Form 8879-TE
IRS e-file Signature Authorization for a Tax Exempt Entity

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Name and title of officer or person subject to tax

John Downey Treasurer

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8838-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form is blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<table>
<thead>
<tr>
<th>Line</th>
<th>Form</th>
<th>Check Here</th>
<th>Total Revenue, if any (Form 990, Part VIII, column (A), line 12)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>990</td>
<td>X</td>
<td>b Total revenue, if any (Form 990, Part VIII, line 9)</td>
<td>2,569,110</td>
</tr>
<tr>
<td>2a</td>
<td>990-EZ</td>
<td></td>
<td>b Total revenue, if any (Form 990-EZ, line 9)</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>1120-POL</td>
<td></td>
<td>b Total tax (Form 1120-POL, line 2)</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>990-PF</td>
<td></td>
<td>b Tax Based on Investment Income (Form 990-PF, Part V, line 5)</td>
<td></td>
</tr>
<tr>
<td>5a</td>
<td>8686</td>
<td></td>
<td>b Balance due (Form 8686, line 3c)</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>990-T</td>
<td></td>
<td>b Total tax (Form 990-T, Part II, line 1)</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>4720</td>
<td></td>
<td>b Total tax (Form 4720, Part II, line 1)</td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>5227</td>
<td></td>
<td>b FMV of assets at end of tax year (Form 5227, line 2)</td>
<td></td>
</tr>
<tr>
<td>9a</td>
<td>5330</td>
<td></td>
<td>b Tax due (Form 5330, Part I, line 19)</td>
<td></td>
</tr>
<tr>
<td>10a</td>
<td>838-CP</td>
<td></td>
<td>b Amount of credit payment requested (Form 838-CP, Part III, line 22)</td>
<td></td>
</tr>
</tbody>
</table>

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgment of receipt of return or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize BARNES GIVENS & BARNES to enter my PIN 95337 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

John Downey
Date 08/23/2023

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

☐ 36813260056

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

William J. Barnes
Date 08/17/2023

EROMust Retain This Form – See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2022)
**TRANSACTION DETAILS**
- **Reference Number**: S3CA5A24-B49B-4C9C-9FC4-112FA7D3EBAA
- **Transaction Type**: Signature Request
- **Sent At**: 08/17/2023 17:38 EDT
- **Executed At**: 08/23/2023 14:12 EDT
- **Identity Method**: email
- **Distribution Method**: email
- **Signed Checksum**: bc71390c32d3473d326a404e16600e3ac50f103c1d7e40b14be64437e43124319
- **Signer Sequencing**: Disabled
- **Document Passcode**: Disabled

**SIGNERS**
- **Name**: John Downey
- **Email**: jdowney@gmail.com
- **Status**: signed
- **Multi-factor Digital Fingerprint Checksum**: 53e6e55d4e5a88c7d21cfc177709e1eb3e97ac535158f101f731d
- **IP Address**: 65.79.149.169
- **Device**: Chrome via Mac
- **Typed Signature**: John Downey
- **Signature Reference ID**: E0F0881E

**E-SIGNATURE**

**EVENTS**
- **Viewed At**: 08/23/2023 14:12 EDT
- **Identity Authenticated At**: 08/23/2023 14:12 EDT
- **Signed At**: 08/23/2023 14:12 EDT

**AUDIT**
- **08/17/2023 17:08 EDT**: Terry Suleta (t.suleta@bobcppas.com) created document 'dmrf_fed_e-file_signature_form.pdf' on Chrome via Windows from 216.83.2.39.
- **08/17/2023 17:08 EDT**: John Downey (jdowney@gmail.com) was emailed a link to sign.
- **08/23/2023 14:12 EDT**: Identity verification succeeded for John Downey.
- **08/23/2023 14:12 EDT**: John Downey (jdowney@gmail.com) viewed the document on Chrome via Mac from 65.79.149.169.
- **08/23/2023 14:12 EDT**: John Downey (jdowney@gmail.com) authenticated via email on Chrome via Mac from 65.79.149.169.
- **08/23/2023 14:12 EDT**: John Downey (jdowney@gmail.com) signed the document on Chrome via Mac from 65.79.149.169.
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/Form990 for instructions and the latest information.

A For the 2022 calendar year, or tax year beginning 2022, and ending 2020.

B Check if applicable:
   [ ] Address change
   [ ] Name change
   [ ] Initial return
   [ ] Final return/terminated
   [ ] Amended return
   [ ] Application pending

C Firm's name
   DYSTONIA MEDICAL RESEARCH FOUNDATION

D Employer identification number
   95-3378526

E Telephone number
   (312) 755-0198

F Name and address of principal officer:
   JANET HIESHETTER

G Gross receipts
   $ 3,797,652.

H (a) Is this a group return for subordinates?
   No

H (b) Are all subordinates included?
   Yes

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

J Website:
   WWW.DYSTONIA-FOUNDATION.ORG

K Form of organization:
   [ ] Corporation
   [ ] Trust
   [ ] Association
   [ ] Other

L Year of formation: 1977

M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
   THE MISSION OF THE DMRF IS TO ADVANCE RESEARCH FOR MORE EFFECTIVE TREATMENTS AND ULTIMATELY A CURE FOR DYSTONIA, TO PROMOTE AWARENESS AND EDUCATION AND TO SUPPORT THE WELL BEING OF DYSTONIA AFFECTED INDIVIDUALS AND FAMILIES.

2 Check this box [ ] 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

4 Number of independent voting members of the governing body (Part VI, line 1b)
   4

5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)
   5

6 Total number of volunteers (estimate if necessary) (Part VI, line 2b)
   6

7a Total unrelated business revenue from Part VIII, column (C), line 12
   7a

b Net unrelated business taxable income from Form 990-T, Part I, line 11
   7b

Revenue

8 Contributions and grants (Part VIII, line 1h)
   Prior Year
   2,761,025.

9 Program service revenue (Part VIII, line 2g)
   2,391,324.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)
   133,597.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
   133,079.

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)
   48,112.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
   44,707.

14 Benefits paid to or for members (Part IX, column (A), line 4)
   839,563.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
   839,563.

16a Professional fundraising fees (Part IX, column (A), line 11e)
   855,321.

b Total fundraising expenses (Part IX, column (D), line 25)
   244,606.

Expenses

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
   707,460.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
   2,472,524.

19 Revenue less expenses. Subtract line 18 from line 12

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.

Signature of officer
   JOHN DOWNEY
   TREASURER

Preparer's name
   WILLIAM J. BARNES

Preparer's signature

Date
   9/06/23

Check 
   [ ] self-employed

PTIN
   P00399658

BAA For Paperwork Reduction Act Notice, see the separate instructions.
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:  

SEE SCHEDULE O

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  

☐ Yes  ☒ No  

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

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  

☐ Yes  ☒ No  

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

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th></th>
<th>Code:</th>
<th>Expenses</th>
<th>including grants of</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td></td>
<td>$1,310,100.</td>
<td>$826,698.</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td>$457,154.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td>$146,924.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td></td>
<td>$76,067.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4e Total program service expenses  

$1,990,245.
### Part IV Checklist of Required Schedules

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If &quot;Yes,&quot; complete Schedule A.</td>
<td>X</td>
</tr>
<tr>
<td>2</td>
<td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I.</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II.</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>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 Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III.</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I.</td>
<td>X</td>
</tr>
<tr>
<td>7</td>
<td>Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II.</td>
<td>X</td>
</tr>
<tr>
<td>8</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III.</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV.</td>
<td>X</td>
</tr>
<tr>
<td>10</td>
<td>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V.</td>
<td>X</td>
</tr>
<tr>
<td>11</td>
<td>If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI.</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VII.</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part VIII.</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If &quot;Yes,&quot; complete Schedule D, Part IX.</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X.</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII.</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV.</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV.</td>
<td>X</td>
</tr>
<tr>
<td>14a</td>
<td>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule F, Parts I and IV.</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, columns (A), lines 6 and 11? If &quot;Yes,&quot; complete Schedule G, Part I. See instructions.</td>
<td>X</td>
</tr>
<tr>
<td>15</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule G, Parts III and IV.</td>
<td>X</td>
</tr>
<tr>
<td>16</td>
<td>Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule G, Parts III and IV.</td>
<td>X</td>
</tr>
<tr>
<td>17</td>
<td>Did the organization report a total of more than $15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II.</td>
<td>X</td>
</tr>
<tr>
<td>18</td>
<td>Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III.</td>
<td>X</td>
</tr>
<tr>
<td>19</td>
<td>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule H.</td>
<td>X</td>
</tr>
<tr>
<td>20a</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H.</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H.</td>
<td>X</td>
</tr>
<tr>
<td>21</td>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If &quot;Yes,&quot; complete Schedule I, Parts I and II.</td>
<td>X</td>
</tr>
</tbody>
</table>
### Part IV Checklist of Required Schedules (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If a “Yes,” answer lines 24b through 24d and complete Schedule K. If “No,” go to line 25a.</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>24b If “Yes,” complete Schedule L, Part I. If “No,” complete Schedule L, Part II.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24c 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, or 35% controlled entity, member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24d Did the organization act as an “on behalf of” issuer for bonds outstanding at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b A family member of any individual described in line 28a?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>29 Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31 Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>34 Was the organization related to any tax-exempt or taxable entity?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Part V Statements Regarding Other IRS Filings and Tax Compliance

