 through 3					59,366.	59,366.		
5	The portion of total contributions								
	by each person (other than a					1			
	governmental unit or publicly								
	supported organization) included		Ì						
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
_ 6	Public support. Subtract line 5 from line 4						59,366.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4					59,366.	59,366.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,		1						
	and income from similar sources		_			24.	24.		
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)					253.	<u>253.</u>		
11	Total support. Add lines 7 through 10						59,643.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	1,548.		
13	First five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)			
	organization, check this box and stop	here					▶X		
Sec	tion C. Computation of Publi	c Support Per	rcentage						
14	Public support percentage for 2019 (li	ne 6, column (f) d	ivided by line 11, o	column (f))		14	%		
	Public support percentage from 2018					15	%		
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line 1	14 is 33 1/3% or n	nore, check this box			
	stop here. The organization qualifies		-						
b	33 1/3% support test - 2018. If the o	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check this			
	and stop here. The organization quali								
17a	17a 10% -facts-and-circumstances test - 2019. 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 "fact	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pa	art VI how the organi	zation		
	meets the "facts-and-circumstances" t	test. The organiza	tion qualifies as a	publicly supported	organization		▶		
b	10% -facts-and-circumstances test		=				0% or		
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explai	n in Part VI how the			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
					Sch	edule A (Form 990 d	or 990-EZ) 2019		

Schedule A (Form 990 or 990 EZ) 2019 GLIOBLASTOMA RESEARCH ORGANIZATION INC. 83-2388861 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 (d) 2018 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017(e) 2019 (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) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (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 in 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 five 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 2019/(line 8, column (f), divided by line 13, column (f)) 15 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 % 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2019. 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 - 2018. 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 Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *If you checked 12a or 12b in Part I, answer (b) and (c) below*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes

No

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations (continued) Yes No		dule A (Form 990 or 990-EZ) 2019 GLIOBLASTOMA RESEARCH ORGANIZATION INC. 83-23	8886	<u>1</u> р	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person with orderly or indirective controls, either calcine or together with persons described in (b) and (c) below, the governing body of a supported driganization? 5 A family member of a person described in (g) above? 6 A 13% controlled entity of a person described in (g) or (b) above? 7 A 15% controlled entity of a person described in (g) or (b) above? 8 A 15% controlled entity of a person described in (g) or (b) above? 9 A 15% controlled entity of a person described in (g) or (b) above? 10 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a mignity of the organizations directors or trustees at all times during the tax yea? If No." describe in Part VI how the supported organizations have the power to regularly appoint or elect at least a mignity of the organizations and what conditions or restrictions, if any, applied to supported, supervised, or controlled the supporting organization of the than the supported organizations and what conditions or restrictions, if any, applied to support possible and the supported organization of the than the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 9 Did the organization supported organizations of the supported organization of the than the supported organization of the supported organization or controlled the supporting organization of the supported organization or the than the supported organization of the supported organization organization or controlled the supporting organization or the supported organization	Ра	rt IV Supporting Organizations (continued)	_		Т
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Sche	edule A (Form 990 or 990 EZ) 2019 GLIOBLASTOMA RESEARCH (ORGANI	ZATION INC.	83-2388861 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	
1	Check here if the organization satisfied the integral Part Test as a qualifying	ng trust on	Nov 20, 1970 (explain in	Part VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must o	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ron B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	·	
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 GLIOBLASTOMA RESEARCH ORGANIZATION INC. 83-2388861 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2020. Add lines 3j and 4c 8 Breakdown of line 7. a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2	019 GLIOB	LASTOMA	RESEARCH	ORGANI	ZATION	INC.	83-2388861	Page 8
Part VI	Supplemental Inf Part IV, Section A, line line 1, Part IV, Section Section D, lines 5, 6, a (See instructions)	ormation. F s 1, 2, 3b, 3c, 4 D, lines 2 and	Provide the exp 4b, 4c, 5a, 6, 9 3; Part IV, Sec	olanations required 9a, 9b, 9c, 11a, 11 tion E, lines 1c, 2a	d by Part II, lin b, and 11c; Pa a, 2b, 3a, and	ie 10; Part II, li art IV, Section 3b, Part V, line	ine 17a or B, lines 1 e 1, Part V,	17b, Part III, line 12; and 2; Part IV, Sectior Section B, line 1e; Pa	n C.
	(See instructions)								
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Employer identification number Name of the organization GLIOBLASTOMA RESEARCH ORGANIZATION INC. 83-2388861 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST INCOME 24. FORM 990-EZ, PART I, LINE 7, GROSS PROFIT FROM SALES OF INVENTORY: INCOME: 1. GROSS RECEIPTS 1,548. 2. RETURNS AND ALLOWANCES 0. 3. LINE 1 LESS LINE 2 1,548. 309. 4. COST OF GOODS SOLD (LINE 13) 5. GROSS PROFIT (LINE 3 LESS LINE 4) 1,239. COST OF GOODS SOLD: 0. 6. INVENTORY AT BEGINNING OF YEAR 7. MERCHANDISE PURCHASED 0. 0. 8. COST OF LABOR 9. MATERIALS AND SUPPLIES 0. 309. 10. OTHER COSTS 11. ADD LINES 6 THROUGH 10 309. INVENTORY AT END OF YEAR 0. 309. COST OF GOODS SOLD (LINE 11 LESS LINE 12) FORM 990-EZ, PART I, LINE 7B, OTHER COSTS: DESCRIPTION OF OTHER COSTS: AMOUNT: 309. COST OF GOODS SOLD

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization GLIOBLASTOMA RESEARCH ORGANIZATION INC.	Employer identification number 83-2388861
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	253.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OFFICE SUPPLIES & SOFTWARE	225.
ADVERTISING & MARKETING	2,489.
TOTAL TO FORM 990-EZ, LINE 16	2,714.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RAISING AW	ARENESS AND
FUNDS FOR NEW GLOBAL, CUTTING-EDGE RESEARCH TO FIND A CURE	FOR
GLIOBLASTOMA.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISH	MENTS:
THE ORGANIZATION IS RAISING AWARENESS AND FUNDS FOR NEW	
GLOBAL, CUTTING-EDGE RESEARCH TO FIND A CURE FOR	
GLIOBLASTOMA. IT OFFICIALLY LAUNCHED IN SEPTEMBER, 2019	
AND 75% SOLD OUT 2 LINES OF MERCHANDISE IN THE FIRST FEW W	EEKS.
DONATIONS HAVE COME FROM A WIDE VARIETY OF DONORS, AND THE	GLIOBLASTOMA
RESEARCH ORGANIZATION IS THE MOST PREVALENT AND FOLLOWED O	RGANIZATION
ON SOCIAL MEDIA IN IT'S SPACE.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	