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
## Part V  Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year.</td>
<td>1a</td>
<td>25</td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included on line 1a, above, who are independent.</td>
<td>1b</td>
<td>25</td>
</tr>
<tr>
<td>2</td>
<td>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? <strong>SEE SCHEDULE O</strong></td>
<td>2</td>
<td>X</td>
</tr>
<tr>
<td>3</td>
<td>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?</td>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td>5</td>
<td>X</td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td>6</td>
<td>X</td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td>7a</td>
<td>X</td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? <strong>SEE SCHEDULE O</strong></td>
<td>7b</td>
<td>X</td>
</tr>
<tr>
<td>8a</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by:</td>
<td>8a</td>
<td>X</td>
</tr>
<tr>
<td>8b</td>
<td>...</td>
<td>8b</td>
<td>X</td>
</tr>
<tr>
<td>9</td>
<td>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 &quot;Yes,&quot; provide the names and addresses on Schedule O.</td>
<td>9</td>
<td>X</td>
</tr>
</tbody>
</table>

---

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

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td>10a</td>
<td>X</td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td>11a</td>
<td>X</td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13.</td>
<td>12a</td>
<td>X</td>
</tr>
<tr>
<td>12b</td>
<td>...</td>
<td>12b</td>
<td>X</td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td>13</td>
<td>X</td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td>14</td>
<td>X</td>
</tr>
<tr>
<td>15a</td>
<td>The organization’s CEO, Executive Director, or top management official...</td>
<td>15a</td>
<td>X</td>
</tr>
<tr>
<td>15b</td>
<td>Other officers or key employees of the organization.</td>
<td>15b</td>
<td>X</td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td>16a</td>
<td>X</td>
</tr>
<tr>
<td>16b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td>16b</td>
<td></td>
</tr>
</tbody>
</table>

---

### Section C. Disclosure

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>List the states with which a copy of this Form 990 is required to be filed. <strong>SEE SCHEDULE O</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>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. <strong>SEE SCHEDULE O</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>State the name, address, and telephone number of the person who possesses the organization's books and records.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**JANET L HIESHETTER ONE EAST WACKER DRIVE CHICAGO IL 60601 (312) 755-0198**
## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JANET HIESHETTER</td>
<td>SEC/EXEC DIR</td>
<td>59</td>
<td>X</td>
<td>172,893.</td>
<td>0</td>
</tr>
<tr>
<td>(2) DEBORAH DURRER</td>
<td>DIR DEVELOPMENT</td>
<td>0</td>
<td>X</td>
<td>95,071.</td>
<td>0</td>
</tr>
<tr>
<td>(3) JENNIFER MCNABOLA</td>
<td>DIR FINANCE</td>
<td>0</td>
<td>X</td>
<td>100,558.</td>
<td>0</td>
</tr>
<tr>
<td>(4) JESSICA FEELEY</td>
<td>DIR COMMUN &amp; EDUC</td>
<td>0</td>
<td>X</td>
<td>82,776.</td>
<td>0</td>
</tr>
<tr>
<td>(5) MARK RUDOLPH</td>
<td>PRESIDENT</td>
<td>5</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(6) JOHN DOWNEY</td>
<td>TREASURER</td>
<td>3</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(7) RICHARD LEWIS</td>
<td>VICE PRESIDENT</td>
<td>2</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(8) BARBARA KESSLER</td>
<td>VICE PRESIDENT</td>
<td>2</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(9) KAREN ROSS</td>
<td>VICE PRESIDENT</td>
<td>2</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(10) CAROLE RAWSON</td>
<td>VICE PRESIDENT</td>
<td>2</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(11) PAULA SCHNEIDER</td>
<td>VICE PRESIDENT</td>
<td>2</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(12) RON HERSH</td>
<td>VICE PRESIDENT</td>
<td>3</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(13) ALLISON LONDON</td>
<td>DIRECTOR</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(14) FRANCES BELZBERG</td>
<td>DIRECTOR</td>
<td>1</td>
<td>X</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
### Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

#### (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(15) MARILYNNE HERBERT</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.0.</td>
</tr>
<tr>
<td>(16) STEFANIE JACKSON</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(17) DIANE RUDOLPH</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(18) JOEL PERLMUTTER, MD</td>
<td>3</td>
<td>SCIENTIFIC DIR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(19) ERWIN JACKSON</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(20) BILL MCLAUGHLIN</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(21) ART KESSLER</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(22) SANDRA WEIL</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(23) ROSALIE LEWIS</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(24) PAMELA SLOATE</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
<tr>
<td>(25) JON DAVIS</td>
<td>1</td>
<td>DIRECTOR</td>
<td>0</td>
<td>0</td>
<td>0.0.0.</td>
</tr>
</tbody>
</table>

**1b Subtotal** .................................................. 451,298. 0. 0. 0.

**c Total from continuation sheets to Part VII, Section A** .................................................. 0. 0. 0.

**d Total (add lines 1b and 1c)** .................................................. 451,298. 0. 74,996.

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

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

<table>
<thead>
<tr>
<th>3</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>4</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>5</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN TELLER MA PHD NIP 7773338319 LUCZNIKOWIO NIEMCZ, 86-032 POLAND</td>
<td>CHIEF SCI ADVISOR</td>
<td>142,440.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 1
### Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>DENNIS KESSLER</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>LIZ RAWSON</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DONNA DRISCOLL</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>BRIAN KEANE</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>MARC MILLER</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>ROBIN MILLER</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DAN LEWIS</td>
<td>DIRECTOR</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants, and Other Similar Amounts</th>
<th>Total Revenue</th>
<th>Related or Exempt Function Revenue</th>
<th>Unrelated Business Revenue</th>
<th>Revenue Excluded from Tax under Sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>7,377.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>428,416.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, grants, and similar amounts not included above</td>
<td>1,955,531.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>115,036.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td>2,391,324.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Business Code

| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |
| 2e |  |
| **f Total. Add lines 2a-2f**                           |  |

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6a</td>
<td>(i) Real</td>
</tr>
<tr>
<td>6b</td>
<td>(ii) Personal</td>
</tr>
<tr>
<td>6c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>(i) Securities</td>
</tr>
<tr>
<td>7b</td>
<td>(ii) Other</td>
</tr>
<tr>
<td>7c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td><strong>7 Total.</strong></td>
<td>18,567.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8a Gross income from fundraising events (not including $428,416) of contributions reported on line 1c). See Part IV, line 18</td>
<td>65,821.</td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
</tr>
<tr>
<td><strong>8 Total.</strong></td>
<td>65,821.</td>
</tr>
</tbody>
</table>

| 9a Gross income from gaming activities. See Part IV, line 19 | |
| 9b Less: direct expenses | |
| 9c Net income or (loss) from gaming activities | |

| 10a Gross sales of inventory, less returns and allowances. | |
| 10b Less: cost of goods sold | |
| 10c Net income or (loss) from sales of inventory | |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a UNCLAIMED PROPERTY RECOVERY</td>
<td>900099</td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td></td>
</tr>
<tr>
<td><strong>e Total. Add lines 11a-11d</strong></td>
<td>44,707.</td>
</tr>
</tbody>
</table>

| 12 Total revenue. See instructions | 2,569,110. | 63,274. | 0. | 114,512. |
**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.

<table>
<thead>
<tr>
<th>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>714,648.</td>
<td>714,648.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>112,050.</td>
<td>112,050.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Compensation of current officers, directors, trustees, and key employees</td>
<td>199,374.</td>
<td>132,153.</td>
<td>36,903.</td>
<td>30,318.</td>
</tr>
<tr>
<td>6 Compensation not included above to disqualified persons (as defined under section 4958(c)(3)(B))</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>7 Other salaries and wages</td>
<td>520,062.</td>
<td>342,690.</td>
<td>101,303.</td>
<td>76,069.</td>
</tr>
<tr>
<td>8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>18,752.</td>
<td>12,356.</td>
<td>3,653.</td>
<td>2,743.</td>
</tr>
<tr>
<td>9 Other employee benefits</td>
<td>50,883.</td>
<td>35,575.</td>
<td>4,826.</td>
<td>10,482.</td>
</tr>
<tr>
<td>10 Payroll taxes</td>
<td>50,492.</td>
<td>33,272.</td>
<td>9,835.</td>
<td>7,385.</td>
</tr>
<tr>
<td>11 Fees for services (nonemployees):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td>29,320.</td>
<td>3,580.</td>
<td>24,923.</td>
<td>817.</td>
</tr>
<tr>
<td>d Lobbying</td>
<td>50,371.</td>
<td>50,371.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td>26,136.</td>
<td>26,136.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)</td>
<td>178,064.</td>
<td>175,564.</td>
<td>2,500.</td>
<td></td>
</tr>
<tr>
<td>12 Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Office expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Information technology</td>
<td>75,701.</td>
<td>54,447.</td>
<td>7,442.</td>
<td>13,812.</td>
</tr>
<tr>
<td>15 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Occupancy</td>
<td>89,936.</td>
<td>61,973.</td>
<td>14,704.</td>
<td>13,259.</td>
</tr>
<tr>
<td>17 Travel</td>
<td>32,644.</td>
<td>24,191.</td>
<td>141.</td>
<td>8,312.</td>
</tr>
<tr>
<td>18 Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Conferences, conventions, and meetings</td>
<td>17,107.</td>
<td>17,107.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 Interest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Depreciation, depletion, and amortization</td>
<td>7,865.</td>
<td>5,310.</td>
<td>1,343.</td>
<td>1,212.</td>
</tr>
<tr>
<td>23 Insurance</td>
<td>11,892.</td>
<td>7,826.</td>
<td>1,980.</td>
<td>2,086.</td>
</tr>
<tr>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a PRINTING AND PUBLICATIONS</td>
<td>80,551.</td>
<td>46,863.</td>
<td>33,688.</td>
<td></td>
</tr>
<tr>
<td>b POSTAGE AND SHIPPING</td>
<td>50,135.</td>
<td>50,028.</td>
<td>2,328.</td>
<td>8,959.</td>
</tr>
<tr>
<td>c MISCELLANEOUS</td>
<td>56,176.</td>
<td>10,631.</td>
<td>18,645.</td>
<td>26,900.</td>
</tr>
<tr>
<td>d SUPPLIES</td>
<td>49,989.</td>
<td>44,418.</td>
<td>2,929.</td>
<td>2,642.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>53,963.</td>
<td>46,192.</td>
<td>4,349.</td>
<td>3,422.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>2,496,291.</td>
<td>1,990,245.</td>
<td>261,440.</td>
<td>244,606.</td>
</tr>
</tbody>
</table>

**26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720).
### Part X Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>Balance Sheet</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(A) Beginning of year</td>
<td>(B) End of year</td>
</tr>
<tr>
<td>1</td>
<td>Cash — non-interest-bearing</td>
<td>1,017,081</td>
<td>657,300</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>1,023,366</td>
<td>1,065,407</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>35,997</td>
<td>73,439</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis</td>
<td>42,139</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>32,817</td>
<td>11,576</td>
</tr>
<tr>
<td>10c</td>
<td></td>
<td>9,322</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Investments — publicly traded securities</td>
<td>4,737,430</td>
<td>4,130,227</td>
</tr>
<tr>
<td>12</td>
<td>Investments — other securities. See Part IV, line 11</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>13</td>
<td>Investments — program-related. See Part IV, line 11</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>73,469</td>
<td>320,343</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>6,898,919</td>
<td>6,256,038</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>61,480</td>
<td>74,578</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>817,754</td>
<td>527,975</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>210,500</td>
<td>168,573</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>318,053</td>
<td>378,855</td>
</tr>
<tr>
<td>22</td>
<td>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</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>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.</td>
<td>104,762</td>
<td>309,904</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,512,549</td>
<td>1,459,885</td>
</tr>
</tbody>
</table>

**Assets**

- Land, buildings, and equipment: cost or other basis
- Less: accumulated depreciation
- Investments — publicly traded securities
- Investments — other securities
- Investments — program-related
- Intangible assets
- Other assets

**Liabilities**

- Accounts payable and accrued expenses
- Grants payable
- Deferred revenue
- Tax-exempt bond liabilities
- Escrow or custodial account liability
- 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
- Secured mortgages and notes payable to unrelated third parties
- Unsecured notes and loans payable to unrelated third parties
- Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24)

**Net Assets or Fund Balances**

- Organizations that follow FASB ASC 958, check here
- Organizations that do not follow FASB ASC 958, check here

**Net Assets without Donor Restrictions**

- Net assets without donor restrictions
- Net assets with donor restrictions

**Net Assets with Donor Restrictions**

- Capital stock or trust principal, or current funds
- Paid-in or capital surplus, or land, building, or equipment fund
- Retained earnings, endowment, accumulated income, or other funds

**Total Net Assets or Fund Balances**

- Total net assets or fund balances

**Total Liabilities and Net Assets/Fund Balances**

- Total liabilities and net assets/fund balances
### Part XI Reconciliation of Net Assets

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>2,569,110</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>2,496,291</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>72,819</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>5,386,370</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-716,912</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>53,876</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>4,796,153</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash ☐ Accrual ☒ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R Part 200, Subpart F?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status. (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
</table>

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

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above (see instructions))</th>
<th>(iv) Is the organization listed in your governing document?</th>
<th>(v) Amount of monetary support (see instructions)</th>
<th>(vi) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received, (Do not include any &quot;unusual grants&quot;)</td>
<td>2,396,639</td>
<td>2,645,490</td>
<td>2,419,076</td>
<td>2,761,025</td>
<td>2,391,324</td>
<td>12,613,554</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td>2,396,639</td>
<td>2,645,490</td>
<td>2,419,076</td>
<td>2,761,025</td>
<td>2,391,324</td>
<td>12,613,554</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,406,114</td>
</tr>
<tr>
<td>6 Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>10,207,440</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>2,396,639</td>
<td>2,645,490</td>
<td>2,419,076</td>
<td>2,761,025</td>
<td>2,391,324</td>
<td>12,613,554</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>571,127</td>
</tr>
<tr>
<td>SEE PART VI</td>
<td>4,834</td>
<td>3,849</td>
<td>3,779</td>
<td>48,112</td>
<td>44,707</td>
<td>105,281</td>
</tr>
<tr>
<td>11 Total support. Add lines 7 through 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13,289,962</td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>76.81%</td>
</tr>
<tr>
<td>15 Public support percentage from 2021 Schedule A, Part II, line 14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>75.76%</td>
</tr>
</tbody>
</table>

16a 33-1/3% support test—2022. 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 16a X

<table>
<thead>
<tr>
<th></th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17a 10%-facts-and-circumstances test—2022. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17a 0.</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18 0.</td>
</tr>
</tbody>
</table>
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. (Add lines 9, 10a, 10b, 11, 12 and 13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>15</th>
<th>16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Public support percentage from 2021 Schedule A, Part III, line 15</td>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>17</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Investment income percentage from 2021 Schedule A, Part III, line 17</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td>33-1/3% support tests—2022. 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b 33-1/3% support tests—2021. 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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 501(c)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 501(c)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization's control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

b. Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c. Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

BAA TEEA0404L 09/09/22 Schedule A (Form 990) 2022
### Part IV Supporting Organizations (continued)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described on line 11a above?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described on line 11a or 11b above? If &quot;Yes&quot; to line 11a, 11b, or 11c, provide detail in Part VI.</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers, directors, or trustees at all times during the tax year? If &quot;No,&quot; 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.</td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If &quot;No,&quot; describe in Part VI how control or management of the supporting organizations was vested in the same persons that controlled or managed the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If &quot;No,&quot; explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. Complete line 2 below.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. Complete line 3 below.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Activities Test. Answer lines 2a and 2b below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If &quot;Yes,&quot; 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.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the activities described on line 2a, above, constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If &quot;Yes,&quot; 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.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Parent of Supported Organizations. Answer lines 3a and 3b below.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If &quot;Yes&quot; or &quot;No,&quot; provide details in Part VI.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If &quot;Yes,&quot; describe in Part VI the role played by the organization in this regard.</td>
<td></td>
</tr>
</tbody>
</table>
**Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B – Minimum Asset Amount

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section C – Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
<td>1</td>
</tr>
<tr>
<td>Enter 0.85 of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
<td>3</td>
</tr>
<tr>
<td>Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td>6</td>
</tr>
<tr>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
<td></td>
</tr>
</tbody>
</table>
## Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Total annual distributions. Add lines 1 through 6.</strong></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td><strong>Total</strong> of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2017 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from line 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2022 from Section D, line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2022 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from line 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2023. Add lines 3j and 4c.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2022</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 5b, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### PART II, LINE 10 - OTHER INCOME

<table>
<thead>
<tr>
<th>NATURE AND SOURCE</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
<th>2019</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISCELLANEOUS</td>
<td>$3,679.</td>
<td>$4,176.</td>
<td>$3,779.</td>
<td>$3,849.</td>
<td>$4,834.</td>
</tr>
<tr>
<td>INSURANCE CLAIM PROCEEDS</td>
<td>$43,936.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNCLAIMED PROPERTY RETURNED</td>
<td>$41,028.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>$44,707.</td>
<td>$48,112.</td>
<td>$3,779.</td>
<td>$3,849.</td>
<td>$4,834.</td>
</tr>
</tbody>
</table>
Schedule B
(2022)

Schedule of Contributors

Name of the organization: DYSTONIA MEDICAL RESEARCH FOUNDATION

Organization type (check one):

- [X] 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust not treated as a private foundation
- 527 political organization
- [ ] 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.

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

- [X] 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.

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).
**Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$209,030.</td>
<td>Person</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>$50,000.</td>
<td>Person</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>$145,000.</td>
<td>Person</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>$59,050.</td>
<td>Person</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>$50,389.</td>
<td>Person</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>$100,355.</td>
<td>Person</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part I: Contributors

(see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
<td>$113,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>$75,000.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>$55,573.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>$99,623.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Payroll □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Noncash □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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</tbody>
</table>
### Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>106 SHS VTI $20,292</td>
<td></td>
<td>$50,014</td>
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<td></td>
<td>78 SHS SPY $29,722</td>
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<td>6</td>
<td>200 SHS BIIB $39,726</td>
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<td>$39,726</td>
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</table>
### 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 information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</tbody>
</table>

**N/A**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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**N/A**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
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</table>

**N/A**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</tbody>
</table>

**N/A**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
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</tbody>
</table>

**N/A**

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

**DYSTONIA MEDICAL RESEARCH FOUNDATION** 95-3378526

---

Schedule B (Form 990) (2022)
## Political Campaign and Lobbying Activities

**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](http://www.irs.gov/Form990) for instructions and the latest information.

### 2022

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 B. 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.

### Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

<table>
<thead>
<tr>
<th>1</th>
<th>Provide a description of the organization’s direct and indirect political campaign activities in Part IV. See instructions for definition of &quot;political campaign activities.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Political campaign activity expenditures. See instructions. $</td>
</tr>
<tr>
<td>3</td>
<td>Volunteer hours for political campaign activities. See instructions.</td>
</tr>
</tbody>
</table>

### 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. 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. If none, enter -0-. |

(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-. |
---|---|---|---|---|
(1) | | | | |
(2) | | | | |
(3) | | | | |
(4) | | | | |
(5) | | | | |
(6) | | | | |

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

**Schedule C (Form 990) 2022**

---

**Employer identification number:** 95-3378526

**Name of organization:** DYSTONIA MEDICAL RESEARCH FOUNDATION
### 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.)

<table>
<thead>
<tr>
<th>(a) Filing organization’s totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1a</strong> Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td><strong>b</strong> Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td><strong>c</strong> Total lobbying expenditures (add lines 1a and 1b)</td>
<td><strong>d</strong> Other exempt purpose expenditures</td>
</tr>
<tr>
<td><strong>e</strong> Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td><strong>f</strong> Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
</tr>
<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>

| (g) Grassroots nontaxable amount (enter 25% of line 1f) | |
| (h) Subtract line 1g from line 1a. If zero or less, enter -0-. |
| (i) Subtract line 1f from line 1c. If zero or less, enter -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? | Yes [ ] 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2019</th>
<th>(b) 2020</th>
<th>(c) 2021</th>
<th>(d) 2022</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column (e))</td>
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<tr>
<td>c Total lobbying expenditures</td>
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<td></td>
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<td></td>
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<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| a | Volunteers? X
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X
| c | Media advertisements? X
| d | Mailings to members, legislators, or the public? X
| e | Publications, or published or broadcast statements? X
| f | Grants to other organizations for lobbying purposes? X
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? X 20,148.
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X
| i | Other activities? X
| j | Total. Add lines 1c through 1i. X 20,148.

In 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.

**SEE SCHEDULE 0**
### Part II Conservation Easements.

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (for example, recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements.</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements.</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a).</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register.</td>
</tr>
</tbody>
</table>

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? (check the appropriate box).
   - Yes
   - No

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

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

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

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

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

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

1. 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.

2. 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:
   - Revenue included on Form 990, Part VIII, line 1
   - Assets included on Form 990, Part X
### Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization’s acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
   - Public exhibition
   - Scholarly research
   - Preservation for future generations
   - Loan or exchange program
   - Other

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

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

### Part IV  Escrow and Custodial Arrangements

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

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

### Part V  Endowment Funds

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

1a. Beginning of year balance:  
   - (a) Current year
   - (b) Prior year
   - (c) Two years back
   - (d) Three years back
   - (e) Four years back

b. Contributions:
   - (a) Current year
   - (b) Prior year
   - (c) Two years back
   - (d) Three years back
   - (e) Four years back

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - Board designated or quasi-endowment $%
   - Permanent endowment $%
   - Term endowment $%

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

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - (i) Unrelated organizations
   - (ii) Related organizations

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

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

### Part VI  Land, Buildings, and Equipment

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Land</td>
<td></td>
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</tr>
<tr>
<td>b Buildings</td>
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<tr>
<td>c Leasehold improvements</td>
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<tr>
<td>d Equipment</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>e Other</td>
<td>34,982. 26,107. 8,875.</td>
<td>7,157. 6,710. 447.</td>
<td>9,322.</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
### 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.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely held equity interests</td>
<td></td>
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<tr>
<td>(3) Other</td>
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<td>(I)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
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<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FINANCING LEASE RIGHT-OF-USE ASSET</td>
<td>13,296.</td>
</tr>
<tr>
<td>(2) OPERATING LEASE RIGHT-OF-USE ASSET</td>
<td>249,856.</td>
</tr>
<tr>
<td>(3) OTHER ASSETS</td>
<td>57,191.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
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<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) FINANCING LEASE LIABILITY</td>
<td>13,296.</td>
</tr>
<tr>
<td>(3) OPERATING LEASE LIABILITY</td>
<td>296,608.</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, column (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. See Part XIII. [ ]
### 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.

<table>
<thead>
<tr>
<th></th>
<th>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>2b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>2c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>2f</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>3</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td>3a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b.</td>
</tr>
<tr>
<td>3b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>3c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Amounts included on line 1 but not on Form 990, Part IX, line 25:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>2f</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>3</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>3a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b.</td>
</tr>
<tr>
<td>3b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>3c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th></th>
<th>Amounts included on line 1 but not on Form 990, Part IX, line 25:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>2b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>2c</td>
<td>Other losses</td>
</tr>
<tr>
<td>2d</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>2e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>2f</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>3</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>3a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b.</td>
</tr>
<tr>
<td>3b</td>
<td>Other (Describe in Part XIII.)</td>
</tr>
<tr>
<td>3c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

### 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.

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**PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY**

The Foundation serves as an administrative center for the Dystonia Coalition (the Coalition), a network of clinical research centers working to advance the understanding of primary dystonias, that is supported by the National Institutes of Health (NIH) National Center for the Advancement of Translational Sciences. In this role, the Foundation works with the project's principal investigator, Dr. Hyder A Jinnah of Emory University, and all Coalition main Clinical Project Leaders to support the activities of the Coalition, including but not limited to: Meeting
PART IV, LINE 2B - EXPLANATION OF ESCROW ACCOUNT LIABILITY (CONTINUED)

PLANNING; MANAGING PAYMENTS TO CLINICAL SITES PARTICIPATING IN THE COALITION'S MAIN CLINICAL PROJECTS AS WELL AS TO COALITION CONSULTANTS AND RECIPIENTS OF THE COALITION'S CAREER DEVELOPMENT AND PILOT PROJECTS AWARDS; MANAGING PRIVATE FUNDS GIVEN IN SUPPORT OF THE COALITION'S ACTIVITIES OR PROGRAMS; PARTICIPATING IN MONTHLY ADMINISTRATIVE PLANNING MEETINGS; PARTICIPATING IN THE COALITION'S EXECUTIVE COMMITTEE; AND PERFORMING OTHER DUTIES AS REQUESTED BY THE PRINCIPAL INVESTIGATOR AND/OR THE COALITION'S MAIN CLINICAL PROJECT LEADERS OR THE COALITION EXECUTIVE COMMITTEE. TOTAL RECEIPTS FOR THE COALITION WERE $271,152 IN 2022. TOTAL DISBURSEMENTS FOR THE COALITION WERE $214,850 IN 2022.

THE DMRF ALSO SERVES AS THE ADMINISTRATIVE CENTER FOR OTHER DYSTONIA COMMUNITY PROJECTS SUCH AS THE GLOBAL DYSTONIA REGISTRY AND THE DYSTONIA BRAIN COLLECTIVE WHICH ARE SUPPORTED BY THE DMRF AND OTHER DYSTONIA PATIENT ADVOCACY GROUPS. TOTAL RECEIPTS FOR DYSTONIA COMMUNITY PROJECTS WERE $22,500 IN 2022. TOTAL DISBURSEMENTS FOR DYSTONIA COMMUNITY PROJECTS WERE $18,000 IN 2022.

PART X - FASB ASC 740 FOOTNOTE

THE FOUNDATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM PAYING CORPORATE FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

THE FOUNDATION FILES FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WITH THE FEDERAL GOVERNMENT. THE FOUNDATION ALSO FILES FORM AG990-IL, ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT WITH THE ATTORNEY GENERAL OF THE STATE OF ILLINOIS AND FORM 109, CALIFORNIA EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN WITH THE STATE OF CALIFORNIA. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAS NO INCOME TAX LIABILITY AS OF DECEMBER 31, 2022. THE FOUNDATION HAS EVALUATED ITS TAX POSITIONS
PART X - FASB ASC 740 FOOTNOTE (CONTINUED)


SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

CANADIAN REIMBURSEMENTS......................................................... $ 36,675.

TOTAL $ 36,675.

SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

CANADIAN REIMBURSEMENTS......................................................... $ 36,675.

TOTAL $ 36,675.
Statement of Activities Outside the United States

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

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

Name of the organization: DYSTONIA MEDICAL RESEARCH FOUNDATION
Employer identification number: 95-3378526

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. PART V

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) EUROPE</td>
<td></td>
<td>MEDICAL RESEARCH</td>
<td></td>
<td></td>
<td>89,038</td>
</tr>
<tr>
<td>(2) AUSTRALIA</td>
<td></td>
<td>MEDICAL RESEARCH</td>
<td></td>
<td></td>
<td>11,506</td>
</tr>
<tr>
<td>(3) NORTH AMERICA</td>
<td></td>
<td>MEDICAL RESEARCH</td>
<td></td>
<td></td>
<td>11,506</td>
</tr>
<tr>
<td>(4)</td>
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<td>(16)</td>
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<td></td>
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<tr>
<td>(17)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>112,050</td>
</tr>
</tbody>
</table>

3a Subtotal: 112,050.

b Total from continuation sheets to Part I: 112,050.

c Totals (add lines 3a and 3b): 112,050.

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

Schedule F (Form 990) 2022
### Part II Grants and Other Assistance to Organizations or Entities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>1</th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEDICAL RESEARCH FOUNDATION</td>
<td>95-3378526</td>
<td>MEDICAL RESEARCH</td>
<td>112,050</td>
<td>EFT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

3. Enter total number of other organizations or entities.

---

BAA

Schedule F (Form 990) 2022
Part III  Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>(18)</td>
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</tr>
</tbody>
</table>

BAA
Part IV Foreign Forms

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926). [ ] Yes [x] No

2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990). [x] Yes [ ] No

3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471). [x] Yes [ ] No

4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621). [x] Yes [ ] No

5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865). [x] Yes [ ] No

6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990). [x] Yes [ ] No
Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US

GRANTS AND RESEARCH FELLOWSHIPS

GRANTS AND RESEARCH FELLOWSHIPS ARE INVESTIGATOR-INITIATED PROJECTS MONITORED BY THE DMRF'S GRANTS MANAGER AND CHIEF SCIENTIFIC ADVISOR, WITH REGULAR REPORTS PROVIDED TO THE DMRF SCIENCE COMMITTEE. ALL INVESTIGATORS ARE EXPECTED TO PUBLISH ALL MEANINGFUL RESEARCH RESULTS AND FINDINGS IN AN EXPEDITIOUS MANNER AND ARE REQUIRED TO SHARE ANY TOOLS AND MATERIALS DEVELOPED SO THAT OTHER RESEARCHERS CAN BENEFIT FROM THEIR RESEARCH. GRANT MAKERS ARE ENCOURAGED, WHEN APPROPRIATE, TO PUBLISH THEIR FINDINGS IN THE DYSTONIA JOURNAL WHICH IS A CENTRAL REPOSITORY FOR DYSTONIA RESEARCH MANAGED AND CURATED THROUGH THE DMRF AND ITS SCIENTIFIC EDITORS.

GRANTS AND RESEARCH FELLOWSHIPS ARE AWARDED FOR ONE OR TWO YEAR TERMS. THE START DATE FOR GRANTS AND RESEARCH FELLOWSHIPS VARIES BY THE DATE OF THE CALL FOR APPLICATIONS, AND EACH APPLICATION'S DATE OF APPROVAL. PER THE GENERAL AWARD TERMS AND CONDITIONS, PAYMENTS ARE MADE TO THE RECIPIENT INSTITUTION IN EQUAL QUARTERLY INSTALLMENTS WITH THE FIRST PAYMENT BEING MADE AT THE TIME OF APPROVAL, UNLESS OTHERWISE REQUESTED BY THE INVESTIGATOR.

FOR TWO YEAR AWARDS, RENEWAL FOR THE SECOND YEAR OF FUNDING IS APPROVED BY THE SCIENCE COMMITTEE AFTER A REVIEW OF THE PROGRESS TO DATE BY THE CHIEF SCIENTIFIC ADVISOR AND SCIENTIFIC DIRECTOR AND FINAL APPROVAL BY THE DMRF'S BOARD OF DIRECTORS. IF APPROVED BY THE SCIENCE COMMITTEE, THE PAYMENT SCHEDULE FOR THE NEXT YEAR REMAINS THE SAME AS THE PRECEDING YEAR.

INTERIM PROGRESS REPORTS INCLUDE INFORMATION ON UTILIZATION OF THE FUNDS RECEIVED TO DATE AND PROGRESS WITH REGARD TO THE SPECIFIC AIMS OUTLINED IN THE GRANT APPLICATION. PROGRESS REPORTS ARE DUE AS follows:
PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US (CONTINUED)

ONE YEAR AWARDS - 5 1/2 MONTHS AND 9 MONTHS AFTER RECEIPT OF THE INITIAL DISBURSEMENT.

TWO YEAR AWARDS - 5 1/2 MONTHS, 9 MONTHS AND 18 MONTHS AFTER RECEIPT OF THE INITIAL DISBURSEMENT.

FINAL REPORTS ARE DUE FIVE MONTHS AFTER THE FINAL DISBURSEMENT AND MUST INCLUDE THE FOLLOWING:

1) DISCUSSION OF WHETHER THE PROJECT HAS ACHIEVED THE SPECIFIC MILESTONES, AIMS, AND OBJECTIVES OUTLINED IN THE ORIGINAL APPLICATION;

2) INFORMATION ON HOW THE FUNDS HAVE BEEN SPENT;

3) A PLAN FOR PUBLICATION OF RESULTS AND FINDINGS WITHIN ONE YEAR OF COMPLETING THE PROJECT; AND

4) A LIST OF OTHER RESEARCH PROPOSALS EITHER SUBMITTED OR IN PREPARATION THAT HAVE RESULTED FROM THE PROJECT.

CLINICAL TRAINING FELLOWSHIPS

CLINICAL TRAINING FELLOWSHIPS ARE AWARDED TO SECOND YEAR CLINICAL FELLOWS TO HELP PREPARE THEM FOR A CLINICAL AND/OR CLINICAL RESEARCH CAREER IN MOVEMENT DISORDERS WITH AN EMPHASIS ON DYSTONIA INCLUDING: CLINICAL DIAGNOSIS AND EVALUATION, ONGOING PATIENT CARE AND MANAGEMENT, PHARMACOTHERAPY WITH A SPECIAL EMPHASIS ON NEUROTOXIN THERAPY, AND NEUROSURGICAL INTERVENTIONS, SUCH AS DEEP BRAIN STIMULATION.
CLINICAL FELLOWSHIPS ARE AWARDED FOR ONE YEAR STARTING, ON JULY 1. PAYMENTS ARE MADE TO THE RECIPIENT INSTITUTION IN TWO EQUAL INSTALLMENTS ON OR ABOUT THE 1ST OF JULY AND 1ST OF JANUARY OF THE FOLLOWING YEAR.

REPORTS ARE DUE 6 MONTHS AFTER RECEIPT OF THE FIRST DISBURSEMENT AND UPON COMPLETION OF THE FELLOWSHIP. REPORTS MUST PROVIDE INFORMATION ABOUT THE RECIPIENT'S EXPERIENCE RELATED TO THE GOALS OF THE PROGRAM, INCLUDING THE PERCENTAGE OF TIME SPENT ON DYSTONIA, THE DIFFERENT FORMS OF DYSTONIA THAT THEY WERE EXPOSED TO IN THE CLINIC, AS WELL AS ATTENDANCE AT DYSTONIA-RELATED MEETINGS.

CONTRACTS

CONTRACTS REPRESENT RESEARCH INITIATED BY THE DMRF AND CONDUCTED FOR SPECIFIC MILESTONE PROJECTS BY SELECTED INVESTIGATORS. CONTRACTS ARE NEGOTIATED AND MONITORED BY THE DMRF'S CHIEF SCIENTIFIC ADVISOR AFTER BEING AUTHORIZED BY THE DMRF BOARD OF DIRECTORS. CONTRACT PAYMENTS ARE MADE ACCORDING TO THE PAYMENT SCHEDULE OUTLINED IN THE RESEARCH SERVICES AGREEMENT, WITH THE FIRST DISBURSEMENT IMMEDIATELY UPON EXECUTION OF THE AGREEMENT. SUBSEQUENT CONTRACT PAYMENTS ARE ISSUED AFTER APPROVAL FROM THE DMRF'S CHIEF SCIENTIFIC ADVISOR. MILESTONE REPORTS INCLUDE THE FOLLOWING:

1) A SUMMARY OF WORK COMPLETED, INCLUDING A DESCRIPTION OF PROGRESS TOWARD COMPLETION OF RESEARCH MILESTONES;

2) DISCLOSURE OF ALL RESULTS OBTAINED SINCE SUBMISSION OF THE PRIOR REPORT AND IDENTIFICATION OF RESULTS THAT MAY BE PATENTABLE OR OTHERWISE PROTECTABLE AS
Part V Supplemental Information

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

PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US (CONTINUED)

INTELLECTUAL PROPERTY;

3) A SUMMARY OF WORK IN PROGRESS AND PLANS FOR THE UPCOMING REPORTING PERIOD; AND

4) DISCLOSURE OF ANY NEW APPLICATIONS FOR COPYRIGHT OR PATENT PROTECTION FILED DURING THE REPORTING PERIOD OR INTENDED TO BE FILED IN THE UPCOMING REPORTING PERIOD.

A FINAL REPORT IS DUE WITHIN 30-90 DAYS OF THE COMPLETION OF THE PROJECT, DEPENDING ON THE TERMS OF THE RESEARCH SERVICES AGREEMENT, AND INCLUDES A WRITTEN DESCRIPTION OF RESULTS AND AN OUTLINE OF POSSIBLE FUTURE STUDIES.
## SCHEDULE G
(Form 990)

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

### Name of the organization

**DYSTONIA MEDICAL RESEARCH FOUNDATION**

**Employer identification number**

95-3378526

### Part I: Fundraising Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

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

<table>
<thead>
<tr>
<th>(a) Mail solicitations</th>
<th>(b) Internet and email solicitations</th>
<th>(c) Phone solicitations</th>
<th>(d) In-person solicitations</th>
<th>(e) Solicitation of non-government grants</th>
<th>(f) Solicitation of government grants</th>
<th>(g) Special fundraising events</th>
</tr>
</thead>
</table>

#### 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 

- **Yes**
- **No**

#### 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes</td>
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<td>Yes</td>
<td>No</td>
<td></td>
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</tr>
</tbody>
</table>

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

- [List of states]

---

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

**Schedule G (Form 990) 2022**

**TEEA3701L 07/05/22**
### Part II Fundraising Events

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

<table>
<thead>
<tr>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZOO WALKS</td>
<td>BASKET BASH</td>
<td>5</td>
<td>476,193.</td>
</tr>
<tr>
<td>1 Gross receipts</td>
<td>341,945.</td>
<td>39,813.</td>
<td>94,435.</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>300,680.</td>
<td>25,095.</td>
<td>85,935.</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>41,265.</td>
<td>14,718.</td>
<td>8,500.</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>41,265.</td>
<td>14,718.</td>
<td>8,500.</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (d)</td>
<td></td>
<td></td>
<td>64,483.</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Part III Gaming

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

<table>
<thead>
<tr>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add column (a) through column (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td>Yes</td>
<td></td>
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<tr>
<td>No</td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6 Volunteer labor</th>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
<th>Yes</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) | | |

9 Enter the state(s) in which the organization conducts gaming activities:
   a Is the organization licensed to conduct gaming activities in each of these states? □ Yes □ No
   b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? □ Yes □ No
   b If "Yes," explain:
11 Does the organization conduct gaming activities with nonmembers? [ ] Yes [ ] No

Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? [ ] Yes [ ] No

Indicate the percentage of gaming activity conducted in:

<table>
<thead>
<tr>
<th>a. The organization's facility</th>
<th>b. An outside facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>13a</td>
<td>13b</td>
</tr>
</tbody>
</table>

Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [ ] No

b If “Yes,” enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $.

c If “Yes,” enter name and address of the third party:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
</table>

16 Gaming manager information:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gaming manager compensation $</th>
</tr>
</thead>
</table>

Description of services provided

Director/officer [ ] Employee [ ] Independent contractor [ ]

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? [ ] Yes [ ] No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2022

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.

Name of the organization

DYSTONIA MEDICAL RESEARCH FOUNDATION

Employer identification number

95-3378526

Part I General Information on Grants and Assistance

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

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. Name and address of organization or government
   (a) Name and address of organization or government
   (b) EIN
   (c) IRC section (if applicable)
   (d) Amount of cash grant
   (e) Amount of noncash assistance
   (f) Method of valuation (book, FMV, appraisal, other)
   (g) Description of noncash assistance
   (h) Purpose of grant or assistance

   (1) MASS GENERAL HOSPITAL
       55 FRUIT ST
       BOSTON, MA 02114
       04-2697983
       77,563.00
       MEDICAL

   (2) YALE UNIVERSITY
       PO BOX 208239
       NEW HAVEN, CT 06520
       06-0646973
       24,545.00
       MEDICAL

   (3) UNIVERSITY OF CALIFORNIA, SF
       855 FOLSOM STREET, BOX 0812
       SAN FRANCISCO, CA 94143
       94-6036493
       217,361.00
       MEDICAL

   (4) CORNELL UNIVERSITY
       PO BOX 22
       ITHACA, NY 14851
       15-0532082
       30,000.00
       MEDICAL

   (5) BAYLOR COLLEGE OF MEDICINE
       ONE BAYLOR PLAZA
       HOUSTON, TX 77030
       74-1613878
       37,968.00
       MEDICAL

   (6) UNIVERSITY OF FLORIDA
       PO BOX 115500
       GAINESVILLE, FL 32611
       59-6002052
       65,000.00
       MEDICAL

   (7) UNIVERSITY OF MICHIGAN
       1241 E CATHERINE ST
       ANN ARBOR, MI 48109
       38-6006309
       92,045.00
       MEDICAL

   (8) CASE WESTERN RESERVE
       10900 EUCLID AVE
       CLEVELAND, OH 44106
       34-1018992
       91,756.00
       MEDICAL

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

3. Enter total number of other organizations listed in the line 1 table

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

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of noncash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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### 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 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

DOMESTIC GRANTS AND FELLOWSHIPS ARE MONITORED FOLLOWING THE SAME PROCEDURES AS DESCRIBED IN SCHEDULE F, PART 1, LINE 2 FOR GRANTS FUNDED OUTSIDE THE US.
<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIRGINIA COMMONWEALTH</td>
<td>54-6001758</td>
<td></td>
<td>79,640.</td>
<td></td>
<td>MEDICAL RESEARCH</td>
<td></td>
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<tr>
<td>800 E LEIGH ST</td>
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<tr>
<td>RICHMOND, VA 23284</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Questions Regarding Compensation

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

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

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

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

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

- [ ] Compensation committee
- [ ] Independent compensation consultant
- [ ] Form 990 of other organizations
- [ ] Written employment contract
- [ ] Compensation survey or study
- [ ] 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)?

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>JANET HIESHETTER</td>
<td>(i) 172,893. (ii) 0. (iii) 0. (iv) 0.</td>
<td>(C) 7,142. (iv) 0.</td>
<td>(D) 19,339. (iv) 0.</td>
<td>(E) 199,374. (iv) 0.</td>
<td>(F) 0.</td>
</tr>
<tr>
<td>1 SEC/EXEC DIR</td>
<td>(i) 0. (ii) 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>(i) 0. (ii) 0.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>4</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>5</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>6</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>7</td>
<td>(i) 0. (ii) 0.</td>
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<td>8</td>
<td>(i) 0. (ii) 0.</td>
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<td>9</td>
<td>(i) 0. (ii) 0.</td>
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<td>10</td>
<td>(i) 0. (ii) 0.</td>
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<td>11</td>
<td>(i) 0. (ii) 0.</td>
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<td>12</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>13</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>14</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>15</td>
<td>(i) 0. (ii) 0.</td>
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<tr>
<td>16</td>
<td>(i) 0. (ii) 0.</td>
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</tbody>
</table>

BAA TEEA4103L  07/25/22
Part III  Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
# Schedule M (Form 990)

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**DYSTONIA MEDICAL RESEARCH FOUNDATION**

**Employer identification number**: 95–3378526

---

**Part I** Types of Property

<table>
<thead>
<tr>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art – Works of art</td>
<td>X</td>
<td>4</td>
<td>115,036</td>
</tr>
<tr>
<td>2</td>
<td>Art – Historical treasures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art – Fractional interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities – Publicly traded</td>
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<td></td>
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</tr>
<tr>
<td>10</td>
<td>Securities – Closely held stock</td>
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</tr>
<tr>
<td>11</td>
<td>Securities – Partnership, LLC, or trust interests</td>
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</tr>
<tr>
<td>12</td>
<td>Securities – Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution – Historic structures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution – Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate – Residential</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate – Commercial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate – Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
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<td></td>
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</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
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<tr>
<td>25</td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>26</td>
<td>Other</td>
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<td></td>
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<tr>
<td>27</td>
<td>Other</td>
<td></td>
<td></td>
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<tr>
<td>28</td>
<td>Other</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  Yes No

**31a** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?  Yes No

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  Yes No

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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**Name of the organization**: DYSTONIA MEDICAL RESEARCH FOUNDATION

**Employer identification number**: 95–3378526

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**OMB No. 1545-0047**

**Open to Public Inspection**

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**BAA** For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE FOUNDATION HAS THREE MAIN PURPOSES: (1) TO ADVANCE DYSTONIA RESEARCH BY AWARDING GRANTS TO BASIC, TRANSLATIONAL, AND CLINICAL INVESTIGATORS AND TO MEDICAL/SCIENTIFIC INSTITUTIONS COMMITTED TO FINDING THE CAUSE AND CURE FOR ALL FORMS OF DYSTONIA; (2) TO PROMOTE DYSTONIA AWARENESS BY SPONSORING WORKSHOPS AND SYMPOSIUMS FOR MEDICAL PROFESSIONALS AND PATIENTS BY EDUCATING MEMBERS OF CONGRESS ABOUT DYSTONIA AND THE NEEDS OF THE DYSTONIA COMMUNITY, BY ADVOCATING FOR THOSE AFFECTED BY DYSTONIA AND THEIR FAMILIES, AND BY PRODUCING AND DISTRIBUTING EDUCATIONAL MATERIALS, BOTH PRINTED AND ELECTRONIC; AND (3) TO SPONSOR DYSTONIA PATIENT AND FAMILY SUPPORT GROUPS AND EDUCATION PROGRAMS INCLUDING THE CREATION AND PROMOTION OF VIRTUAL EDUCATION MEETINGS AND ELECTRONIC SOCIAL NETWORKS FOR DYSTONIA-AFFECTED PERSONS WHO ARE UNABLE TO ATTEND MEETINGS AND FORUMS.

FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

SCIENCE INCLUDES:

ISSUING 4 REQUESTS FOR APPLICATIONS FOR SCIENTIFIC RESEARCH, MANAGING THE PEER REVIEW PROCESS OF 51 SUBMITTED GRANT RESEARCH FELLOWSHIP AND CLINICAL FELLOWSHIP APPLICATIONS, SELECTING, FUNDING AND MANAGING 7 RESEARCH GRANTS, 4 RESEARCH FELLOWSHIPS, 1 CLINICAL FELLOWSHIP, 1 RESEARCH CONTRACT AND COFUNDING 2 PROJECT PILOT AWARDS WITH THE DYSTONIA COALITION, ALL AIMED AT CREATING A BETTER UNDERSTANDING OF THE PATHOPHYSIOLOGY OF DYSTONIA, IDENTIFYING AND MODIFYING CARRIER GENES, AND DEVELOPING IMPROVED TREATMENTS AND ULTIMATELY A CURE FOR DYSTONIA; AND

MEETING WITH PHARMACOLOGICAL AND BIOTECH COMPANIES TO ENGAGE THEM IN THE DEVELOPMENT OF TREATMENTS FOR DYSTONIA; AND
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

PLANNING FOR SAMUEL BELZBERG 6TH INTERNATIONAL DYSTONIA SYMPOSIUM IN 2023; AND

CONTINUED FUNDING OF A CLINICAL FELLOWSHIP PROGRAM DESIGNED TO SUPPORT TRAINING OF PHYSICIANS IN PREPARATION FOR A CLINICAL AND/OR RESEARCH CAREER IN MOVEMENT DISORDERS WITH SPECIAL FOCUS ON DYSTONIA; AND

SPONSORING AND PARTICIPATING IN DOMESTIC AND INTERNATIONAL SCIENTIFIC MEETINGS INCLUDING THE INTERNATIONAL PARKINSON'S AND MOVEMENT DISORDER SOCIETY'S CONGRESS; AND NEUROTOXIN ASSOCIATION MEETING.

REVIEWING CURRENT RESEARCH DATA AND EXPLORING STUDIES NEEDED TO ACCELERATE IMPROVED TREATMENTS; AND

SUPPORTING AND MAINTAINING THE AVAILABILITY OF RESOURCES TO ACCELERATE DYSTONIA RESEARCH GLOBALLY SUCH AS THE DYSTONIA BRAIN COLLECTIVE AND GLOBAL DYSTONIA REGISTRY FOR USE BY THE INTERNATIONAL DYSTONIA COMMUNITY.

IN ADDITION, THE DMRF IS SERVING IN ITS THIRTEENTH YEAR WITH NO COMPENSATION AS AN ADMINISTRATIVE CENTER FOR THE DYSTONIA COALITION, WHICH IS A COLLABORATION OF MEDICAL RESEARCHERS AND PATIENT ADVOCACY GROUPS SUPPORTED BY THE OFFICE OF RARE DISEASES RESEARCH IN THE NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES AND THE NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) AT THE NIH. THE GOAL OF THE COALITION IS TO ADVANCE THE PACE OF CLINICAL AND TRANSLATIONAL RESEARCH INTO DYSTONIA TO FIND BETTER TREATMENTS AND A CURE. THE OBJECTIVES OF THE COALITION ARE TO DEVELOP A FULLER UNDERSTANDING OF THE MANY DIFFERENT FEATURES OF DYSTONIA AND HOW THEY CHANGE OVER THE YEARS, TO DEVELOP VALIDATED DIAGNOSTIC STRATEGIES AND RATING TOOLS FOR
FORM 990, PART III, LINE 4A - PROGRAM SERVICE ACCOMPLISHMENTS

DIAGNOSIS AND MONITORING PATIENTS IN CLINICAL TRIALS, TO ESTABLISH A NATURAL HISTORY STUDY BIOREPOSITORY WHERE SAMPLES OF BLOOD AND OTHER MATERIALS CAN BE STORED AND DISTRIBUTED FOR RESEARCH, TO CATALYZE CLINICAL TRIALS FOR PROMISING NEW TREATMENTS AND TO PROMOTE EDUCATION AND AWARENESS. THE DMRF WAS RESPONSIBLE FOR MANAGING $611,705 RESTRICTED FOR DYSTONIA COALITION WORK NOT INCLUDED IN THE FOUNDATION'S REVENUES AND EXPENSES.

THE DMRF PARTNERS WITH FRONTIERS MEDIA TO PUBLISH THE "DYSTONIA", THE FIRST SCIENTIFIC JOURNAL DEDICATED EXCLUSIVELY TO THE DISORDER. THE JOURNAL BRINGS VISIBILITY TO THE GROWING DYSTONIA FIELD AND HIGHLIGHTS ADVANCEMENTS IN SCIENCE AND CLINICAL PRACTICE.


BY GATHERING TOGETHER A SELECT GROUP OF RESEARCHERS EXPLORING THIS IMPORTANT ISSUE, THE DMRF'S GOAL IS TO ESTABLISH CONNECTIONS BETWEEN GREAT SCIENTIFIC MINDS TO BETTER UNDERSTAND THE MECHANISMS OF DYSTONIA.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

AWARENESS AND EDUCATION—INCLUDES:

PUBLISHING THE "DYSTONIA DIALOGUE" NEWS MAGAZINE THREE TIMES A YEAR UNDER THE DIRECTION OF THE VOLUNTEER EDITORIAL BOARD AND DISTRIBUTING IT VIA MAIL OR ELECTRONIC COPY TO OVER 50,000 PATIENTS, FAMILIES, AND INTERESTED PERSONS TO INFORM THEM OF THE LATEST RESEARCH AND FOUNDATION ACTIVITIES; AND
FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

CREATING AND DISSEMINATING OVER TWENTY-SIX DYSTONIA RELATED EDUCATIONAL RESOURCES AS WELL AS PROMOTING AND DISTRIBUTING A CHILDREN'S BOOK ABOUT DYSTONIA AND CD/DVDS TO REQUESTING INDIVIDUALS TO EDUCATE THEM ABOUT THE VARIOUS FORMS OF DYSTONIA AND TREATMENT OPTIONS; AND

HOSTING A COMPREHENSIVE WEBSITE, FIVE WEBINARS, AND ELECTRONIC SOCIAL NETWORKS SUCH AS THE ONLINE DYSTONIA BULLETIN BOARD, TWITTER, FACEBOOK, AND YOUTUBE EDUCATIONAL RESOURCES POSTINGS TO PROVIDE EASY ACCESS TO INFORMATION FOR AFFECTED PERSONS AND THEIR FAMILIES; AND

CREATING AND DISSEMINATING A MONTHLY ELECTRONIC NEWSLETTER AND PERIODIC EMAIL ALERTS TO SHARE CURRENT INFORMATION ON DYSTONIA RELATED EVENTS, NEWS, AND ACTIVITIES; AND

CREATING AND DISSEMINATING A DYSTONIA AWARENESS PROGRAM DESIGNED TO EMPOWER PEOPLE TO SHARE THEIR PERSONAL STORIES AND INCREASE THE PUBLIC'S AWARENESS OF DYSTONIA; AND

PARTICIPATING IN ADVOCACY TO PROMOTE AWARENESS AMONGST LAWMAKERS ON TOPICS IMPORTANT TO DYSTONIA PATIENTS. SEE SCHEDULE O, PART III 4D FOR DETAILS.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

MEMBERSHIP AND SUPPORT--INCLUDES:

PLANNING AND SUPPORTING VIRTUAL PATIENT SYMPOSIA AND VIRTUAL COMMUNITY FORUMS ATTENDED BY PATIENTS AND THEIR FAMILIES WHICH PROVIDE INFORMATION ABOUT CURRENT RESEARCH AND TREATMENT OPTIONS AND AN OPPORTUNITY TO DEVELOP PERSONAL NETWORKS AND REDUCE ISOLATION FOR THOSE AFFECTED BY DYSTONIA; AND
FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

CREATING VIRTUAL EDUCATIONAL FORUMS FOR DYSTONIA-AFFECTED PERSONS AND THEIR FAMILIES; AND

PROMOTING SUPPORT RESOURCES TO AID IN DISEASE MANAGEMENT AND QUALITY OF LIFE SUCH AS A NETWORK OF SUPPORT GROUPS AND AN ELECTRONIC SOCIAL NETWORK, INCLUDING BULLETIN BOARDS AND TELEPHONE COMMUNICATIONS WITH INDIVIDUALS AFFECTED BY DYSTONIA AND OTHER INTERESTED PARTIES; AND

DEVELOPING 53 SUPPORT GROUPS AND FORUMS IN COMMUNITIES ACROSS THE COUNTRY AS AN ENDURING RESOURCE FOR THOSE AFFECTED BY DYSTONIA AND THEIR FAMILIES; PROVIDING ONGOING LEADERSHIP TRAINING FOR VOLUNTEER SUPPORT LEADERS BY CREATING ELECTRONIC FORUMS FOR LEADERS TO SHARE EXPERIENCES AND PROVIDE PEER SUPPORT, PROVIDING WEBINAR TRAINING AND ONGOING SUPPORT FOR SUPPORT LEADERS, AND DISTRIBUTING A SUPPORT GROUP MANUAL WHICH PROVIDES VALUABLE INFORMATION AND RESOURCES FOR EFFECTIVE SUPPORT LEADERSHIP. 119 SUPPORT GROUP MEETINGS WERE HELD; AND

PROVIDING MEETING MANAGEMENT SUPPORT SUCH AS EMAIL AND POSTAL NOTIFICATIONS AND A WEB-BASED CALENDAR ABOUT UPCOMING SUPPORT GROUP MEETINGS INCLUDING SUPPLYING DYSTONIA BROCHURES TO ALL SUPPORT GROUPS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ADVOCACY INCLUDES:

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

DYSTONIA AS A CONDITION ELIGIBLE FOR STUDY ON THE DEPARTMENT OF DEFENSE (DOD) PEER-REVIEWED MEDICAL RESEARCH PROGRAM (PRMRP), THUS MAKING THE CONDITION ELIGIBLE FOR INVESTIGATORS TO COMPETE FOR RESEARCH FUNDING. $22 MILLION HAS BEEN AWARDED ON DYSTONIA RESEARCH THROUGH THE DOD PRMRP PROGRAM. ON BEHALF OF THE FOUR DYSTONIA ADVOCACY NETWORK ORGANIZATIONS, THE DMRF ENGAGES A LEGISLATIVE CONSULTANT TO TRACK LEGISLATIVE ACTIVITIES ON CAPITOL HILL, MAINTAINS AN ADVOCACY WEBSITE, AND ELECTRONICALLY DISSEMINATES ACTION ALERTS TO STAY CONNECTED WITH KEY LEGISLATORS. THE DMRF ALSO SUPPORTS A NATIONWIDE NETWORK OF VOLUNTEER ADVOCATES WHO CONTINUALLY WORK TO EDUCATE MEMBERS OF CONGRESS ABOUT DYSTONIA AND ADVANCE THE COMMUNITY'S LEGISLATIVE AGENDA. VOLUNTEERS MEET WITH POLICYMAKERS AS NEEDED THROUGHOUT THE YEAR TO ADVOCATE ON BEHALF OF THE DYSTONIA COMMUNITY ON ISSUES SUCH AS INCREASED RESEARCH FUNDING FOR THE NATIONAL INSTITUTES OF HEALTH, ACCESS TO HEALTHCARE, AND APPROPRIATE, AFFORDABLE REIMBURSEMENT FOR DYSTONIA TREATMENTS.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

ART KESSLER IS THE SON OF DENNIS AND BARBARA KESSLER
DENNIS KESSLER IS THE SPOUSE OF BARBARA KESSLER AND FATHER OF ART KESSLER
BARBARA KESSLER IS THE SPOUSE OF DENNIS KESSLER AND MOTHER OF ART KESSLER
DAN LEWIS IS THE SON OF RICHARD AND ROSALIE LEWIS
ROSALIE LEWIS IS THE SPOUSE OF RICHARD LEWIS AND MOTHER OF DAN LEWIS
RICHARD LEWIS IS THE SPOUSE OF ROSALIE LEWIS AND MOTHER OF DAN LEWIS
MARK RUDOLPH IS THE SPOUSE OF DIANE RUDOLPH
DIANE RUDOLPH IS THE SPOUSE OF MARK RUDOLPH
ERWIN JACKSON IS THE SPOUSE OF STEFANIE JACKSON
STEFANIE JACKSON IS THE SPOUSE OF ERWIN JACKSON
MARC MILLER IS THE SPOUSE OF ROBIN MILLER
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

ROBIN MILLER IS THE SPOUSE OF MARC MILLER
LIZ RAWSON IS THE DAUGHTER OF CAROLE RAWSON
CAROLE RAWSON IS THE MOTHER OF LIZ RAWSON
ALLISON LONDON IS THE DAUGHTER OF RON HERSH
RON HERSH IS THE FATHER OF ALLISON LONDON

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS


FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ON AN ANNUAL BASIS, DMRF REQUESTS WRITTEN STATEMENT OF ANY CONFLICTS FROM MEMBERS OF THE BOARD. THE BOARD PRESIDENT, ALONG WITH THE EXECUTIVE DIRECTOR, MONITOR AND REPORT POTENTIAL CONFLICTS TO THE CHAIR OF THE AUDIT COMMITTEE. ANY CONFLICTS THAT ARE DETERMINED TO EXIST ARE REPORTED TO THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

ANNUALLY, THE DMRF BOARD PRESIDENT CONSULTS WITH THE BOARD OF DIRECTORS REGARDING THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND PREPARES A WRITTEN PERFORMANCE EVALUATION. THE BOARD PRESIDENT, AFTER CONSULTATION WITH THE BOARD, DETERMINES SALARY ACTION, IF ANY, AND MEETS WITH THE EXECUTIVE DIRECTOR TO DISCUSS THE PERFORMANCE EVALUATION. COMPARATIVE SALARY INFORMATION IS OBTAINED ABOUT ORGANIZATIONS OF SIMILAR SCOPE AND SIZE THROUGH INFORMATION FROM THE ASSOCIATION FORUM OF CHICAGOLAND AND THROUGH OTHER PUBLICLY AVAILABLE DOCUMENTS.
FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

IL CA CT FL GA NJ NY PA MD ME MI MN MO NC OH OK OR WA CO AL KS RI UT VA WI KY SC
AK MS NH TX NM ME AZ

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, AUDITED FINANCIAL STATEMENTS, THE ANNUAL REPORT, AND THE BOARD APPROVED
ANNUAL OPERATING PLAN ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. CONFLICT OF
INTEREST, GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

PART VIII, 11A UNCLAIMED FUNDS

THE DMRF RECEIVED PROCEEDS OF $41,028 IN 2022 FOR UNCLAIMED PROPERTY, RETURNED TO
THE ORGANIZATION.